

**Dunnuck and Associates, CPAs, P.C.**  
**1273 N 15th St Suite 121**  
**Laramie, WY 82072**  
**307-745-7241**

Dear Client:

This Client Organizer is designed to help you gather tax information needed to prepare your 2009 personal income tax return. We have preprinted certain information from your 2008 personal income tax return to help you complete the organizer with minimal time and effort.

In your Client Organizer, all but the last four digits of the bank account number have been replaced with asterisks to protect your privacy and personal information. If you need to change or update the bank account information, please contact this office. Do not indicate the bank account change on your Client Organizer. When you receive your completed tax return(s), please review the bank account information for accuracy. Report any discrepancies to this office immediately.

Enter 2009 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Thank you for the opportunity to serve you.

Sincerely,

Dunnuck and Associates, CPAs, P.C.

## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	—	—
If yes, explain: _____		
Did your address change from last year?	—	—
Can you be claimed as a dependent by another taxpayer?	—	—
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	—	—
	<b>Yes</b>	<b>No</b>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	—	—
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1,900?	—	—
Do you have dependents who must file a tax return?	—	—
Did you provide over half the support for any other person(s) during the year?	—	—
Did you pay for child care while you worked or looked for work?	—	—
Did you pay any expenses related to the adoption of a child during the year?	—	—
	<b>Yes</b>	<b>No</b>
<b>Purchases, Sales, and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	—	—
Did you acquire a new or additional interest in a partnership or S corporation?	—	—
Did you sell, exchange, or purchase any real estate during the year?	—	—
Did you purchase or sell a principal residence during the year?	—	—
Did you foreclose or abandon a principal residence or real property during the year?	—	—
Did you acquire or dispose of any stock during the year?	—	—
Did you take out a home equity loan this year?	—	—
Did you refinance a principal residence or second home this year?	—	—
Did you sell an existing business, rental, or other property this year?	—	—
Did you incur any non-business bad debts this year?	—	—
Did you have any debts canceled or forgiven this year?	—	—
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	—	—
Did you pay any student loan interest this year?	—	—
	<b>Yes</b>	<b>No</b>
<b>Income Information</b>		
Did you have any foreign income or pay any foreign taxes during the year?	—	—
Did you receive any income from property sold prior to this year?	—	—
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	—	—
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, SEP, or other qualified retirement plan?	—	—
Did you make any withdrawals/contributions from/to a retirement plan (including IRA) due to Midwestern Disaster area relief?	—	—
Did you make any withdrawals from an education savings or 529 Plan account?	—	—
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	—	—
Did you receive any disability income during the year?	—	—
Did you receive any Social Security benefits during the year?	—	—
Did you receive any unemployment benefits during the year?	—	—
Did you receive tip income not reported to your employer this year?	—	—
Did any of your life insurance policies mature, or did you surrender any policies?	—	—
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	—	—
	<b>Yes</b>	<b>No</b>
<b>Itemized Deduction Information</b>		
Did you incur a casualty or theft loss during the year?	—	—
Do you have evidence to substantiate charitable contributions?	—	—
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	—	—
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.	—	—
Did you have an expense account or allowance during the year?	—	—
Did you use your car on the job, for other than commuting?	—	—
Did you work out of town for part of the year?	—	—

Please check the appropriate box and include all necessary details and documentation.

Yes No

### Itemized Deduction Information, Continued

Did you have any expenses related to seeking a new job during the year?

— —

Did you make any major purchases during the year (cars, boats, etc.)?

— —

Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?

— —

Yes No

### Miscellaneous Information

Did you make gifts of more than \$13,000 to any individual?

— —

Did you have any educational expenses during the year?

— —

Did you make any contributions to an education savings or 529 Plan account?

— —

Did you make any contributions to a Health savings account (HSA) or Archer MSA?

— —

Did you pay long-term health care premiums for yourself or your family?

— —

Did you pay any COBRA health care coverage continuation premiums?

— —

Did you engage in any bartering transactions?

— —

Are you an active participant in a pension or retirement plan?

— —

Did you retire or change jobs this year?

— —

Did you incur moving costs because of a job change?

— —

Did you, your spouse, or your dependents attend a post-secondary school during the year?

— —

Did you pay any individual as a household employee during the year?

— —

Did you make energy efficient improvements to your main home this year?

— —

Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?

— —

Did you receive correspondence from the State or Internal Revenue Service?

— —

If yes, explain: \_\_\_\_\_

Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

— —

Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.

— —

## Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [1]  
 Mark if you were married but living apart all year \_\_\_\_\_ [2]

	Taxpayer	Spouse
Social security number	_____ [3]	_____ [4]
First name	_____ [5]	_____ [6]
Last name	_____ [7]	_____ [8]
Occupation	_____ [9]	_____ [10]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [11]	_____ [13]
Mark if legally blind	_____ [14]	_____ [15]
Mark if dependent of another taxpayer	_____ [16]	_____ [17]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [18]	
Date of birth	_____ [21]	_____ [22]
Date of death	_____ [23]	_____ [24]
Work/daytime telephone number/ext number	_____ [25] _____ [26]	_____ [27] _____ [28]
Home/evening telephone number	_____ [29]	_____ [30]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [31]	

## Present Mailing Address

Address \_\_\_\_\_ [35]  
 Apartment number \_\_\_\_\_ [36]  
 City, state postal code, zip code \_\_\_\_\_ [37] \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
 In care of addressee \_\_\_\_\_ [40]

## Dependent Information

(\*Please refer to Dependent Codes located at the bottom)

[41] First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months*** lived in your home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_ [42]  
 Social security number of qualifying person \_\_\_\_\_ [43]

**Dependent Codes**

<p><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you</li> <li>3 = Other dependent</li> <li>4 = Claimed under pre-1985 agreement</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit</li> </ul> <p><b>***Months</b></p> <ul style="list-style-type: none"> <li>77 = Reported on odd year return</li> <li>88 = Reported on even year return</li> <li>99 = Not reported on return</li> </ul>	<p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul>
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If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter the following information:

**Primary account:**

Financial institution routing transit number \_\_\_\_\_ [1]  
 Name of financial institution \_\_\_\_\_ [2]  
 Your account number \_\_\_\_\_ [3]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) \_\_\_\_\_ [4]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [5]

**Secondary account #1:**

Financial institution routing transit number \_\_\_\_\_ [8]  
 Name of financial institution \_\_\_\_\_ [9]  
 Your account number \_\_\_\_\_ [10]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) \_\_\_\_\_ [11]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [12]

**Secondary account #2:**

Financial institution routing transit number \_\_\_\_\_ [15]  
 Name of financial institution \_\_\_\_\_ [16]  
 Your account number \_\_\_\_\_ [17]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) \_\_\_\_\_ [18]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [19]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

**Client Contact Information****Preparer - Enter on Screen Contact**

Taxpayer email address \_\_\_\_\_ [6]  
 Spouse email address \_\_\_\_\_ [7]

	<b>Taxpayer</b>	<b>Spouse</b>
Car telephone number	_____ [8]	_____ [15]
Fax telephone number	_____ [9]	_____ [16]
Mobile telephone number	_____ [10]	_____ [17]
Pager number	_____ [11]	_____ [18]
Other:	_____ [12]	_____ [19]
Telephone number	_____ [13]	_____ [20]
Extension	_____ [14]	_____ [21]

**NOTES/QUESTIONS:**

**Please note that not all returns qualify for electronic filing under IRS rules**

If you qualify for electronic filing, mark if you would like to file the return electronically with the IRS \_\_\_\_\_[1]

Mark if you would like your return prepared and filed electronically only if you receive a refund \_\_\_\_\_[4]

Mark if you would like your return prepared and filed electronically if your refund is greater than a certain amount \_\_\_\_\_[5]

Enter the minimum refund amount here \_\_\_\_\_[6]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account \_\_\_\_\_[7]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) \_\_\_\_\_[2]

Spouse self-selected Personal Identification Number (PIN) \_\_\_\_\_[3]

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**NOTES/QUESTIONS:**

If you have an overpayment of 2009 taxes, do you want the excess:

Refunded \_\_\_\_\_ [43]

Applied to 2010 estimated tax liability \_\_\_\_\_ [44]

Do you expect a considerable change in your 2010 income? (Y, N) \_\_\_\_\_ [45]

If yes, please explain any differences:

\_\_\_\_\_ [46]

\_\_\_\_\_ [47]

\_\_\_\_\_ [48]

\_\_\_\_\_ [49]

Do you expect a considerable change in your deductions for 2010? (Y, N) \_\_\_\_\_ [50]

If yes, please explain any differences:

\_\_\_\_\_ [51]

\_\_\_\_\_ [52]

\_\_\_\_\_ [53]

\_\_\_\_\_ [54]

Do you expect a considerable change in the amount of your 2010 withholding? (Y, N) \_\_\_\_\_ [55]

If yes, please explain any differences:

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

\_\_\_\_\_ [59]

Do you expect a change in the number of dependents claimed for 2010? (Y, N) \_\_\_\_\_ [60]

If yes, please explain any differences:

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

\_\_\_\_\_ [64]

**2009 Federal Estimated Tax Payments**

2008 overpayment applied to 2009 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/09	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/09	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/09	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/15/10	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

**NOTES/QUESTIONS:**

## 2009 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
**State postal code** \_\_\_\_\_ [2]

Amount paid with 2008 return + \_\_\_\_\_ [3]  
 2008 overpayment applied to '09 estimates + \_\_\_\_\_ [4]  
 Treat calculated amounts as paid \_\_\_\_\_ [8]

	<b>Date Paid</b>		<b>Amount Paid</b>		<b>Calculated Amount</b>
1st quarter payment	_____ [9]	+	_____ [10]		
2nd quarter payment	_____ [11]	+	_____ [12]		
3rd quarter payment	_____ [13]	+	_____ [14]		
4th quarter payment	_____ [15]	+	_____ [16]		
Additional payment	_____ [17]	+	_____ [18]		

## 2009 City Estimated Tax Payments

<p><b>City #1</b></p> <p>City name _____ [28]</p> <p>Amount paid with 2008 return + _____ [31]</p> <p>2008 overpayment applied to '09 estimates + _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p><b>City #2</b></p> <p>City name _____ [50]</p> <p>Amount paid with 2008 return + _____ [53]</p> <p>2008 overpayment applied to '09 estimates + _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
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	<b>Date Paid</b>		<b>Amount Paid</b>		<b>Date Paid</b>		<b>Amount Paid</b>
1st quarter payment	_____ [37]	+	_____ [38]	1st quarter payment	_____ [59]	+	_____ [60]
2nd quarter payment	_____ [39]	+	_____ [40]	2nd quarter payment	_____ [61]	+	_____ [62]
3rd quarter payment	_____ [41]	+	_____ [42]	3rd quarter payment	_____ [63]	+	_____ [64]
4th quarter payment	_____ [43]	+	_____ [44]	4th quarter payment	_____ [65]	+	_____ [66]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

<p><b>City #3</b></p> <p>City name _____ [72]</p> <p>Amount paid with 2008 return + _____ [75]</p> <p>2008 overpayment applied to '09 estimates + _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p><b>City #4</b></p> <p>City name _____ [94]</p> <p>Amount paid with 2008 return + _____ [97]</p> <p>2008 overpayment applied to '09 estimates + _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
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	<b>Date Paid</b>		<b>Amount Paid</b>		<b>Date Paid</b>		<b>Amount Paid</b>
1st quarter payment	_____ [81]	+	_____ [82]	1st quarter payment	_____ [103]	+	_____ [104]
2nd quarter payment	_____ [83]	+	_____ [84]	2nd quarter payment	_____ [105]	+	_____ [106]
3rd quarter payment	_____ [85]	+	_____ [86]	3rd quarter payment	_____ [107]	+	_____ [108]
4th quarter payment	_____ [87]	+	_____ [88]	4th quarter payment	_____ [109]	+	_____ [110]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____



## Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.  
Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T/S/J	Type Code (*See codes below)	Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	Payer						
		Amounts	+					

*Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

# Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.  
Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T S Type J Code	(*See codes below)	Ordinary [1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
<b>1</b>	Payer											
	Amounts +											
<b>2</b>	Payer											
	Amounts +											
<b>3</b>	Payer											
	Amounts +											
<b>4</b>	Payer											
	Amounts +											
<b>5</b>	Payer											
	Amounts +											
<b>6</b>	Payer											
	Amounts +											
<b>7</b>	Payer											
	Amounts +											
<b>8</b>	Payer											
	Amounts +											
<b>9</b>	Payer											
	Amounts +											
<b>10</b>	Payer											
	Amounts +											

<b>*Dividend Codes</b>	
Blank = Other	3 = Nominee





## Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

**2009 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received ( <b>Box 1</b> )	+	_____	[7]
Taxable amount received ( <b>Box 2a</b> )	+	_____	[9]
Federal withholding ( <b>Box 4</b> )	+	_____	[11]
Distribution code ( <b>Box 7</b> )		_____	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[14]
State withholding ( <b>Box 10</b> )	+	_____	[15]
Local withholding ( <b>Box 13</b> )	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability		_____	[21]
Mark if distribution was from an inherited IRA		_____	[22]

	<b>Control Totals +</b>	
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## Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

**2009 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received ( <b>Box 1</b> )	+	_____	[7]
Taxable amount received ( <b>Box 2a</b> )	+	_____	[9]
Federal withholding ( <b>Box 4</b> )	+	_____	[11]
Distribution code ( <b>Box 7</b> )		_____	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[14]
State withholding ( <b>Box 10</b> )	+	_____	[15]
Local withholding ( <b>Box 13</b> )	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability		_____	[21]
Mark if distribution was from an inherited IRA		_____	[22]

	<b>Control Totals +</b>	
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## Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

**2009 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received ( <b>Box 1</b> )	+	_____	[7]
Taxable amount received ( <b>Box 2a</b> )	+	_____	[9]
Federal withholding ( <b>Box 4</b> )	+	_____	[11]
Distribution code ( <b>Box 7</b> )		_____	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[14]
State withholding ( <b>Box 10</b> )	+	_____	[15]
Local withholding ( <b>Box 13</b> )	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability		_____	[21]
Mark if distribution was from an inherited IRA		_____	[22]

	<b>Control Totals +</b>	
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## Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) \_\_ [1]  
 State postal code \_\_ [2]

### Social Security Benefits

	2009 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2009 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

### Tier 1 Railroad Benefits

	2009 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Portion of Tier 1 Paid in 2009 <b>(Box 5)</b>	+ _____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

### Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2009 or receive any prior year benefits in 2009. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[36]
	[37]
	[38]
	[39]
	[40]

**NOTES/QUESTIONS:**



**Miscellaneous Income #1**

Please provide all Forms 1099-MISC

If the miscellaneous income on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Name of payer	_____	[3]
State postal code	_____	[4]
Form 1099-MISC activity (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835)	_____	[7]
Rents <b>(Box 1)</b>	+ _____	[9]
Royalties <b>(Box 2)</b>	+ _____	[11]
Other income <b>(Box 3)</b>	+ _____	[13]
Federal income tax withheld <b>(Box 4)</b>	+ _____	[15]
Fishing boat proceeds <b>(Box 5)</b>	+ _____	[17]
Medical and health care payments <b>(Box 6)</b>	+ _____	[19]
Nonemployee compensation <b>(Box 7)</b>	+ _____	[21]
Substitute payments in lieu of dividends or interest <b>(Box 8)</b>	+ _____	[23]
Payer made direct sales of \$5,000 or more of consumer products <b>(Box 9)</b>	_____	[25]
Crop Insurance proceeds <b>(Box 10)</b>	+ _____	[27]
Excess golden parachute payments <b>(Box 13)</b>	+ _____	[29]
Gross proceeds paid to an attorney <b>(Box 14)</b>	+ _____	[31]
Section 409A deferrals <b>(Box 15a)</b>	+ _____	[33]
Section 409A income <b>(Box 15b)</b>	+ _____	[35]
State tax withheld <b>(Box 16)</b>	+ _____	[37]
State/Payer's state no. <b>(Box 17)</b>	_____	[39]
State income <b>(Box 18)</b>	+ _____	[40]

Control Totals +

**Miscellaneous Income #2**

Please provide all Forms 1099-MISC

If the miscellaneous income on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Name of payer	_____	[3]
State postal code	_____	[4]
Form 1099-MISC activity (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835)	_____	[7]
Rents <b>(Box 1)</b>	+ _____	[9]
Royalties <b>(Box 2)</b>	+ _____	[11]
Other income <b>(Box 3)</b>	+ _____	[13]
Federal income tax withheld <b>(Box 4)</b>	+ _____	[15]
Fishing boat proceeds <b>(Box 5)</b>	+ _____	[17]
Medical and health care payments <b>(Box 6)</b>	+ _____	[19]
Nonemployee compensation <b>(Box 7)</b>	+ _____	[21]
Substitute payments in lieu of dividends or interest <b>(Box 8)</b>	+ _____	[23]
Payer made direct sales of \$5,000 or more of consumer products <b>(Box 9)</b>	_____	[25]
Crop Insurance proceeds <b>(Box 10)</b>	+ _____	[27]
Excess golden parachute payments <b>(Box 13)</b>	+ _____	[29]
Gross proceeds paid to an attorney <b>(Box 14)</b>	+ _____	[31]
Section 409A deferrals <b>(Box 15a)</b>	+ _____	[33]
Section 409A income <b>(Box 15b)</b>	+ _____	[35]
State tax withheld <b>(Box 16)</b>	+ _____	[37]
State/Payer's state no. <b>(Box 17)</b>	_____	[39]
State income <b>(Box 18)</b>	+ _____	[40]

Control Totals +

## Gambling Winnings #1

Please provide all copies of Form W-2G.

**2009 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			__ [9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	<b>Control Totals +</b>	
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## Gambling Winnings #2

Please provide all copies of Form W-2G.

**2009 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			__ [9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	<b>Control Totals +</b>	
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**NOTES/QUESTIONS:**

**Preparer use only**

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [10]	
Business address, if different from home address on Organizer Form ID:1040		
Address	_____ [13]	
City/State/Zip	_____ [14]    _____ [15] _____ [16]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [17]	
If other:	_____ [19]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [20]	
If other enter explanation:	_____ [22]	
_____ [22]		
_____ [22]		
Enter an explanation if there was a change in determining your inventory:		
_____ [23]		
_____ [23]		
Did you "materially participate" in this business? (Y, N)	_____ [24]	
If not, number of hours you did significantly participate	_____ [26]	
Mark if you began or acquired this business in 2009	_____ [28]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [29]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [31]	
Medical insurance premiums paid by this activity	+ _____ [33]	
Long-term care premiums paid by this activity	+ _____ [35]	
Amount of wages received as a statutory employee	+ _____ [38]	

**Business Income**

	2009 Information	Prior Year Information
Gross receipts or sales	+ _____ [43]	
Returns and allowances	+ _____ [45]	
Other income:		
_____ [47]	+ _____ [47]	
_____ [47]	+ _____ [47]	
_____ [47]	+ _____ [47]	
_____ [47]	+ _____ [47]	
_____ [47]	+ _____ [47]	
_____ [47]	+ _____ [47]	

**Cost of Goods Sold**

	2009 Information	Prior Year Information
Beginning inventory	+ _____ [49]	
Purchases	+ _____ [51]	
Labor:		
_____ [53]	+ _____ [53]	
_____ [53]	+ _____ [53]	
Materials	+ _____ [55]	
Other costs:		
_____ [57]	+ _____ [57]	
_____ [57]	+ _____ [57]	
_____ [57]	+ _____ [57]	
_____ [57]	+ _____ [57]	
Ending inventory	+ _____ [59]	



## Rent and Royalty Property - General Information

**Preparer use only**

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Description:	_____ [3]	
_____	_____ [4]	
_____	_____ [5]	
State postal code	_____ [6]	
Type of activity (1 = Rental real estate, 2 = Substantially nondepreciable property, 3 = Royalty)	_____ [7]	
Percentage of ownership if not 100%	_____ [9]	_____
Business use percentage, if not 100% (Not vacation home percentage)	_____ [11]	_____

### Rent and Royalty Income

	2009 Information	Prior Year Information
Gross rents received	+ _____ [18]	
Gross royalties received	+ _____ [20]	

### Rent and Royalty Expenses

	2009 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [22]	_____ [23]	
Auto	+ _____ [25]	_____ [26]	
Travel	+ _____ [28]	_____ [29]	
Cleaning and maintenance	+ _____ [31]	_____ [32]	
Commissions:			
_____	+ _____ [34]	_____ [36]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [37]	_____ [39]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [40]	_____ [41]	
Management fees			
_____	+ _____ [43]	_____ [45]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)	+ _____ [46]	_____ [47]	
Other mortgage interest	+ _____ [49]	_____ [50]	
Qualified mortgage insurance premiums	+ _____ [52]	_____ [53]	
Other interest:			
_____	+ _____ [55]	_____ [57]	
_____	+ _____	_____	
Repairs	+ _____ [58]	_____ [59]	
Supplies	+ _____ [61]	_____ [62]	
Taxes:			
_____	+ _____ [64]	_____ [66]	
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____ [67]	_____ [68]	
Depreciation	+ _____ [70]	_____ [71]	
Depletion	+ _____ [73]	_____ [74]	
Other expenses:			
_____	+ _____ [79]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Refinancing points paid this year:			
Description	_____ [81]		
Total points paid/Current amort ( <b>Prep use only</b> )	_____ + _____		
Date of Refinance	_____	Reported on 1098 in 2009	

**Control Totals +**

**Preparer use only**  
 Description \_\_\_\_\_

**Vacation Home Information**

	<b>2009 Information</b>	<b>Prior Year Information</b>				
Number of days home was used personally	_____ [6]	<table border="1" style="width: 100%; height: 100%;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	_____	_____	_____	_____
_____						
_____						
_____						
_____						
Number of days home was rented	_____ [8]					
Number of day home owned, if not 365	_____ [10]					
Carryover of disallowed operating expenses into 2009	+ _____ [20]					
Carryover of disallowed depreciation expenses into 2009	+ _____ [21]					

**Passive and Other Information**

<b>Preparer use only</b> <b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
Operating	+ _____ [28]	+ _____ [29]
Schedule D - Short-term	+ _____ [30]	+ _____ [31]
Schedule D - Long-term	+ _____ [32]	+ _____ [33]
Schedule D - 28% rate	+ _____ [34]	+ _____ [35]
Form 4797 - Part I	+ _____ [36]	+ _____ [37]
Form 4797 - Part II	+ _____ [38]	+ _____ [39]
Comm revitalization	+ _____ [40]	+ _____ [41]
Section 179	+ _____ [42]	

**NOTES/QUESTIONS:**









## Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2009	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2009	+ _____ [9]	+ _____ [10]
Enter the nondeductible contribution amount made in 2010 for use in 2009	+ _____ [11]	+ _____ [12]
Traditional IRA basis	+ _____ [13]	+ _____ [14]
Value of all your traditional IRA's on December 31, 2009:	+ _____ [15]	+ _____ [16]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

## Roth IRA

**Please provide copies of any 1998 through 2008 Form 8606 not prepared by this office**

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [25]	__ [26]
Enter the total Roth IRA contributions made for use in 2009	+ _____ [27]	+ _____ [28]
Enter the total amount of Roth IRA conversion recharacterizations for 2009	+ _____ [33]	+ _____ [34]
Enter the total contribution Roth IRA basis on December 31, 2008	+ _____ [37]	+ _____ [38]
Enter the total Roth IRA contribution recharacterizations for 2009	+ _____ [39]	+ _____ [40]
Enter the Roth conversion IRA basis on December 31, 2008	+ _____ [41]	+ _____ [42]
Value of all your Roth IRA's on December 31, 2009:	+ _____ [43]	+ _____ [44]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**NOTES/QUESTIONS:**

Please provide all Forms 5498-SA.

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	____ [4]	
State postal code _____	____ [2]	
Archer MSA contributions made in 2009 and 2010 for 2009 <b>(Box 1)</b>	+ _____ [6]	
Total contributions made in 2009 <b>(Box 2)</b>	+ _____ [7]	
Total HSA or Archer MSA contributions made in 2010 for 2009 <b>(Box 3)</b>	+ _____ [8]	
Rollover contribution <b>(Box 4)</b>	+ _____ [9]	
Fair market value of HSA, Archer MSA, or MA MSA <b>(Box 5)</b>	+ _____ [10]	
<b>Box 6 -</b>		
HSA	____ [11]	
Archer MSA	____ [12]	
MA (Medicare Advantage) MSA	____ [13]	

**Additional Information**

	2009 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	____ [20]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of months in qualified high deductible health plan in 2009	____ [21]	
Excess contributions for 2008 taken as constructive contributions for 2009	+ _____ [23]	
<b>Complete this section if your account is an Archer MSA or MA MSA</b>		
Amount of annual deductible	+ _____ [30]	
Enter compensation from employer maintaining high deductible health plan	+ _____ [32]	
If self-employed, enter earned income from business under which plan was established	_____ [35]	
<b>Complete this section if your account is an HSA</b>		
Was the high deductible health plan in effect for December 2009? (Y, N)	____ [39]	
Enter any qualified HSA distribution from health flexible spending arrangement (FSA)	_____ [41]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA)	+ _____ [42]	

**NOTES/QUESTIONS:**

## Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100%;"></div>
Name of Trustee _____	_____[4]	
State postal code _____	_____[2]	
Gross distributions received ( <b>Box 1</b> )	+ _____[7]	
Earnings on excess contributions ( <b>Box 2</b> )	+ _____[8]	
Distribution code ( <b>Box 3</b> )	_____[9]	
Fair Market Value on date of death ( <b>Box 4</b> )	+ _____[10]	
<b>Box 5 -</b>		
HSA	_____[11]	
Archer MSA	_____[12]	
MA MSA	_____[13]	
Amount of distribution rolled over or withdrawal of excess contributions for 2009	+ _____[17]	
Unreimbursed qualified medical expenses for 2009	+ _____[18]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____[20]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/08	+ _____[21]	
For HSA accounts: Was the high deductible health plan coverage started in 2008 and in effect for the month of December 2008? (Y, N)	_____[29]	
Was the high deductible health plan coverage ended before 12/31/09? (Y, N)	_____[30]	

## Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2009 Information	Prior Year Information
Name of the insured chronically ill individual _____	_____[39]	<div style="border: 1px solid black; height: 100%;"></div>
Social security number of insured _____	_____[40]	
Gross long-term care (LTC) benefits paid ( <b>Box 1</b> )	+ _____[42]	
Accelerated death benefits paid ( <b>Box 2</b> )	+ _____[43]	
Check one ( <b>Box 3</b> )		
Per diem	_____[44]	
Reimbursed amount	_____[45]	
Qualified contract ( <b>Box 4</b> )	_____[46]	
Check, if applicable ( <b>Box 5</b> )		
Chronically ill	_____[47]	
Terminally ill	_____[48]	
Are there other individuals who received LTC payments during 2009? (Y, N)	_____[49]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	_____[50]	
Number of days during the long-term care period _____	_____[51]	
Cost incurred for qualified long-term care services during the long-term care period + _____	_____[52]	

**NOTES/QUESTIONS:**

**Preparer use only**

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Total amount reimbursed for moving expenses	+ _____	[13]

**NOTES/QUESTIONS:**

**Preparer use only**

Business activity or profession name \_\_\_\_\_ [3]  
 Taxpayer/Spouse (T, S) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) \_\_\_\_\_ [6]  
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) \_\_\_\_\_ [7]  
 Enter the total amount of contributions made to a Keogh plan in 2009 + \_\_\_\_\_ [8]  
 Enter the total amount of contributions made to a Solo 401(k) plan in 2009 + \_\_\_\_\_ [9]  
 Enter the total amount of contributions made to a SEP plan in 2009 + \_\_\_\_\_ [10]  
 Enter the total amount of contributions made to a SARSEP plan in 2009 + \_\_\_\_\_ [11]  
 Enter the total amount of contributions made to a defined benefit plan in 2009 + \_\_\_\_\_ [12]  
 Enter the total amount of contributions made to a profit-sharing plan in 2009 + \_\_\_\_\_ [13]  
 Enter the total amount of contributions made to a money purchase plan in 2009 + \_\_\_\_\_ [14]  
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2009 + \_\_\_\_\_ [15]  
 Enter the total amount of contributions to a SIMPLE IRA plan in 2009 + \_\_\_\_\_ [16]

**Catch-up Contributions**

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2009 + \_\_\_\_\_ [17]  
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2009 + \_\_\_\_\_ [18]

**Elective Deferrals**

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2009 + \_\_\_\_\_ [19]  
 Enter the amount of elective deferrals designated as Roth contributions in 2009 + \_\_\_\_\_ [20]

**NOTES/QUESTIONS:**

## Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2009 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

TS	Qualified loan interest you paid <sup>[1]</sup>		2009 Information	Prior Year Information
—	_____	+	_____	_____ _____ _____
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

## Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2009.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

TS	Ed Exp Code*	Student's SSN <sup>[6]</sup>	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
—	—	_____	_____	_____	+ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	

**Important: You cannot claim the following for the same student in the same year:**

- Hope credit and Lifetime learning credit
- Tuition and fees deduction and either the Hope credit or the Lifetime learning credit

To qualify for the Hope credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 4 years of post-secondary education
- have no drug convictions in 2009

<b>*Education Expense Code</b>
1 = Hope credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

**NOTES/QUESTIONS:**



# Interest Expenses

T/S/J	2009 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	[2]	+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home  
 1 = Not used to buy, build, improve home or investment  
 2 = Used to pay off previous mortgage  
 3 = Used to pay off previous mortgage, excess proceeds invested  
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2009 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
	Address		+	
	Address		+	
	Address		+	
	Address		+	

**T/S/J** Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid:

— Payer's/Borrower's name \_\_\_\_\_ [7]  
 — Street Address \_\_\_\_\_  
 — City/State/Zip code \_\_\_\_\_

Refinancing Points paid in 2009:

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [8]  
 Description \_\_\_\_\_  
 Total points paid \_\_\_\_\_  
 Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 Points paid in 2009 (**Preparer use only**) \_\_\_\_\_ [9]  
 Date of refinance \_\_\_\_\_  
 Total number of payments \_\_\_\_\_  
 Reported on Form 1098 in 2009 \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Description \_\_\_\_\_  
 Total points paid \_\_\_\_\_  
 Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 Points paid in 2009 (**Preparer use only**) \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Total number of payments \_\_\_\_\_  
 Reported on Form 1098 in 2009 \_\_\_\_\_

T/S/J	2009 Information	Prior Year Information
Investment interest expense, other than on K-1s:		
[11]	+	[12]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

<b>T/S/J</b>	<b>2009 Information</b>	<b>Prior Year Information</b>
Contributions made by cash or check		
__ [1] _____	+ _____ [2]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
__ [4] Volunteer miles driven	_____ [5]	_____
Noncash items, such as: Goodwill, Salvation Army		
__ [8] _____	+ _____ [9]	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____

## Miscellaneous Deductions

<b>T/S/J</b>	<b>2009 Information</b>	<b>Prior Year Information</b>
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
__ [11] _____	+ _____ [12]	_____ _____ _____ _____ _____ _____ _____ _____ _____
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
Union dues:		
__ [14] _____	+ _____ [15]	_____
— _____	+ _____	_____
__ [17] Tax preparation fees	+ _____ [18]	_____
Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees		
__ [20] _____	+ _____ [21]	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
__ [23] Safe deposit box rental	+ _____ [24]	_____
Investment expenses, other than on K1s:		
__ [26] _____	+ _____ [27]	_____
— _____	+ _____	_____
— _____	+ _____	_____
Other expenses, not subject to the 2% AGI limitation:		
__ [30] _____	+ _____ [31]	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
Gambling losses: (Enter only if you have gambling income)		
__ [33] _____	+ _____ [34]	_____
— _____	+ _____	_____



## Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

	<b>Control Totals +</b>	
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## Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

	<b>Control Totals +</b>	
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## Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

	<b>Control Totals +</b>	
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**NOTES/QUESTIONS:**

## Contributions of Motor Vehicles, Boats & Airplanes

Please provide all Forms 1098-C

Taxpayer/Spouse (T, S)			__ [1]
Donee's name	_____		[4]
State postal code			__ [3]
Date of contribution <b>(Box 1)</b>			_____ [7]
Make and model of vehicle <b>(Box 2)</b>	_____		[8]
Year of vehicle <b>(Box 2)</b>			_____ [9]
Vehicle or other identification number <b>(Box 3)</b>	_____		[10]
Donee certifies that vehicle was sold in arm's length transaction to unrelated party <b>(Box 4a)</b>			__ [11]
Date of sale <b>(Box 4b)</b>			_____ [12]
Gross proceeds from sale <b>(Box 4c)</b>		+ _____	[13]
Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use <b>(Box 5a)</b>			__ [14]
Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose <b>(Box 5b)</b>			__ [15]
Detailed description of material improvements or significant intervening use and duration of use <b>(Box 5c)</b>	_____		[16]
	_____		
	_____		
Did you provide goods or services in exchange for the vehicle? <b>(Box 6a)</b>	Yes	__ [17]	No
			__ [18]
Value of goods and services provided in exchange for the vehicle <b>(Box 6b)</b>		+ _____	[19]
Donee certifies that the goods and services consisted solely of intangible religious benefits <b>(Box 6c)</b>			__ [20]
Description of goods and services <b>(Box 6c)</b>	_____		[21]
	_____		
	_____		
Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked <b>(Box 7)</b>			__ [22]

### Other Information for Donated Property

Overall physical condition of property			_____ [27]
Vehicle mileage on date of contribution			_____ [28]
Date property was acquired by donor			_____ [29]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)			__ [30]
Donor's cost or basis		+ _____	[31]
Fair market value on date of contribution		+ _____	[32]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)			__ [33]
If other:	_____		[34]
Bargain sale amount received			_____ [35]
Donee's address, and ZIP code	_____		[40]
		[41]    [42]	_____ [43]
Donee's telephone number			_____ [44]

**NOTES/QUESTIONS:**

**Preparer use only**

Principal business or profession \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

**Business Use of Home**

	2009 Information	Prior Year Information
Total area of home	_____ [10]	_____
Area used exclusively for business	_____ [12]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [14]	_____
Total hours used this year, if less than 8,760	_____ [16]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [18]	_____
Area used partly for day-care business	_____ [20]	_____

**List as direct expenses any expenses which are attributable only to the business part of your home.**

**List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.**

	2009 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest	+ _____ [25]	+ _____ [26]	_____
Mortgage insurance premiums	+ _____ [28]	+ _____ [29]	_____
Real estate taxes	+ _____ [31]	+ _____ [32]	_____
Excess mortgage interest and insurance premiums	+ _____ [34]	+ _____ [35]	_____
Insurance	+ _____ [37]	+ _____ [38]	_____
Rent	+ _____ [40]	+ _____ [41]	_____
Repairs & maintenance	+ _____ [43]	+ _____ [44]	_____
Utilities	+ _____ [46]	+ _____ [47]	_____
Other expenses, such as: Supplies & Security system	+ _____ [49]	+ _____ [50]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [52]	_____
Carryovers:			
Operating expenses		+ _____ [53]	_____
Casualty losses		+ _____ [54]	_____
Depreciation		+ _____ [56]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [57]	_____
Depreciation		+ _____ [61]	_____

**NOTES/QUESTIONS:**

**If you used your automobile for business purposes, please complete the following information.**

**Preparer use only**

Description of business or profession \_\_\_\_\_ [3]

## Vehicles 1 - 2

Vehicle 1 - Date placed in service \_\_\_\_\_ [5]  
 Description \_\_\_\_\_ [6]  
 Comments \_\_\_\_\_

Vehicle 2 - Date placed in service \_\_\_\_\_ [41]  
 Description \_\_\_\_\_ [42]  
 Comments \_\_\_\_\_

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____ [10]	_____	_____ [46]	_____
Commuting miles	_____ [12]	_____	_____ [48]	_____
Business miles	_____ [14]	_____	_____ [50]	_____
<b>Vehicle use questions:</b>				
Was the vehicle available for off-duty personal use? (Y, N)	___ [17]	___	___ [53]	___
Was another vehicle available for personal use? (Y, N)	___ [19]	___	___ [55]	___
Do you have evidence to support your deduction? (Y, N)	___ [21]	___	___ [57]	___
Is this evidence written? (Y, N)	___ [23]	___	___ [59]	___
Parking, fees and tolls	+ _____ [25]	_____	+ _____ [61]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [27]	_____	+ _____ [63]	_____
Interest	+ _____ [29]	_____	+ _____ [65]	_____
Registration	+ _____ [31]	_____	+ _____ [67]	_____
Property taxes	+ _____ [33]	_____	+ _____ [69]	_____
Vehicle rentals	+ _____ [35]	_____	+ _____ [71]	_____
Inclusion amount <b>(Preparer use only)</b>	+ _____ [37]	_____	+ _____ [73]	_____
Depreciation	+ _____ [39]	_____	+ _____ [75]	_____

## Vehicles 3 - 4

Vehicle 3 - Date placed in service \_\_\_\_\_ [77]  
 Description \_\_\_\_\_ [78]  
 Comments \_\_\_\_\_

Vehicle 4 - Date placed in service \_\_\_\_\_ [113]  
 Description \_\_\_\_\_ [114]  
 Comments \_\_\_\_\_

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____ [82]	_____	_____ [118]	_____
Commuting miles	_____ [84]	_____	_____ [120]	_____
Business miles	_____ [86]	_____	_____ [122]	_____
<b>Vehicle use questions:</b>				
Was the vehicle available for off-duty personal use? (Y, N)	___ [89]	___	___ [125]	___
Was another vehicle available for personal use? (Y, N)	___ [91]	___	___ [127]	___
Do you have evidence to support your deduction? (Y, N)	___ [93]	___	___ [129]	___
Is this evidence written? (Y, N)	___ [95]	___	___ [131]	___
Parking, fees and tolls	+ _____ [97]	_____	+ _____ [133]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [99]	_____	+ _____ [135]	_____
Interest	+ _____ [101]	_____	+ _____ [137]	_____
Registration	+ _____ [103]	_____	+ _____ [139]	_____
Property taxes	+ _____ [105]	_____	+ _____ [141]	_____
Vehicle rentals	+ _____ [107]	_____	+ _____ [143]	_____
Inclusion amount <b>(Preparer use only)</b>	+ _____ [109]	_____	+ _____ [145]	_____
Depreciation	+ _____ [111]	_____	+ _____ [147]	_____

## Child and Dependent Care Expenses

**Please enter all amounts paid in 2009 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2008 employer-provided dependent care benefits used during 2009 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2009	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2009		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2009 + \_\_\_\_\_ [7]

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2009 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2009 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2009 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2009 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2009 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2009 + \_\_\_\_\_