

Questions

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

Yes No

Personal Information

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?	—	—
	Yes	No

Dependent Information

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?	—	—
	Yes	No

Purchases, Sales, and Debt Information

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?	—	—
	Yes	No

Income Information

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?	—	—
	Yes	No

Itemized Deduction Information

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.	—	—

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. **Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.**

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Foreign housing deduction	37, 38	Unreported tip or unreported wage income	62
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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

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>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you 3 = Other dependent 4 = Claimed under pre-1985 agreement 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|--|---|

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]

Taxpayer

Spouse

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:

Individuals may claim an additional exemption deduction of \$500 for providing at least 60 days of temporary rent-free housing in your main home to a person dislocated by the midwestern disasters. Enter only those individuals who meet the 60 consecutive days within the 2009 tax year. The additional exemption is per person and limited to a maximum of \$2,000 (allocated in \$500 increments between taxpayer and spouse if married filing separately). The additional exemption amount available for 2009 will be reduced by any additional exemptions taken in 2008.

1st displaced individual information:

Taxpayer/Spouse (T, S) _____ [1]
 Social security number _____ [2]
 First name/Last name _____ [3] _____ [4]
 Former address in disaster area:
 Street Address/Apartment number _____ [5] _____ [6]
 City/State/Zip code _____ [7] ____ [8] _____ [9]
 Number of consecutive days housed in taxpayer's main home _____ [10]

2nd displaced individual information:

Taxpayer/Spouse (T, S) _____ [11]
 Social security number _____ [12]
 First name/Last name _____ [13] _____ [14]
 Former address in disaster area:
 Street Address/Apartment number _____ [15] _____ [16]
 City/State/Zip code _____ [17] ____ [18] _____ [19]
 Number of consecutive days housed in taxpayer's main home _____ [20]

3rd displaced individual information:

Taxpayer/Spouse (T, S) _____ [21]
 Social security number _____ [22]
 First name/Last name _____ [23] _____ [24]
 Former address in disaster area:
 Street Address/Apartment number _____ [25] _____ [26]
 City/State/Zip code _____ [27] ____ [28] _____ [29]
 Number of consecutive days housed in taxpayer's main home _____ [30]

4th displaced individual information:

Taxpayer/Spouse (T, S) _____ [31]
 Social security number _____ [32]
 First name/Last name _____ [33] _____ [34]
 Former address in disaster area:
 Street Address/Apartment number _____ [35] _____ [36]
 City/State/Zip code _____ [37] ____ [38] _____ [39]
 Number of consecutive days housed in taxpayer's main home _____ [40]

Form 8914 Additional Exemptions Claimed in 2008

Taxpayer/Spouse (T, S)	Social security number	First name	Last name
____ [41]	_____ [42]	_____ [43]	_____ [44]
____ [45]	_____ [46]	_____ [47]	_____ [48]
____ [49]	_____ [50]	_____ [51]	_____ [52]
____ [53]	_____ [54]	_____ [55]	_____ [56]

Total additional Midwestern Displaced Individual exemptions claimed in 2008 _____ [57]

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]

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:

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]

Date Paid	Amount Paid	Calculated Amount
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

City #1		City #2	
City name _____[28]		City name _____[50]	
Amount paid with 2008 return + _____[31]		Amount paid with 2008 return + _____[53]	
2008 overpayment applied to '09 estimates + _____[32]		2008 overpayment applied to '09 estimates + _____[54]	
Treat calculated amounts as paid _____[36]		Treat calculated amounts as paid _____[58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
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	_____

City #3		City #4	
City name _____[72]		City name _____[94]	
Amount paid with 2008 return + _____[75]		Amount paid with 2008 return + _____[97]	
2008 overpayment applied to '09 estimates + _____[76]		2008 overpayment applied to '09 estimates + _____[98]	
Treat calculated amounts as paid _____[80]		Treat calculated amounts as paid _____[102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
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
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	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 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
1	Payer											
	Amounts +											
2	Payer											
	Amounts +											
3	Payer											
	Amounts +											
4	Payer											
	Amounts +											
5	Payer											
	Amounts +											
6	Payer											
	Amounts +											
7	Payer											
	Amounts +											
8	Payer											
	Amounts +											
9	Payer											
	Amounts +											
10	Payer											
	Amounts +											

*Dividend Codes	
Blank = Other	3 = Nominee

Seller Financed Mortgage Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

2009 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J)

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J)

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J)

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J)

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J)

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J)

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J)

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J)

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J)

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2009 + _____ [1]

Income from REMICs

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J)

__[1]

Name of activity

Employer identification number

State postal code

Taxpayer/Spouse/Joint (T, S, J)

__[1]

Name of activity

Employer identification number

State postal code

NOTES/QUESTIONS:

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 (Box 1)	+		[7]
Taxable amount received (Box 2a)	+		[9]
Federal withholding (Box 4)	+		[11]
Distribution code (Box 7)			[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan			[14]
State withholding (Box 10)	+		[15]
Local withholding (Box 13)	+		[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]

	Control Totals +	
--	-------------------------	--

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 (Box 1)	+		[7]
Taxable amount received (Box 2a)	+		[9]
Federal withholding (Box 4)	+		[11]
Distribution code (Box 7)			[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan			[14]
State withholding (Box 10)	+		[15]
Local withholding (Box 13)	+		[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]

	Control Totals +	
--	-------------------------	--

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 (Box 1)	+		[7]
Taxable amount received (Box 2a)	+		[9]
Federal withholding (Box 4)	+		[11]
Distribution code (Box 7)			[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan			[14]
State withholding (Box 10)	+		[15]
Local withholding (Box 13)	+		[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]

	Control Totals +	
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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

If you received a Form SSA - 1099, please complete the following information:

	2009 Information	
Net Benefits for 2009 (Box 3 minus Box 4) (Box 5)	+ _____	[8]
Voluntary Federal Income Tax Withheld (Box 6)	+ _____	[10]
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____	[12]
Prescription drug (Part D) premiums	+ _____	[14]

Prior Year Information

Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

	2009 Information	
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2009 (Box 5)	+ _____	[22]
Federal Income Tax Withheld (Box 10)	+ _____	[25]
Medicare Premium Total (Box 11)	+ _____	[27]

Prior Year Information

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 (Box 1)	+ _____	[9]
Royalties (Box 2)	+ _____	[11]
Other income (Box 3)	+ _____	[13]
Federal income tax withheld (Box 4)	+ _____	[15]
Fishing boat proceeds (Box 5)	+ _____	[17]
Medical and health care payments (Box 6)	+ _____	[19]
Nonemployee compensation (Box 7)	+ _____	[21]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[23]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[25]
Crop Insurance proceeds (Box 10)	+ _____	[27]
Excess golden parachute payments (Box 13)	+ _____	[29]
Gross proceeds paid to an attorney (Box 14)	+ _____	[31]
Section 409A deferrals (Box 15a)	+ _____	[33]
Section 409A income (Box 15b)	+ _____	[35]
State tax withheld (Box 16)	+ _____	[37]
State/Payer's state no. (Box 17)	_____	[39]
State income (Box 18)	+ _____	[40]

	Control Totals +	
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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 (Box 1)	+ _____	[9]
Royalties (Box 2)	+ _____	[11]
Other income (Box 3)	+ _____	[13]
Federal income tax withheld (Box 4)	+ _____	[15]
Fishing boat proceeds (Box 5)	+ _____	[17]
Medical and health care payments (Box 6)	+ _____	[19]
Nonemployee compensation (Box 7)	+ _____	[21]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[23]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[25]
Crop Insurance proceeds (Box 10)	+ _____	[27]
Excess golden parachute payments (Box 13)	+ _____	[29]
Gross proceeds paid to an attorney (Box 14)	+ _____	[31]
Section 409A deferrals (Box 15a)	+ _____	[33]
Section 409A income (Box 15b)	+ _____	[35]
State tax withheld (Box 16)	+ _____	[37]
State/Payer's state no. (Box 17)	_____	[39]
State income (Box 18)	+ _____	[40]

	Control Totals +	
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Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [64]

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [3]
 Name of creditor/lender _____ [4]
 Activity identification (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835) _____ [7]

Form 1099-C Cancellation of Debt

Date canceled (Box 1) _____ [9]
 Amount of debt canceled (Box 2) + _____ [10]
 Interest if included in box 2 (Box 3) + _____ [11]
 Personally liable for repayment of the debt? (Box 5) Yes ___ [12] No ___ [13]
 Bankruptcy (if checked) (Box 6) _____ [14]
 Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]
 Balance of principal outstanding (Box 2) + _____ [17]
 Fair market value of property (Box 4) + _____ [18]
 Personally liable for repayment of the debt? (Box 5) Yes ___ [19] No ___ [20]

	Control Totals +	
--	-------------------------	--

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [64]

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [3]
 Name of creditor _____ [4]
 Activity identification (C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835) _____ [7]

Form 1099-C Cancellation of Debt

Date canceled (Box 1) _____ [9]
 Amount of debt canceled (Box 2) + _____ [10]
 Interest if included in box 2 (Box 3) + _____ [11]
 Personally liable for repayment of the debt? (Box 5) Yes ___ [12] No ___ [13]
 Bankruptcy (if checked) (Box 6) _____ [14]
 Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]
 Balance of principal outstanding (Box 2) + _____ [17]
 Fair market value of property (Box 4) + _____ [18]
 Personally liable for repayment of the debt? (Box 5) Yes ___ [19] No ___ [20]

	Control Totals +	
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NOTES/QUESTIONS:

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]	

	Control Totals +	
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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]	

	Control Totals +	
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NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name _____	_____ [3]	
State postal code _____	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]	
Section 1202 gain (Box 1c)	+ _____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)	_____ [15]	
Collectibles (28%) gain (Box 1d)	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]	

	Control Totals +	
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Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name _____	_____ [3]	
State postal code _____	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]	
Section 1202 gain (Box 1c)	+ _____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)	_____ [15]	
Collectibles (28%) gain (Box 1d)	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]	

	Control Totals +	
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Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name _____	_____ [3]	
State postal code _____	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]	
Section 1202 gain (Box 1c)	+ _____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)	_____ [15]	
Collectibles (28%) gain (Box 1d)	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]	

	Control Totals +	
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Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) __[1]

Mark to indicate all the elections that apply:

Mixed straddle election __[2] Mixed straddle account election __[3]
 Straddle-by-straddle identification election __[4] Net section 1256 contracts loss election __[5]

Section 1256 Contracts Marked to Market

Identification of Account A _____ [6]
 Identification of Account B _____
 Identification of Account C _____

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	—	—	—
State postal code	_____	_____	_____
-Loss/Gain for entire year (Enter losses as a negative amount)	+ _____	+ _____	+ _____
Total Form 1099-B adjustment	+ _____	+ _____	+ _____
Total net 1256 contract loss carryback	+ _____	+ _____	+ _____

Gains and Losses From Straddles

Description of Property A _____ [8]
 Description of Property B _____
 Description of Property C _____
 Description of Property D _____

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	—	—	—	—
State postal code	_____	_____	_____	_____
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Force period	—	—	—	—
Gross sales price	+ _____	+ _____	+ _____	+ _____
Cost plus expense of sale	+ _____	+ _____	+ _____	+ _____
Unrecognized gain	+ _____	+ _____	+ _____	+ _____

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A _____ [9]
 Description of Property B _____
 Description of Property C _____

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	+ _____	+ _____	+ _____
Cost or other basis as adjusted	+ _____	+ _____	+ _____

NOTES/QUESTIONS:

Canadian Registered Retirement Plans #1

Please provide all Forms T4RSP, T4RIF, and Canadian plan custodian statements

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	___[1]	
Name of custodian _____	___[2]	
State postal code _____	___[3]	
Type of plan (1 = RRSP, Registered Retirement Savings Plan, 2 = RRIF, Registered Retirement Income Fund)	___[13]	
Status in plan (1 = Beneficiary, 2 = Annuitant)	___[14]	
Election under Article XVIII(7) of the U.S.-Canada income tax treaty:		
Mark if you previously elected to defer income tax	___[15]	
Year election was made _____	___[16]	
Mark if you are electing for this year and subsequent years	___[17]	
Distributions received from the plan in 2009	+ _____[20]	

Complete this section only if NOT electing to defer U.S. income tax on undistributed earnings

	2009 Information	Prior Year Information
Undistributed earnings		
Interest income	+ _____[34]	
Ordinary dividends	+ _____[35]	
Qualified dividends	+ _____[36]	
Total capital gains	+ _____[37]	
Other income		
Description _____	___[38]	
Amount	+ _____[39]	

	Control Totals +	
--	-------------------------	--

Canadian Registered Retirement Plans #2

Please provide all Forms T4RSP, T4RIF, and Canadian plan custodian statements

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	___[1]	
Name of custodian _____	___[2]	
State postal code _____	___[3]	
Type of plan (1 = RRSP, Registered Retirement Savings Plan, 2 = RRIF, Registered Retirement Income Fund)	___[13]	
Status in plan (1 = Beneficiary, 2 = Annuitant)	___[14]	
Election under Article XVIII(7) of the U.S.-Canada income tax treaty:		
Mark if you previously elected to defer income tax	___[15]	
Year election was made _____	___[16]	
Mark if you are electing for this year and subsequent years	___[17]	
Distributions received from the plan in 2009	+ _____[20]	

Complete this section only if NOT electing to defer U.S. income tax on undistributed earnings

	2009 Information	Prior Year Information
Undistributed earnings		
Interest income	+ _____[34]	
Ordinary dividends	+ _____[35]	
Qualified dividends	+ _____[36]	
Total capital gains	+ _____[37]	
Other income		
Description _____	___[38]	
Amount	+ _____[39]	

	Control Totals +	
--	-------------------------	--

NOTES/QUESTIONS:

Preparer use only

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) _____	[2]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Gross royalties received + _____	[20]	

Rent and Royalty Expenses

	2009 Information	Percent if not 100%	Prior Year Information
Advertising + _____	[22]	[23]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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 (Prep use only) _____ + _____			
Date of Refinance _____ Total # Payments _____ Reported on 1098 in 2009 _____			

Preparer use only

Description _____

Vacation Home Information

2009 Information

Prior Year Information

Number of days home was used personally _____ [6]
 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

Preparer use only				
Carryovers		Regular		AMT
Operating	+		[28]	+
Schedule D - Short-term	+		[30]	+
Schedule D - Long-term	+		[32]	+
Schedule D - 28% rate	+		[34]	+
Form 4797 - Part I	+		[36]	+
Form 4797 - Part II	+		[38]	+
Comm revitalization	+		[40]	+
Section 179	+		[42]	

NOTES/QUESTIONS:

Preparer use only

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	<div style="border: 1px solid black; height: 100%;"></div>
Employer identification number	_____ [3]	
Description _____	_____ [4]	
Principal Product _____	_____ [5]	
State postal code _____	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code _____	_____ [9]	
Did you "materially participate" in this business? (Y, N)	_____ [12]	
Mark if Schedule F net income or loss should be excluded from self employment income	_____ [14]	
Medical insurance premiums paid by this activity	+ _____ [16]	
Long-term care premiums paid by this activity	+ _____ [18]	

Cash or Accrual Income Items

	2009 Information	Prior Year Information
Sales of livestock and other items you bought for resale:		<div style="border: 1px solid black; height: 100%;"></div>
_____	+ _____ [26]	
_____	+ _____	
_____	+ _____	
Cost or other basis of livestock and other items you bought for resale	+ _____ [28]	
Sale of livestock, produce, grains, other products you raised:		
_____	+ _____ [30]	
_____	+ _____	
_____	+ _____	
Taxable crop insurance proceeds received in 2009	+ _____ [32]	
Mark if electing to defer crop insurance proceeds to 2010	_____ [34]	
Crop insurance proceeds deferred from 2008	+ _____ [36]	
Accrual sales of livestock, produce, grains, and other products:		
_____	+ _____ [38]	
_____	+ _____	
_____	+ _____	
Beginning inventory of livestock and other items	+ _____ [40]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [42]	
Ending Inventory of livestock and other items	+ _____ [44]	

Cash and Accrual Income Items

	2009 Information	Prior Year Information
Total cooperative distributions you received	+ _____ [46]	<div style="border: 1px solid black; height: 100%;"></div>
Taxable cooperative distributions you received	+ _____ [48]	
Total agricultural program payments	+ _____ [50]	
Taxable agricultural program payments	+ _____ [52]	
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [54]	
Commodity credit loans reported under election:		
_____	+ _____ [56]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [58]	
Taxable commodity credit loans forfeited	+ _____ [60]	
Total crop insurance proceeds you received in 2009	+ _____ [62]	
Custom hire (machine work) income	+ _____ [64]	
Other income:		
_____	+ _____ [66]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Preparer use only

Description

2009 Information

Prior Year Information

Car and truck expenses	+	_____	[6]
Chemicals	+	_____	[8]
Conservation expenses	+	_____	[10]
Custom hire (machine work)	+	_____	[12]
Depreciation	+	_____	[14]
Employee benefit programs	+	_____	[16]
Feed purchased	+	_____	[18]
Fertilizers and lime	+	_____	[20]
Freight and trucking	+	_____	[22]
Gasoline, fuel, and oil	+	_____	[24]
Insurance (Other than health)	+	_____	[26]
Mortgage interest (Paid to banks, etc.)	+	_____	[28]
Other interest	+	_____	[30]
Labor hired (Less employment credit)	+	_____	[32]
Pension and profit sharing	+	_____	[34]
Rent - vehicles, machinery, and equipment	+	_____	[36]
Rent - other	+	_____	[38]
Repairs and maintenance	+	_____	[40]
Seed and plants purchased	+	_____	[42]
Storage and warehousing	+	_____	[44]
Supplies purchased	+	_____	[46]
Taxes:			
_____	+	_____	[48]
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
Utilities	+	_____	[50]
Veterinary, breeding, and medicine	+	_____	[52]
Other expenses:			
_____	+	_____	[54]
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
Preproductive period expenses	+	_____	[56]

Preparer use only				
Carryovers	Regular		AMT	
Operating	+	[62]	+	[63]
Schedule D - Short-term	+	[64]	+	[65]
Schedule D - Long-term	+	[66]	+	[67]
Schedule D - 28% rate	+	[68]	+	[69]
Form 4797 - Part I	+	[70]	+	[71]
Form 4797 - Part II	+	[72]	+	[73]
Section 179	+	[74]		

Partnerships and S Corporations

Please provide copies of Schedule K-1s showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) __[2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) __ [11]
 Tax shelter registration number _____ [12]

	Preparer use only		
	Carryovers	Regular	AMT
Enter on K1-3	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Taxpayer/Spouse/Joint (T, S, J) __[2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) __ [11]
 Tax shelter registration number _____ [12]

	Preparer use only		
	Carryovers	Regular	AMT
Enter on K1-3	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Taxpayer/Spouse/Joint (T, S, J) __[2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) __ [11]
 Tax shelter registration number _____ [12]

	Preparer use only		
	Carryovers	Regular	AMT
Enter on K1-3	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]

Sale of Principal Residence

Description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____ [7]
 Date former residence was acquired _____ [9]
 Date former residence was sold _____ [10]
 Selling price of former residence + _____ [11]
 Expenses related to the sale of your old home + _____ [12]
 Original cost of home sold including capital improvements + _____ [13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____ [20]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [22]	_____ [23]
Number of days each person owned property used as main home	_____ [24]	_____ [25]
Number of days between date of sale of the other home and date of sale of this home	_____ [26]	_____ [27]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [29]
 Total current year payments received + _____ [30]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [31]
 Address _____ [32]
 City, State and Zip _____ [33] _____ [34] _____ [35]
 Identifying number of related party _____ [36]
 Was the property sold as a marketable security? (Y, N) _____ [37]
 Enter date of second sale if more than 2 years after the first sale _____ [38]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [39]
 Selling price of property sold by a related party + _____ [41]

NOTES/QUESTIONS:

Prior Year Installment Sale

Preparer use only

	2009 Information	Prior Year Information
Description _____	[3]	<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[15]	
Date sold _____	[16]	
Gross sales price of property sold + _____	[17]	
Mortgage and other debts the buyer assumed + _____	[19]	
Cost or other basis + _____	[21]	
Commissions and other expenses of the sale + _____	[23]	
Gross profit percentage _____	[25]	
Total current year principal payments received + _____	[31]	
Prior year principal payments received + _____	[33]	
Total ordinary income to recapture + _____	[35]	
Total ordinary income previously recaptured + _____	[37]	
Control Totals +		

Prior Year Installment Sale

Preparer use only

	2009 Information	Prior Year Information
Description _____	[3]	<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[15]	
Date sold _____	[16]	
Gross sales price of property sold + _____	[17]	
Mortgage and other debts the buyer assumed + _____	[19]	
Cost or other basis + _____	[21]	
Commissions and other expenses of the sale + _____	[23]	
Gross profit percentage _____	[25]	
Total current year principal payments received + _____	[31]	
Prior year principal payments received + _____	[33]	
Total ordinary income to recapture + _____	[35]	
Total ordinary income previously recaptured + _____	[37]	
Control Totals +		

NOTES/QUESTIONS:

Preparer use only

Description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [8]
 State postal code _____ [9]
 Mark to include gross proceeds for 1099-S reporting on Form, line 1 _____ [13]
 Mark if disposition is due to casualty or theft _____ [17]
 Mark if disposition was to a related party _____ [19]

Sale Information

Date acquired _____ [23]
 Date sold _____ [24]
 Gross sales price or insurance proceeds received + _____ [25]
 Cost or other basis + _____ [26]
 Commissions and other expenses of sale + _____ [27]
 Depreciation allowed or allowable + _____ [28]

Form 4797, Part III - Recapture

Additional depreciation after 1975 (Section 1250) + _____ [30]
 Applicable percentage (if not 100%) (Section 1250) _____ [31]
 Additional depreciation after 1969 (Section 1250) + _____ [32]
 Soil, water and land clearing expenses (Section 1252) + _____ [33]
 Applicable percentage (if not 100%) (Section 1252) _____ [34]
 Intangible drilling and development costs (Section 1254) + _____ [35]
 Applicable payments excluded from income under sec. 126 (Section 1255) + _____ [36]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [37]
 Total current year payments received + _____ [38]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [39]
 Address _____ [40]
 State, City and Zip _____ [41] _____ [42] _____ [43]
 Identifying number of related party _____ [44]
 Was the property sold as a marketable security? (Y, N) _____ [45]
 Enter date of second sale _____ [46]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [47]
 Selling price of property sold by a related party + _____ [49]

NOTES/QUESTIONS:

Preparer use only

Description of property given up _____ [4]
 _____ [5]
 Taxpayer/Spouse/Joint (T, S, J) _____ [6]
 State postal code _____ [7]
 Description of property received _____ [9]
 _____ [10]

Date Information

Date the like-kind property given up was acquired _____ [17]
 Date you transferred your property to the other party _____ [18]
 Date the like-kind property received was identified _____ [19]
 Date you received the like-kind property from the other party _____ [20]

Gain and Basis Information

Fair market value of other property given up + _____ [21]
 Adjusted basis of other property given up + _____ [22]
 Cash received + _____ [23]
 Fair market value of other (not like-kind) property received + _____ [24]
 Installment obligation received in like-kind exchange + _____ [25]
 Fair market value of like-kind property you received + _____ [26]
 Fair market value of non-section 1245 property you received + _____ [27]
 Liabilities, including mortgages, assumed by you + _____ [28]
 Cash paid + _____ [29]
 Adjusted basis of like-kind property given up + _____ [30]
 Adjusted basis of like-kind property from pass through entity
 Cost or other basis + _____ [31]
 Depreciation allowed or allowable excluding Section 179 + _____ [32]
 Section 179 expense deduction passed through + _____ [33]
 Section 179 carryover + _____ [34]
 Liabilities, including mortgages, assumed by the other party + _____ [35]
 Exchange expenses incurred by you + _____ [36]

Related Party Exchange Information

Name of related party _____ [39]
 Address of related party _____ [40]
 City _____ [41]
 State _____ [42]
 Zip code _____ [43]
 Identifying number of related party _____ [44]
 Relationship to you _____ [45]
 During this tax year, did the related party sell or dispose of the property received? (Y, N) _____ [46]
 During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) _____ [47]
 Indicate any special if conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) _____ [48]
 Mark if this exchange is a prior year like-kind exchange _____ [50]

NOTES/QUESTIONS:

Foreign name _____
 Taxpayer/Spouse (T, S) _____
 State postal code _____

Foreign Earned Income

***Please use the Foreign Earned Income Allocation Codes located below**

	Allocation Code*	Amount
Noncash income:		
Home (lodging) _____	[10] ___[11]	+ _____ [12]
Meals _____	[13] ___[14]	+ _____ [15]
Car _____	[16] ___[17]	+ _____ [18]
Other properties or facilities (Please enter code here and description and amount below): _____ _____ _____ _____	___[19]	+ _____ [20] + _____ + _____ + _____ + _____
Allowances, reimbursements or expenses paid on behalf:		
Cost of living and overseas differential _____	___[21]	+ _____ [22]
Family _____	___[23]	+ _____ [24]
Education _____	___[25]	+ _____ [26]
Home leave _____	___[27]	+ _____ [28]
Quarters _____	___[29]	+ _____ [30]
Other purposes (Please enter code here and description and amount below): _____ _____ _____ _____	___[31]	+ _____ [32] + _____ + _____ + _____ + _____
Other foreign earned income (Please enter code here and description and amount below): _____ _____ _____ _____	___[33]	+ _____ [34] + _____ + _____ + _____ + _____
Excludable meals and lodging under section 119 _____		+ _____ [35]

*Foreign Earned Income Allocation Codes
1 = 100% foreign during assignment
2 = 100% U.S. during assignment
3 = U.S. and foreign days worked during assignment
4 = U.S. and foreign days before/after assignment
5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

	Allocation Code*	Amount
Other allocable deductions _____	___[36]	+ _____ [37]

Housing Exclusion/Deduction

Qualified housing expense _____	+ _____ [46]
---------------------------------	--------------

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-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
Name of Trustee _____	__ [4]	
State postal code _____	__ [2]	
Archer MSA contributions made in 2009 and 2010 for 2009 (Box 1)	+ _____ [6]	
Total contributions made in 2009 (Box 2)	+ _____ [7]	
Total HSA or Archer MSA contributions made in 2010 for 2009 (Box 3)	+ _____ [8]	
Rollover contribution (Box 4)	+ _____ [9]	
Fair market value of HSA, Archer MSA, or MA MSA (Box 5)	+ _____ [10]	
Box 6 -		
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-bottom: 1px solid black; height: 15px; 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]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [30]	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____ [32]	
If self-employed, enter earned income from business under which plan was established	+ _____ [35]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2009? (Y, N)	__ [39]	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
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]
Name of Trustee			[4]
State postal code		__	[2]
Gross distributions received (Box 1)	+	_____	[7]
Earnings on excess contributions (Box 2)	+	_____	[8]
Distribution code (Box 3)		__	[9]
Fair Market Value on date of death (Box 4)	+	_____	[10]
Box 5 -			
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]
Social security number of insured		_____	[40]
Gross long-term care (LTC) benefits paid (Box 1)	+	_____	[42]
Accelerated death benefits paid (Box 2)	+	_____	[43]
Check one (Box 3)			
Per diem		__	[44]
Reimbursed amount		__	[45]
Qualified contract (Box 4)		__	[46]
Check, if applicable (Box 5)			
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:

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. savings bonds in 2009 that were issued after 1989, and you paid qualified higher education expenses in 2009 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J)		—
Name of person who was enrolled at eligible educational institution	_____	
Name of eligible educational institution	_____	
Address of eligible educational institution	_____	
Qualified higher education expenses you paid in 2009 for person listed above	+ _____	[1]
Enter any nontaxable educational benefits received for 2009 for person listed above	+ _____	
Taxpayer/Spouse/Joint (T, S, J)		—
Name of person who was enrolled at eligible educational institution	_____	
Name of eligible educational institution	_____	
Address of eligible educational institution	_____	
Qualified higher education expenses you paid in 2009 for person listed above	+ _____	[1]
Enter any nontaxable educational benefits received for 2009 for person listed above	+ _____	
Taxpayer/Spouse/Joint (T, S, J)		—
Name of person who was enrolled at eligible educational institution	_____	
Name of eligible educational institution	_____	
Address of eligible educational institution	_____	
Qualified higher education expenses you paid in 2009 for person listed above	+ _____	[1]
Enter any nontaxable educational benefits received for 2009 for person listed above	+ _____	
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2009	+ _____	[3]

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 ^[1]		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 ^[6]	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

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

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [2]
 State postal code _____ [3]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [4]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [5]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2009 Information	
Amount contributed in current year	+ _____ [14]	<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">Prior Year Information</div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
Basis of this account at 12/31/08	+ _____ [17]	
Value of this account at 12/31/09	+ _____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

Payments from Qualified Education Programs

	2009 Information	
Gross distribution (Box 1)	+ _____ [30]	<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">Prior Year Information</div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
Earnings (Box 2)	+ _____ [32]	
Basis (Box 3)	+ _____ [34]	
Trustee-to-trustee rollover (Box 4)	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
Box 5 -		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J		2009 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received		
[1]	_____	+ _____ [2]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
-	_____	+ _____	
-	_____	+ _____	
-	_____	+ _____	
-	_____	+ _____	
-	_____	+ _____	
	Medical insurance premiums you paid*:		
[4]	_____	+ _____ [5]	
-	_____	+ _____	
-	_____	+ _____	
-	_____	+ _____	
	Long-term care premiums you paid*:		
[7]	_____	+ _____ [8]	
-	_____	+ _____	
	Prescription medicines and drugs:		
[10]	_____	+ _____ [11]	
-	_____	+ _____	
-	_____	+ _____	
[13]	Miles driven for medical items _____ [14]		
	*Not entered elsewhere		

Schedule A - Tax Expenses

T/S/J		2009 Information	Prior Year Information
	State/local income taxes paid:		
[18]	_____	+ _____ [19]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
-	_____	+ _____	
-	_____	+ _____	
-	_____	+ _____	
-	_____	+ _____	
	2008 state and local income taxes paid in 2009:		
[21]	_____	+ _____ [22]	
-	_____	+ _____	
-	_____	+ _____	
	Real estate taxes paid on:		
[24]	_____	+ _____ [25]	
-	_____	+ _____	
-	_____	+ _____	
	Personal property taxes:		
[27]	_____	+ _____ [28]	
-	_____	+ _____	
	Other taxes, such as: foreign taxes and State disability taxes		
[30]	_____	+ _____ [31]	
-	_____	+ _____	
-	_____	+ _____	
	Sales tax paid on major purchases:		
[38]	_____	+ _____ [39]	
-	_____	+ _____	
	Sales tax paid on actual expenses:		
[41]	_____	+ _____ [42]	
-	_____	+ _____	
-	_____	+ _____	
	Description of new motor vehicle purchased between 2/17/09 - 12/31/09:	Purchase Price (Before Taxes)	Sales/Excise Tax Paid
[33]	_____	_____	_____
-	_____	_____	_____

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

Investment interest expense, other than on K-1s:

[11]	+	[12]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Control Totals +

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

Miscellaneous Deductions

T/S/J	2009 Information	Prior Year Information	
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]		
_____	+ _____		

Home Mortgage Interest Subject To Limitations #1

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

2009 Information

Prior Year Information

Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	_____
Number of months loan was outstanding in 2009, if not 12 _____	[7]	_____
Principal paid in 2009 + _____	[9]	_____
Interest paid during 2009 + _____	[11]	_____
Points reported on Form 1098 for 2009 + _____	[13]	_____

Grandfather debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[15]	_____
Grandfather debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[17]	_____
Home acquisition/improvement debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[19]	_____
Home acquisition/improvement debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[21]	_____
Home equity debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[23]	_____
Home equity debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[25]	_____
Average balance in 2009 of grandfather debt + _____	[27]	_____
Average balance in 2009 of home acquisition/improvement debt + _____	[29]	_____
Average balance for 2009 all types of debt + _____	[31]	_____

Control Totals +

Home Mortgage Interest Subject To Limitations #2

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

2009 Information

Prior Year Information

Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	_____
Number of months loan was outstanding in 2009, if not 12 _____	[7]	_____
Principal paid in 2009 + _____	[9]	_____
Interest paid during 2009 + _____	[11]	_____
Points reported on Form 1098 for 2009 + _____	[13]	_____

Grandfather debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[15]	_____
Grandfather debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[17]	_____
Home acquisition/improvement debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[19]	_____
Home acquisition/improvement debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[21]	_____
Home equity debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[23]	_____
Home equity debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[25]	_____
Average balance in 2009 of grandfather debt + _____	[27]	_____
Average balance in 2009 of home acquisition/improvement debt + _____	[29]	_____
Average balance for 2009 all types of debt + _____	[31]	_____

NOTES/QUESTIONS:

Control Totals +

Preparer use only

Taxpayer/Spouse (T, S) _____
 Occupation in which expenses were incurred _____
 State postal code _____

Vehicle Questions

	2009 Information	Prior Year Information
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	___[8]	___
Was another vehicle available for personal use? (Y, N)	___[10]	___
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	___[12]	

Vehicles #1 and #2 Actual Expenses

Vehicle 1 description _____[16]
 Comments _____
 Vehicle 2 description _____[44]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	_____ [19]		_____ [47]	
Total mileage	_____ [21]		_____ [49]	
Business mileage	_____ [23]		_____ [51]	
Average daily round trip commuting mileage	_____ [26]		_____ [54]	
Total commuting mileage	_____ [28]		_____ [56]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [30]		+ _____ [58]	
Vehicle rentals	+ _____ [32]		+ _____ [60]	
Inclusion amount (Preparer use only)	+ _____ [34]		+ _____ [62]	
Value of employer-provided vehicle	+ _____ [40]		+ _____ [68]	
Depreciation	+ _____ [42]		+ _____ [70]	

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description _____[74]
 Comments _____
 Vehicle 4 description _____[102]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	_____ [77]		_____ [105]	
Total mileage	_____ [79]		_____ [107]	
Business mileage	_____ [81]		_____ [109]	
Average daily round trip commuting mileage	_____ [84]		_____ [112]	
Total commuting mileage	_____ [86]		_____ [114]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [88]		+ _____ [116]	
Vehicle rentals	+ _____ [90]		+ _____ [118]	
Inclusion amount (Preparer use only)	+ _____ [92]		+ _____ [120]	
Value of employer-provided vehicle	+ _____ [98]		+ _____ [126]	
Depreciation	+ _____ [100]		+ _____ [128]	

NOTES/QUESTIONS:

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]

Control Totals +

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]

Control Totals +

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]

Control Totals +

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 **(Box 1)** _____ [7]

Make and model of vehicle **(Box 2)** _____ [8]

Year of vehicle **(Box 2)** _____ [9]

Vehicle or other identification number **(Box 3)** _____ [10]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party **(Box 4a)** _____ [11]

Date of sale **(Box 4b)** _____ [12]

Gross proceeds from sale **(Box 4c)** + _____ [13]

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use **(Box 5a)** _____ [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 **(Box 5b)** _____ [15]

Detailed description of material improvements or significant intervening use and duration of use **(Box 5c)** _____ [16]

_____ [16]

_____ [16]

_____ [16]

Did you provide goods or services in exchange for the vehicle? **(Box 6a)** Yes _____ [17] No _____ [18]

Value of goods and services provided in exchange for the vehicle **(Box 6b)** + _____ [19]

Donee certifies that the goods and services consisted solely of intangible religious benefits **(Box 6c)** _____ [20]

Description of goods and services **(Box 6c)** _____ [21]

_____ [21]

_____ [21]

_____ [21]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked **(Box 7)** _____ [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:

Casualty and Theft - Business/Income Producing Properties

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [7]

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A _____ [12]
 Description of casualty or theft - Property B _____ [25]
 Description of casualty or theft - Property C _____ [38]
 Description of casualty or theft - Property D _____ [51]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [15]	___ [28]	___ [41]	___ [54]
Date acquired	_____ [19]	_____ [32]	_____ [45]	_____ [58]
Cost or other basis of property	+ _____ [20]	+ _____ [33]	+ _____ [46]	+ _____ [59]
Insurance or other reimbursement	+ _____ [21]	+ _____ [34]	+ _____ [47]	+ _____ [60]
Fair market value before casualty	+ _____ [22]	+ _____ [35]	+ _____ [48]	+ _____ [61]
Fair market value after casualty	+ _____ [23]	+ _____ [36]	+ _____ [49]	+ _____ [62]

Business/Income Use Replacement Information

Description of replacement property A _____ [63]
 Description of replacement property B _____ [67]
 Description of replacement property C _____ [71]
 Description of replacement property D _____ [75]

	A	B	C	D
Mark if property was acquired from a related party	___ [64]	___ [68]	___ [72]	___ [76]
Date acquired	_____ [65]	_____ [69]	_____ [73]	_____ [77]
Cost of replacement property	+ _____ [66]	+ _____ [70]	+ _____ [74]	+ _____ [78]

NOTES/QUESTIONS:

Casualty and Theft - Personal Use Properties

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [7]
 Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government _____ [8]

Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A _____ [13]
 Description of casualty or theft - Property B _____ [24]
 Description of casualty or theft - Property C _____ [35]
 Description of casualty or theft - Property D _____ [46]

	A	B	C	D
Date acquired	_____ [19]	_____ [30]	_____ [41]	_____ [52]
Cost or other basis of property	+ _____ [20]	+ _____ [31]	+ _____ [42]	+ _____ [53]
Insurance or other reimbursement	+ _____ [21]	+ _____ [32]	+ _____ [43]	+ _____ [54]
Fair market value before casualty	+ _____ [22]	+ _____ [33]	+ _____ [44]	+ _____ [55]
Fair market value after casualty	+ _____ [23]	+ _____ [34]	+ _____ [45]	+ _____ [56]

Personal Use Replacement Information

Description of replacement property A _____ [57]
 Description of replacement property B _____ [61]
 Description of replacement property C _____ [65]
 Description of replacement property D _____ [69]

	A	B	C	D
Mark if property was acquired from a related party	_____ [58]	_____ [62]	_____ [66]	_____ [70]
Date acquired	_____ [59]	_____ [63]	_____ [67]	_____ [71]
Cost of replacement property	+ _____ [60]	+ _____ [64]	+ _____ [68]	+ _____ [72]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [6]

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A _____ [8]
 Description of casualty or theft - Property B _____ [17]
 Description of casualty or theft - Property C _____ [26]
 Description of casualty or theft - Property D _____ [35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	[9]	[18]	[27]	[36]
Date acquired	[12]	[21]	[30]	[39]
Cost or other basis of property	+ [13]	+ [22]	+ [31]	+ [40]
Insurance or other reimbursement	+ [14]	+ [23]	+ [32]	+ [41]
Fair market value before casualty	+ [15]	+ [24]	+ [33]	+ [42]
Fair market value after casualty	+ [16]	+ [25]	+ [34]	+ [43]

Current Year Business/Income Use Replacement Information

Description of replacement property A _____ [44]
 Description of replacement property B _____ [50]
 Description of replacement property C _____ [56]
 Description of replacement property D _____ [62]

	A	B	C	D
Date acquired	[45]	[51]	[57]	[63]
Prior year cost of replacement property	+ [46]	+ [52]	+ [58]	+ [64]
Cost of replacement property	+ [47]	+ [53]	+ [59]	+ [65]
Postponed gain	+ [48]	+ [54]	+ [60]	+ [66]
Adjusted basis of replacement property	+ [49]	+ [55]	+ [61]	+ [67]

NOTES/QUESTIONS:

Occurrence description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 State postal code _____ [3]
 Date of casualty or theft _____ [4]

Casualty and Theft - Personal Use Properties (Cont'd)

Description of casualty or theft - Property A _____ [9]
 Description of casualty or theft - Property B _____ [16]
 Description of casualty or theft - Property C _____ [23]
 Description of casualty or theft - Property D _____ [30]

	A	B	C	D
Date acquired	_____ [11]	_____ [18]	_____ [25]	_____ [32]
Cost or other basis of property	+ _____ [12]	+ _____ [19]	+ _____ [26]	+ _____ [33]
Insurance or other reimbursement	+ _____ [13]	+ _____ [20]	+ _____ [27]	+ _____ [34]
Fair market value before casualty	+ _____ [14]	+ _____ [21]	+ _____ [28]	+ _____ [35]
Fair market value after casualty	+ _____ [15]	+ _____ [22]	+ _____ [29]	+ _____ [36]

Personal Use Replacement Information

Description of replacement property A _____ [37]
 Description of replacement property B _____ [43]
 Description of replacement property C _____ [49]
 Description of replacement property D _____ [55]

	A	B	C	D
Date acquired	_____ [38]	_____ [44]	_____ [50]	_____ [56]
Prior year cost of replacement property	+ _____ [39]	+ _____ [45]	+ _____ [51]	+ _____ [57]
Cost of replacement property	+ _____ [40]	+ _____ [46]	+ _____ [52]	+ _____ [58]
Postponed gain	+ _____ [41]	+ _____ [47]	+ _____ [53]	+ _____ [59]
Adjusted basis of replacement property	+ _____ [42]	+ _____ [48]	+ _____ [54]	+ _____ [60]

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]	_____
Vehicle use questions:				
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 (Preparer use only)	+ _____ [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]	_____
Vehicle use questions:				
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 (Preparer use only)	+ _____ [109]	_____	+ _____ [145]	_____
Depreciation	+ _____ [111]	_____	+ _____ [147]	_____

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2009.

	2009 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under \$20 per month and not reported to employer	+ _____ [3]	+ _____ [4]	<div style="border: 1px solid black; width: 100%; height: 20px; background-color: #cccccc;"></div>

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2009	Total tips reported in 2009
Taxpayer information [1]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information [2]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

(**Please refer to Reason Codes located at the bottom)

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
Spouse information [7]	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____

Reason Codes **

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.

B = I was designated as a "section 530 employee" by my employer or by the IRS prior to January 1, 1997.

C = I received other correspondence from the IRS that states I am an employee.

D = I was previously treated as an employee by this firm and am performing services in a substantially similar capacity and under substantially similar direction and control.

E = My co-workers performing substantially similar services under substantially similar direction and control are treated as employees.

F = My co-workers performing substantially similar services under substantially similar direction and control filed Form SS-8 for this firm and received a determination that they were employees.

G = I filed Form SS-8 with the IRS and have not received a reply.

Enter parent's information for children under age 19 on 1/1/2010 or a full-time student under age 24 who have investment income of more than \$1,900.

Parent's social security number (Enter the name and social security number of the parent listed first on the return) _____ [4]

Parent's first name _____ [5]

Parent's last name _____ [6]

Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) _____ [7]

All Other Children's Information

Enter information for each child with investment income of more than \$1,900.

Child #1 social security number _____ [23]

Child #1 first name _____ [24]

Child #1 last name _____ [25]

Child #1 birthdate (mm/dd/yyyy) _____ [26]

Child #2 social security number _____ [36]

Child #2 first name _____ [37]

Child #2 last name _____ [38]

Child #2 birthdate (mm/dd/yyyy) _____ [39]

Child #3 social security number _____ [49]

Child #3 first name _____ [50]

Child #3 last name _____ [51]

Child #3 birthdate (mm/dd/yyyy) _____ [52]

Child #4 social security number _____ [62]

Child #4 first name _____ [63]

Child #4 last name _____ [64]

Child #4 birthdate (mm/dd/yyyy) _____ [65]

Child #5 social security number _____ [75]

Child #5 first name _____ [76]

Child #5 last name _____ [77]

Child #5 birthdate (mm/dd/yyyy) _____ [78]

Child #6 social security number _____ [88]

Child #6 first name _____ [89]

Child #6 last name _____ [90]

Child #6 birthdate (mm/dd/yyyy) _____ [91]

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number _____ [1]
 Child's date of birth _____ [2]
 Child's name _____ [4]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]

Type Code (**See codes below)	Payer		Interest [6] Income	Tax Exempt Income	U.S. Obligations Percent	Tax Exempt Percent	Prior Year Information
---	_____	+	_____	_____	_____	_____	_____
---	_____	+	_____	_____	_____	_____	_____
---	_____	+	_____	_____	_____	_____	_____
---	_____	+	_____	_____	_____	_____	_____
---	_____	+	_____	_____	_____	_____	_____
---	_____	+	_____	_____	_____	_____	_____

**Interest Codes					
Blank = Regular Interest	3 = Nominee Distribution	4 = Accrued Interest	5 = OID Adjustment	6 = ABP Adjustment	

Children's Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting child's dividend income.

Type Code (** See codes below)		Ordinary [8] Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations Percent	Tax Exempt Percent	Prior Year Information
1	Payer	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2	Payer	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	Payer	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	Payer	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5	Payer	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6	Payer	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**Dividend Codes	
Blank = Other	3 = Nominee

Alaska Permanent Fund dividends:

	2009 Information [10]	Prior Year Information
_____	+ _____	_____
_____	+ _____	_____

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S) _____ [1]
 Employer identification number _____ [2]

Total cash wages subject to social security taxes + _____ [4]
 Total cash wages subject to Medicare taxes + _____ [5]
 Federal income tax withheld + _____ [6]
 State disability plan social security & Medicare withheld + _____ [7]
 Advance earned income credit (EIC) payments + _____ [8]

Did you:
 (A) pay any household employee cash wages of \$1,700 or more in 2009? (Y, N) _____ [9]
 (B) withhold Federal income tax for any household employee? (Y, N) _____ [10]
 (C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2008 or 2009? (Y, N) _____ [11]

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.

Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax * + _____ [12]
 Did you pay all state unemployment contributions for 2009 by 4/15/10? (Y, N) * _____ [13]

State #1 information
 State postal code where you have to pay unemployment contributions * _____ [14]
 State reporting number as shown on state unemployment tax return * _____ [15]
 Taxable wages (as defined in state act) + _____ [16]
 State experience rate period:
 From _____ [17]
 To _____ [18]
 State experience rate (xxx.xx) _____ [19]
 Contributions paid to state unemployment fund * + _____ [20]

State #2 information
 State postal code where you have to pay unemployment contributions _____ [21]
 State reporting number as shown on state unemployment tax return _____ [22]
 Taxable wages (as defined in state act) + _____ [23]
 State experience rate period:
 From _____ [24]
 To _____ [25]
 State experience rate (xxx.xx) _____ [26]
 Contributions paid to state unemployment fund + _____ [27]

NOTES/QUESTIONS:

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 + _____

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2009, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

Taxpayer

Spouse

Nontaxable disability/pension income received in 2009

+ _____ [7]

+ _____ [8]

Taxable disability income received in 2009

+ _____ [9]

+ _____ [10]

NOTES/QUESTIONS:

Residential Energy Credit

The American Recovery and Reinvestment Act of 2009 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property.

Taxpayer/Spouse/Joint (T, S, J)	+	____[1]
Were the costs incurred made to your main home located in the United States? (Y, N)	+	____[2]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	____[3]
Enter the total amount of cost for exterior windows	+	____[4]
Enter the total amount of costs for exterior doors	+	____[5]
Enter the total amount of costs for qualified metal roofs	+	____[6]
Enter the total amount of costs for energy-efficient building property	+	____[7]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	____[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	____[9]
Enter the total amount of costs for qualified solar electric property	+	____[10]
Enter the total amount of costs for qualified solar water heating property	+	____[11]
Enter the total amount of costs for qualified small wind energy property	+	____[12]
Enter the total amount of costs for qualified geothermal heat pump property	+	____[13]
Enter the total amount of costs for qualified fuel cell property	+	____[14]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	+	____[15]

NOTES/QUESTIONS:

If you or your spouse purchased a principal residence after December 31, 2008, and before May 1, 2010, you may qualify for the First-Time Homebuyer Credit. The home must be located within the United States and neither party may have owned, or held an ownership interest in a home during the three year period prior to the home's purchase date. If you owned and lived in a home for five consecutive years during an eight year period prior to the purchase of a new home, you may qualify for a reduced credit even though you are not a first-time homebuyer. If you are a member of the U.S. uniformed services, Foreign Service, or intelligence community and have qualifying overseas duty during 2009, the purchase cut-off date is extended to May 1, 2011. If your home was purchased before May 1, 2010, or before January 1, 2011, if a service member, you may enter your information. If you claimed the First-Time Homebuyer credit in 2008 and the home is no longer your main home, you may have to repay the credit.

Mark if you or your spouse served at least 3 months of qualified overseas duty as a member of the military, Foreign Service, or intelligence corps in 2009

__[2]

Principal residence address, if different from home address on Organizer Form ID: 1040

Address

_____[3]

City/State/Zip code

_____[4] ____ [5] ____ [6]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 1/1/11)

_____[7]

Purchase price of the home

_____[9]

Date the home was sold or ceased being used as principal residence

_____[10]

In the period three years prior to the purchase date had the:

Taxpayer owned a home or had ownership interest in a home? (Y, N)

__[12]

Spouse owned a home or had ownership interest in a home? (Y, N)

__[13]

If you were an owner of a home and purchased a new home after November 6, 2009:

Taxpayer used the same residence as home for 5 consecutive years? (Y, N)

__[14]

Spouse used the same residence as home for 5 consecutive years? (Y, N)

__[15]

Were you and your spouse married on the purchase date? (Y, N)

__[16]

Mark if home was either purchased from a related party, is located outside the United States, or was acquired by gift or inheritance

__[17]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name

_____[20]

Allocation percentage

_____[21]

If you sold your home, enter the selling price

_____[25]

If your home was transferred to your ex-spouse due to a divorce settlement, enter his or her full name

_____[26]

NOTES/QUESTIONS:

**Complete this form if you paid qualified adoption expenses in 2009 AND the adoption was final in or before 2009.
 Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.**

	Child 1	[1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____		_____	_____
First name	_____		_____	_____
Last name	_____		_____	_____
Child's date of birth	_____		_____	_____
Mark if this child was:				
born before '92 and was disabled	_____		_____	_____
a child with special needs	_____		_____	_____
a foreign child	_____		_____	_____
Child's identifying number	_____		_____	_____
Total qualified adoption expenses paid in 2008 for this child	_____		_____	_____
Employer-provided benefits received in 2008 for this child	_____		_____	_____
Total qualified adoption expenses paid in 2009 for this child	_____		_____	_____
Employer-provided benefits received in 2009 for this child	_____		_____	_____
Adoption final in (1 = '09, 2 = Pre '09)	_____		_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '92 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total qualified adoption expenses paid in 2008 for this child	_____	_____	_____
Employer-provided benefits received in 2008 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2009 for this child	_____	_____	_____
Employer-provided benefits received in 2009 for this child	_____	_____	_____
Adoption final in (1 = '09, 2 = Pre '09)	_____	_____	_____

Adoption credit carryover from 2004	+ _____	[2]
Adoption credit carryover from 2005	+ _____	[3]
Adoption credit carryover from 2006	+ _____	[4]
Adoption credit carryover from 2007	+ _____	[5]
Adoption credit carryover from 2008	+ _____	[6]

If the adoption was incomplete or unsuccessful please provide information below:

_____ [10]

_____ [11]

_____ [12]

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of gasoline -			
Off-highway business use		\$0.183	+ _____ [1]
Use on a farm		0.183	+ _____ [2]
Other nontaxable use	____ [3]	0.183	+ _____ [4]
Exported		0.184	+ _____ [5]
Nontaxable use of aviation gasoline -			
Commercial aviation		0.15	+ _____ [6]
Other nontaxable use	____ [7]	0.193	+ _____ [8]
Exported		0.194	+ _____ [9]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [10]
Nontaxable use of undyed diesel fuel -			
Explanation of evidence of dyes:			
_____ [11]			

Other nontaxable use	____ [12]	0.243	+ _____ [13]
Use on a farm		0.243	+ _____ [14]
Trains		0.243	+ _____ [15]
Intercity / local bus		0.17	+ _____ [16]
Exported		0.244	+ _____ [17]
Nontaxable use of undyed kerosene (other than aviation) -			
Explanation of evidence of dyes:			
_____ [18]			

Other nontaxable use	____ [19]	0.243	+ _____ [20]
Use on a farm		0.243	+ _____ [21]
Intercity / local buses		0.17	+ _____ [22]
Exported		0.244	+ _____ [23]
Other nontaxable use taxed at \$.044	____ [24]	0.243	+ _____ [25]
Other nontaxable use taxed at \$.219	____ [26]	0.243	+ _____ [27]
Kerosene used in aviation -			
Kerosene taxed at \$.244		0.17	+ _____ [28]
Kerosene taxed at \$.219		0.244	+ _____ [29]
Other nontaxable use taxed at \$.244	____ [30]	0.243	+ _____ [31]
Other nontaxable use taxed at \$.219/.044	____ [32]	0.243	+ _____ [33]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [34]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Fuel Tax Credit

*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -		
Registration Number		_____ [1]
Explanation of evidence of dyes:		_____ [2]
_____ [2]		
_____ [2]		
State / local government	0.243	+ _____ [3]
Intercity / local buses	0.17	+ _____ [4]
Sales by registered ultimate vendors of undyed kerosene -		
Registration Number		_____ [5]
Explanation of evidence of dyes:		_____ [6]
_____ [6]		
_____ [6]		
Use by state/local government	0.243	+ _____ [7]
Sales from a blocked pump	0.243	+ _____ [8]
Intercity / local buses	0.17	+ _____ [9]
Sales by registered ultimate vendors of kerosene in aviation -		
Registration Number		_____ [10]
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____ [11]
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	+ _____ [12]
Nonexempt use in noncommercial aviation	0.025	+ _____ [13]
Other nontaxable uses taxed at \$.244 _____ [14]	0.243	+ _____ [15]
Other nontaxable uses taxed at \$.219/.044 _____ [16]	0.218	+ _____ [17]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [18]
Alcohol fuel mixture credit -		
Registration Number		_____ [20]
Mixtures containing ethanol	0.51	+ _____ [21]
Mixtures containing alcohol (Other than ethanol)	0.60	+ _____ [22]
Biodiesel or renewable diesel mixture credit -		
Registration Number		_____ [23]
Biodiesel mixtures	0.50	+ _____ [24]
Agri-biodiesel mixtures	1.00	+ _____ [25]
Renewable diesel mixtures	1.00	+ _____ [26]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

***Select the Type of Use codes from the chart below**

	Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -			
Liquified petroleum gas (LPG)	____[1]	0.183	+ _____[2]
"P Series" fuels	____[3]	0.183	+ _____[4]
Compressed natural gas (CNG)	____[5]	0.183	+ _____[6]
Liquified hydrogen	____[7]	0.183	+ _____[8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	____[9]	0.243	+ _____[10]
Liquid hydrocarbons derived from biomass	____[11]	0.243	+ _____[12]
Liquified natural gas (LNG)	____[13]	0.243	+ _____[14]
Liquified gas derived from biomass	____[15]	0.243	+ _____[16]
Alternative fuel credit and alternative fuel mixture credit -			
Registration Number			_____ [17]
Liquified petroleum gas (LPG)		0.50	+ _____[18]
"P Series" fuels		0.50	+ _____[19]
Compressed natural gas		0.50	+ _____[20]
Liquified hydrogen		0.50	+ _____[21]
Any liquid fuel derived from coal through the Fischer-Tropsch process		0.50	+ _____[22]
Liquid hydrocarbons derived from biomass		0.50	+ _____[23]
Liquified natural gas (LNG)		0.50	+ _____[24]
Liquified gas derived from biomass		0.50	+ _____[25]
Compressed gas derived from biomass		0.50	+ _____[26]
Registered credit card users -			
Registration Number			_____ [27]
Diesel for state / local government		0.243	+ _____[28]
Kerosene for state / local government		0.243	+ _____[29]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	+ _____[30]
Nontaxable use of a diesel-water fuel emulsion -			
Other nontaxable use	____[31]	0.197	+ _____[32]
Exported		0.198	+ _____[33]
Diesel-water fuel emulsion blending -			
Registration Number			_____ [34]
Blender credit		0.046	+ _____[35]
Exported dyed fuels -			
Exported dyed diesel fuel		0.046	+ _____[36]
Exported dyed kerosene		0.046	+ _____[37]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Foreign Tax Credit

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2009.

Preparer use only

Description _____ [2]
 Taxpayer/Spouse (T, S) _____ [3]
 Taxes claimed (1 = Paid, 2 = Accrued) _____ [6]
 Category of income* _____ [7]
 Country of residence _____ [8]
 Description of income _____ [9]

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

Foreign Income or Loss

	A	B	C
Name of country	_____ [13]	_____ [14]	_____ [15]
Foreign gross income	+ _____ [16]	+ _____ [17]	+ _____ [18]
Definitely related expenses:			
_____	+ _____ [19]	+ _____ [20]	+ _____ [21]
_____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____
Foreign source losses	+ _____ [22]	+ _____ [23]	+ _____ [24]

Foreign Taxes Paid or Accrued

	A	B	C
Foreign taxes paid or accrued:			
Date paid or accrued	_____ [25]	_____ [26]	_____ [27]
In foreign currency - taxes withheld on:			
Dividends	+ _____ [28]	+ _____ [29]	+ _____ [30]
Rents & royalties	+ _____ [31]	+ _____ [32]	+ _____ [33]
Interest	+ _____ [34]	+ _____ [35]	+ _____ [36]
Other foreign taxes	+ _____ [37]	+ _____ [38]	+ _____ [39]
In US dollars - taxes withheld on:			
Dividends	+ _____ [43]	+ _____ [44]	+ _____ [45]
Rents & Royalties	+ _____ [46]	+ _____ [47]	+ _____ [48]
Interest	+ _____ [49]	+ _____ [50]	+ _____ [51]
Other foreign taxes	+ _____ [52]	+ _____ [53]	+ _____ [54]

NOTES/QUESTIONS:

Preparer use only

Description _____
 Taxpayer/Spouse (T, S) _____
 Category of income* _____

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

AMT Foreign Income or Loss

	A	B	C
Name of country	_____	_____	_____
Foreign gross income	+ _____ [8]	+ _____ [9]	+ _____ [10]
Definitely related expenses	+ _____ [11]	+ _____ [12]	+ _____ [13]
Foreign source losses	+ _____ [14]	+ _____ [15]	+ _____ [16]

NOTES/QUESTIONS:

Instructions

Enter carryovers as positive numbers.
 Enter utilizations as negative numbers.
 Enter utilizations only for those losses shown on organizer form.
 Enter carrybacks as reductions of loss in the year the loss was created,
 rather than as utilizations in carryback years.

Indefinite Carryovers	2008 to 2009 Amounts
Excess section 179 for Sch A	+ _____ [1]
Minimum tax credit	+ _____ [2]
Investment interest	+ _____ [3]
Investment interest - AMT	+ _____ [4]
Short-term capital loss	+ _____ [5]
Short-term capital loss - AMT	+ _____ [6]
Long-term capital loss	+ _____ [7]
Long-term capital loss - AMT	+ _____ [8]
Residential energy credit	+ _____ [9]
D.C. first-time homebuyer credit	+ _____ [10]
Tax credit bonds	+ _____ [11]

5 Year Carryover Items

Prior C/O Year	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses	50% Contributions	30% Contributions	30% Cap Gain Property to 50% Org	20% Contributions
2004	+ _____ [12]	+ _____ [17]	+ _____ [22]	+ _____ [27]	+ _____ [32]	+ _____ [37]
2005	+ _____ [13]	+ _____ [18]	+ _____ [23]	+ _____ [28]	+ _____ [33]	+ _____ [38]
2006	+ _____ [14]	+ _____ [19]	+ _____ [24]	+ _____ [29]	+ _____ [34]	+ _____ [39]
2007	+ _____ [15]	+ _____ [20]	+ _____ [25]	+ _____ [30]	+ _____ [35]	+ _____ [40]
2008	+ _____ [16]	+ _____ [21]	+ _____ [26]	+ _____ [31]	+ _____ [36]	+ _____ [41]

NOL and Other Carryover Items

Prior C/O Year	Net Operating Loss	AMT NOL	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
1994	+ _____ [42]	+ _____ [57]		
1995	+ _____ [43]	+ _____ [58]		
1996	+ _____ [44]	+ _____ [59]		
1997	+ _____ [45]	+ _____ [60]		
1998	+ _____ [46]	+ _____ [61]		
1999	+ _____ [47]	+ _____ [62]		
2000	+ _____ [48]	+ _____ [63]		
2001	+ _____ [49]	+ _____ [64]		
2002	+ _____ [50]	+ _____ [65]		
2003	+ _____ [51]	+ _____ [66]		
2004	+ _____ [52]	+ _____ [67]		
2005	+ _____ [53]	+ _____ [68]		
2006	+ _____ [54]	+ _____ [69]	+ _____ [72]	+ _____ [75]
2007	+ _____ [55]	+ _____ [70]	+ _____ [73]	+ _____ [76]
2008	+ _____ [56]	+ _____ [71]	+ _____ [74]	+ _____ [77]

NOTES/QUESTIONS:

Prior C/O Year	General Business Credit	Empowerment Zone Credit	Alcohol Fuel Credit	Renewable Electricity & Coal Production Credit	Work Opportunity Credit	Employer S.S. & Medicare Taxes Paid on Tips
1994	+ _____ [1]	+ _____ [16]				
1995	+ _____ [2]	+ _____ [17]				
1996	+ _____ [3]	+ _____ [18]				
1997	+ _____ [4]	+ _____ [19]				
1998	+ _____ [5]	+ _____ [20]				
1999	+ _____ [6]	+ _____ [21]				
2000	+ _____ [7]	+ _____ [22]				
2001	+ _____ [8]	+ _____ [23]				
2002	+ _____ [9]	+ _____ [24]				
2003	+ _____ [10]	+ _____ [25]				
2004	+ _____ [11]	+ _____ [26]		+ _____ [56]		
2005	+ _____ [12]	+ _____ [27]	+ _____ [42]	+ _____ [57]		
2006	+ _____ [13]	+ _____ [28]	+ _____ [43]	+ _____ [58]		
2007	+ _____ [14]	+ _____ [29]	+ _____ [44]	+ _____ [59]	+ _____ [74]	+ _____ [89]
2008	+ _____ [15]	+ _____ [30]	+ _____ [45]	+ _____ [60]	+ _____ [75]	+ _____ [90]

Prior C/O Year	Low-income Housing - Post 07	Rehabilitation & Energy Credit	Railroad Track Maintenance Credit
2008	+ _____ [105]	+ _____ [120]	+ _____ [135]

NOTES/QUESTIONS:

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)	_____	_____
Mark if legally blind	_____	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Do you authorize us to discuss your return with the IRS (Y, N)	_____	_____

General: 1040, Contact

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in your home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

Child and Dependent Care Expenses

	Provider #1	Provider #2
Provider information:		
Name	_____	_____
Street address	_____	_____
City, state, and zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)	_____	_____
Amount paid to care provider in 2009	_____	_____
	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited	_____	_____

General: Info

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*, 4 = Savings Bonds) _____

*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.

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.

Below is a list of the W-2's as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.

Below is a list of the 1099-R's as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T

Schedule K-1s

Please provide all copies of Schedule K-1s that you receive.

Below is a list of the K-1s as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.

Below is a list of the W-2Gs as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the 1099-Q's as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Credits: Cr-4

Making Work Pay and Government Retiree Credit

Enter the amount of the economic recovery payment you received below.

	Taxpayer	Spouse
Economic recovery payment received in 2009 (Do not enter more than \$250 per person)	_____	_____
Did you receive a government pension or annuity but not qualify for Social Security benefits? (Y/N)	___	___

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J Payer's name _____ Payer's social security number _____
 Payer's address _____ Amount received in 2009 _____ Amount received in 2008 _____
 Amount received in 2009 _____ Amount received in 2008 _____

Income: B2 **Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2009 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2009 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

Traditional IRA Contributions for 2009 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2009

Roth IRA Contributions for 2009 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2009

Educate: Educate

Higher Education Deductions and/or Credits

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.

T/S	Qualified student loan interest paid	2009 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section 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.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Education Expense Code: 1 = Hope credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the Hope Credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has had no drug convictions in 2009.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2009 Information	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Address _____ City _____ State _____ Zip code _____

Taxpayer Spouse Prior Year Information

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2009 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid	_____	_____
—	Long-term care premiums you paid	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

Itemized: A1 **Tax Expenses**

T/S/J		2009 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2008 state and local income taxes paid in 2009	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

T/S/J	Description of new motor vehicle purchased between 2/17/09 - 12/31/09:	Date	Purchase Price (Before Taxes)	Sales/Excise Tax Paid
—	_____	_____	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2009 Information	Prior Year Information
—	Home mortgage interest: From Form 1098	_____	_____

Other, such as: Home mortgage interest paid to individuals

T/S/J	Name	SSN	2009 Information	Prior Year Information
—	_____	_____	_____	_____
	Address _____			

T/S/J		2009 Information	Prior Year Information
—	Investment interest expense, other than on K-1s:	_____	_____

Refinancing Information:

T/S/J	Description	Refinance #1	Refinance #2
—	_____	_____	_____
—	Total points paid	_____	_____
—	Date of refinance	_____	_____
—	Total number of payments	_____	_____
—	Reported on Form 1098 in 2009	_____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2009 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3 **Miscellaneous Deductions**

T/S/J		2009 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
—	Other expenses, subject to 2% AGI limitation:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
—	Investment expenses, other than on K1s:	_____	_____
—	Other expenses, not subject to the 2% AGI limitation:	_____	_____
—	_____	_____	_____
—	Gambling losses: (Enter only if you have gambling income)	_____	_____

Depreciation - Asset Acquisitions

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

	Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE	2009 Model T - (EXAMPLE ASSET) Comments: 22,500 job-related miles, 25,000 total miles	03/09/09	25,750
1	Comments:		
2	Comments:		
3	Comments:		
4	Comments:		
5	Comments:		
6	Comments:		
7	Comments:		
8	Comments:		
9	Comments:		
10	Comments:		
11	Comments:		
12	Comments:		
13	Comments:		
14	Comments:		
15	Comments:		
16	Comments:		
17	Comments:		
18	Comments:		
19	Comments:		
20	Comments:		
21	Comments:		
22	Comments:		
23	Comments:		
24	Comments:		
25	Comments:		

Alabama General Information

If you moved during the tax year, name of Alabama city moved to _____ [1] Zip code _____ [2]
 If divorced during the tax year, enter former spouse's social security number _____ [3]
 If you did not file a prior year Alabama tax return, enter reason: _____ [4]

Contributions

Enter the amount of contributions you wish to make:
Political Contributions

	Taxpayer	Spouse
Election campaign fund contribution (\$1.00) (1 = Democratic party fund, 2 = Republican party fund)	____ [5]	____ [6]

Charitable Contributions

Neighbors Helping Neighbors	_____ [7]	Mental Health	_____ [16]
Senior Services Trust Fund	_____ [8]	Breast and Cervical Cancer Program	_____ [17]
Arts Development Fund	_____ [9]	4-H Club Foundation	_____ [18]
Nongame Wildlife Fund	_____ [10]	Organ Center Donor Awareness	_____ [19]
Child Abuse Trust Fund	_____ [11]	National Guard Foundation	_____ [20]
Veterans' Program	_____ [12]	Cancer Research Institute	_____ [21]
Indian Children's Scholarship Fund	_____ [13]	Alternative Fuels Fund	_____ [22]
Penny Trust Fund	_____ [14]	Military Support Foundation	_____ [23]
Foster Care Trust Fund	_____ [15]		

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Alabama

Part-year residency dates:

From _____ [24]
 To _____ [25]

If a nonresident of Alabama, enter state of legal residence _____ [26]

Credits

Basic Skills Education Credit:

Dept of Education certification number _____ [27]
 Name of sponsoring employer or firm _____ [28]
 Name of approved provider _____ [29]
 Location of provider _____ [30]
 Total expenses _____ [31]

Rural Physician Credit:

Hospital where services provided _____ [32]
 Community where services provided _____ [33]

NOTES/QUESTIONS:

Arizona General Information

Last name on prior returns, if different _____ [1]

If you were a part-year resident during the tax year, enter the dates you lived in Arizona

Part-year residency dates:

From _____ [2]

To _____ [3]

Other state(s) of residency (Part-year residents only) _____ [4] _____ [5] _____ [6] _____ [7]

Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) _____ [8]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political gift _____ [9]

Name of party (1 = Democratic, 2 = Green, 3 = Libertarian, 4 = Republican) _____ [10]

Citizens Clean Election Fund _____ [11]

Charitable Contributions

Aid to Education Fund (Entire refund only) _____ [12]

Arizona Wildlife Fund _____ [13]

Child Abuse Prevention Fund _____ [14]

Domestic Violence Shelter Fund _____ [15]

National Guard Relief Fund _____ [16]

Neighbors Helping Neighbors Fund _____ [17]

Special Olympics Fund _____ [18]

Veterans Donation Fund _____ [19]

Property Tax Credit Information

Full Year Residents Only

Homestead status on December 31 (1 = Rent, 2 = Own) _____ [20]

Mark if you:

Received Title 16, SSI payments _____ [21]

Lived alone _____ [22]

Property taxes paid through rent payments _____ [23]

If claimed as a dependent on another's return, enter claimant's information:

Name _____ [24]

Social security number _____ [25]

Address _____ [26] Apartment number _____ [27]

City _____ [28] State _____ [29] Zip code _____ [30]

Income earned by other household residents _____ [31]

NOTES/QUESTIONS:

Taxpayer deaf _____ [1]
 Spouse deaf _____ [2]
 Early childhood program - certificate number _____ [3]
 State political contributions:

Candidate/Organization	Office Sought	Amount
_____	_____	_____ [4]
_____	_____	_____
_____	_____	_____

Contributions to a long-term intergenerational trust

Taxpayer	Spouse
_____ [5]	_____ [6]

Contributions

Amount of charitable contributions you wish to make to:

Disaster Relief Program	_____ [7]
US Olympic Committee Program	_____ [8]
School for the Blind and Deaf	_____ [9]
Baby Sharon's Children Catastrophic Illness Program	_____ [10]
Organ Donor Awareness Education Program	_____ [11]
Area Agency on Aging	_____ [12]
Military Family Relief	_____ [13]
Newborn Umbilical Cord Blood Initiative	_____ [14]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Arkansas

Part-year residency dates:

From _____ [15]
 To _____ [16]
 State of residency if nonresident of Arkansas _____ [17]

NOTES/QUESTIONS:

California General Information

Mark if different from prior year return:

Prior year last name _____	Social security number(s) _____ [3]
Taxpayer _____ [1]	Address _____ [4]
Spouse _____ [2]	Filing status _____ [5]

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund _____ [6]	Peace Officer Memorial Foundation Fund _____ [14]
Alzheimer's Disease/Related Disorders Fund _____ [7]	Military Family Relief Fund _____ [15]
Fund for Senior Citizens _____ [8]	Sea Otter Fund _____ [16]
Rare and Endangered Species Preservation Program _____ [9]	Ovarian Cancer Research Fund _____ [17]
Children's Trust Fund for the Prevention of Child Abuse _____ [10]	Municipal Shelter Spay-Neuter Fund _____ [18]
Breast Cancer Research Fund _____ [11]	Cancer Research Fund _____ [19]
Firefighters' Memorial Fund _____ [12]	ALS Lou Gehrig's Disease Research Fund _____ [20]
Emergency Food for Families Fund _____ [13]	

Renter Information

Number of months rented principal residence in California in 2009 _____	[21]
Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) _____	[22]
Property rented was exempt from property tax in 2009 _____	[23]
Taxpayer claimed homeowner's property tax exemption in 2009 _____	[24]
Spouse claimed homeowner's property tax exemption during 2009 _____	[25]
Maintained separate residences for the entire year _____	[26]

Addresses if more than one or different from mailing address

Address _____ [27]	
City _____	_____
State _____	_____
Zip Code _____	_____
Date Rented From _____	_____
Date Rented To _____	_____

Landlord information

Name _____ [28]	
Address _____	_____
City _____	_____
State _____	_____
Zip Code _____	_____
Telephone _____	_____

NOTES/QUESTIONS:

California Residency Information

Part-year, Nonresident only

	Taxpayer	Spouse
Enter the total number of days in California	_____ [1]	_____ [2]
Mark if owned CA home/property	_____ [3]	_____ [4]
If you became a resident:		
Enter the date of your move	_____ [5]	_____ [6]
Enter your state of prior residency	_____ [7]	_____ [8]
If you became a nonresident:		
Enter the date of your move	_____ [9]	_____ [10]
Enter your new state of residency	_____ [11]	_____ [12]
If you were a nonresident for the entire tax year:		
Enter your state of residency	_____ [13]	_____ [14]
Country of residence (If outside the USA)	_____ [15]	_____ [16]

Prior Year Residency Information

	Taxpayer	Spouse
If you were previously a resident, enter dates:		
From	_____ [17]	_____ [18]
To	_____ [19]	_____ [20]
Enter the date you entered California	_____ [21]	_____ [22]
Enter the date you left California	_____ [23]	_____ [24]

Military Personnel

Part-year, Nonresident only

	Taxpayer	Spouse
Enter your state of domicile	_____ [25]	_____ [26]
Enter the state where you were stationed	_____ [27]	_____ [29]
Enter the country where stationed (If outside the USA)	_____ [28]	_____ [30]

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____ [31]	_____ [32]
Date returned from overseas or combat zone/QHDA	_____ [33]	_____ [34]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	_____ [35]	_____ [36]
Combat Zone/QHDA Operation/Area served		
Taxpayer	_____ [37]	_____ [37]
Spouse	_____ [38]	_____ [38]

NOTES/QUESTIONS:

Colorado Contributions

Amount of charitable contributions you wish to make to:

Nongame and Endangered Wildlife Fund	_____	[1]
Domestic Abuse Fund	_____	[2]
Homeless Prevention Activities Fund	_____	[3]
Special Olympics Colorado Fund	_____	[4]
Western Slope Military Veterans Cemetery Fund	_____	[5]
Pet Overpopulation Fund	_____	[6]
Colorado Healthy Rivers Fund	_____	[7]
Alzheimer's Association Fund	_____	[8]
Military Family Relief Fund	_____	[9]
Multiple Sclerosis Fund	_____	[10]
Breast and Women's Reproductive Cancer Fund	_____	[11]
Adult Stem Cells Cure Fund	_____	[12]
9Health Fair Fund	_____	[13]
Make-A-Wish Foundation of Colorado Fund	_____	[14]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Colorado

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different):		
Resident	_____	_____
Nonresident	_____	_____
Part-year resident	_____	_____
Part-year residency dates:		
From	_____	_____
To	_____	_____

NOTES/QUESTIONS:

Connecticut General Information

Mark if tax forms, instructions and booklet not wanted next year _____ [1]

Amount of contributions you wish to make to:

AIDS Research _____ [2]
 Organ Transplant _____ [3]
 Endangered Species/Wildlife Fund _____ [4]
 Breast Cancer Research _____ [5]
 Safety Net Services _____ [6]
 Military Family Relief _____ [7]

Use Tax Information

Use Tax-Enter any out-of-state purchases made on which sales tax was not paid to the seller:

Purchase 1	Description _____ [8]		
	Retailer/Service Provider: _____		
	Date of purchase _____	Purchase price _____	Out of state tax paid _____
Purchase 2	Description _____		
	Retailer/Service Provider: _____		
	Date of purchase _____	Purchase price _____	Out of state tax paid _____
Purchase 3	Description _____		
	Retailer/Service Provider: _____		
	Date of purchase _____	Purchase price _____	Out of state tax paid _____

Property Tax Information

Enter property taxes paid on primary residence and/or motor vehicle:

Primary Residence Description (Enter street address)(Resident only) _____ [9]
 Auto 1 Description (Enter year, make and model)(Resident only) _____ [10]
 Auto 2 Description (Enter year, make and model)(MFJ Resident only) _____ [11]

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only)	_____ [12]	_____ [13]	_____ [14]	
Auto 1 (Resident only)	_____ [15]	_____ [16]	_____ [17]	_____ [18]
Auto 2 (MFJ Resident only)	_____ [19]	_____ [20]	_____ [21]	_____ [22]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Connecticut:

	Taxpayer	Spouse
Enter residency dates:		
From _____	_____ [23]	_____ [25]
To _____	_____ [24]	_____ [26]
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)	_____ [27]	_____ [30]
Did you earn income from Connecticut sources during nonresident period? (Y, N)	_____ [28]	_____ [31]
State of prior or new residence	_____ [29]	_____ [32]

Enter the following amounts only if you do NOT know the exact amount of your Connecticut source information

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage) _____ [33]
 Working days (or other basis) outside Connecticut _____ [34]
 Working days (or other basis) inside Connecticut _____ [35]
 Nonworking days (holidays, weekends, etc) _____ [36]
 Total income being apportioned _____ [37]

NOTES/QUESTIONS:

Delaware General Information

	Taxpayer	Spouse
Mark if totally disabled	_____ [1]	_____ [2]
Volunteer firefighter Fire Company number (Resident only)	_____ [3]	_____ [4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Non-Game Wildlife	_____ [5]	_____ [6]
US Olympics	_____ [7]	_____ [8]
Emergency Housing	_____ [9]	_____ [10]
Children's Trust	_____ [11]	_____ [12]
Breast Cancer Education	_____ [13]	_____ [14]
Organ Donor	_____ [15]	_____ [16]
Diabetes Education	_____ [17]	_____ [18]
Veteran's Home	_____ [19]	_____ [20]
Delaware National Guard	_____ [21]	_____ [22]
Juvenile Diabetes Fund	_____ [23]	_____ [24]
Multiple Sclerosis Society	_____ [25]	_____ [26]
Ovarian Cancer Fund	_____ [27]	_____ [28]
21st Fund for Children	_____ [33]	_____ [34]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Delaware

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [29]	_____ [31]
To	_____ [30]	_____ [32]

NOTES/QUESTIONS:

District of Columbia Property Tax Credit Information

If renting, enter rental information below: (Residents only)

Type of property (1 = Private home, 2 = Apartment, 3 = Rooming house) _____ [1]
 Landlord's name _____ [2]
 Landlord address (Number and street) _____ [3]
 _____ [4]
 Apartment number _____ [5]
 City, state, zip code _____ [6] _____ [7] _____ [8]
 Landlord's telephone number _____ [9]
 Rent paid _____ [10]
 Rent supplements received _____ [11]

If property owner, enter real property information below:

Square number _____ [12]
 Suffix number _____ [13]
 Lot number _____ [14]

Use Tax

Purchases subject to use tax
 Merchandise, services and rentals _____ [15]
 Alcoholic beverages _____ [16]
 Catered food or drink or rental of non-commercial vehicles _____ [17]
 Purchases of certain tobacco products _____ [18]

Contribution

Amount of contribution you wish to make to:

DC Statehood Delegation Fund (Political Contribution) _____ [19]
 Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) _____ [20]
 Anacostia River Cleanup and Prevention Fund (Charitable Contribution) _____ [21]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in the District of Columbia

Part-year residency dates:
 From _____ [22]
 To _____ [23]

Disability Information

	Name of Employer	Payer, if other than employer	No. of Weeks
Taxpayer	_____ [24]	_____ [25]	_____ [26]
Spouse	_____ [27]	_____ [28]	_____ [29]

Mark if physician's certification previously filed _____ [30]

Otherwise, enter:

Physician's name _____ [31] _____ [32] _____ [33]
 Address, apartment number _____ [34] _____ [35]
 City, state, zip code _____ [36] _____ [37] _____ [38]
 Telephone number _____ [39]

NOTES/QUESTIONS:

Georgia General Information

Taxpayer

Spouse

If disabled, enter the following:

Type of disability	_____ [1]	_____ [2]
Date of disability	_____ [3]	_____ [4]

Contributions

Amount of contributions you wish to make to:

Wildlife Conservation Fund	_____ [5]
Children and Elderly Fund	_____ [6]
Cancer Research Fund	_____ [7]
Statewide Land Conservation Program	_____ [8]
National Guard Foundation	_____ [9]
Dog and Cat Sterilization Fund	_____ [10]
Save the Cure Fund	_____ [11]
Student Finance Authority Fund	_____ [12]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Georgia

Taxpayer

Spouse

Part-year residency dates:

From	_____ [13]	_____ [15]
To	_____ [14]	_____ [16]

NOTES/QUESTIONS:

Hawaii General Information

- Mark if first time filer ____[1]
- Mark if address has changed from prior year ____[2]
- If you (or spouse) are blind, deaf or totally disabled, has impairment been certified? ____[3]
Special disability exemption: T = Taxpayer, S = Spouse, B = Both
- Current year distributions from an individual housing account not used for home purchase _____ [4]
- Reservist or National Guard pay included in W-2 income _____ [5]
- Payments to an individual housing account _____ [6]
- Political contributions _____ [7]

Contributions

Amount of contributions you wish to make to:

- Election campaign fund - taxpayer (Y, N) ____[8]
- Election campaign fund - spouse (Y, N) ____[9]
- \$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) ____[10]
- \$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) ____[11]
- \$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer, S = Spouse, B = Both) ____[12]

Rental Credit Information

Rental credits can only be claimed by persons with Hawaii residence of 9 or more months during the calendar year

- Residence Information: Starting Month of Occupancy _____ Ending Month of Occupancy _____ [13]
 Address _____
 City, State, Zip _____
- Owner Information: Name _____
 Address _____
 City, State, Zip _____
 Tax ID # _____
 Total rents received for this unit _____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Hawaii

- Part-year residency dates:
- From _____ [14]
 To _____ [15]

NOTES/QUESTIONS:

Mark if:

Tax forms, instructions and booklet needed _____[1]
 Taxpayer or spouse is a disabled veteran _____[2]
 Receiving Idaho Public Assistance _____[3]

Taxpayer **Spouse**

Number of days eligible for grocery credit if less than full year or total time spent as part year resident _____[4] _____[5]

Use Tax

Purchases subject to use tax _____[6]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Taxpayer **Spouse**

Election campaign fund _____[7] _____[8]
 1 = Constitution, 2 = Democratic, 3 = Libertarian, 4 = Republican, 5 = No specific party

Charitable Contributions

Nongame Wildlife Conservation Fund _____[9]
 Children's Trust Fund and Child Abuse Prevention _____[10]
 Special Olympics Idaho _____[11]
 Idaho Guard and Reserve Family Support Fund _____[12]
 American Red Cross of Greater Idaho Fund _____[13]
 Veterans Support Fund(Resident Form 40 only) _____[14]
 Idaho Food Bank _____[15]
 Donate grocery credit to the Cooperative Welfare Fund _____[16]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Idaho

Taxpayer **Spouse**

Part-year residency dates:
 From _____[17] _____[19]
 To _____[18] _____[20]
 State of residence _____[21] _____[22]
 Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident) _____[23] _____[24]

Adjustments and Credits

Insulation - residence _____[25]
 Adoption expenses _____[26]
 Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both) _____[27]
 Income earned on reservation by Native American _____[28]

NOTES/QUESTIONS:

Illinois General Information

Contributions

Amount of contributions you wish to make to:

Wildlife Preservation	_____ [1]	Military Family Relief	_____ [6]
Child Abuse Prevention	_____ [2]	Illinois Veteran's Home	_____ [7]
Alzheimer's Disease Research	_____ [3]	Diabetes	_____ [8]
Assistance to the Homeless	_____ [4]	Hunger Relief	_____ [9]
Cancer Research	_____ [5]	Crisis Nursery Fund	_____ [10]

Credits

Qualified Education Expenses

Child's Name	Grade	School Name	School City	Total Tuition, Books, Lab fees
_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]
_____ [16]	_____ [17]	_____ [18]	_____ [19]	_____ [20]
_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]
_____ [31]	_____ [32]	_____ [33]	_____ [34]	_____ [35]
_____ [36]	_____ [37]	_____ [38]	_____ [39]	_____ [40]
_____ [41]	_____ [42]	_____ [43]	_____ [44]	_____ [45]
_____ [46]	_____ [47]	_____ [48]	_____ [49]	_____ [50]
_____ [51]	_____ [52]	_____ [53]	_____ [54]	_____ [55]
_____ [56]	_____ [57]	_____ [58]	_____ [59]	_____ [60]

Property Taxes

Description	Property Tax Index Number (PIN)
_____	_____ [61]
_____	_____
_____	_____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Illinois

Part-year residency dates:	Taxpayer	Spouse
From _____	_____ [62]	_____ [64]
To _____	_____ [63]	_____ [65]

Mark if you were a resident of any of the following states during the tax year: IA ___[66] KY ___[67] MI ___[68] WI ___[69]

In what states other than above did you reside and/or file a tax return during the tax year? [70]

State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code

NOTES/QUESTIONS:

Indiana General Information

School corporation name (as of January 1 of tax year) _____ [1]
 School corporation code (as of January 1 of tax year) _____ [2]

	Taxpayer	Spouse
County of residence (as of January 1 of tax year)	_____ [3]	_____ [4]
County of employment (as of January 1 of tax year)	_____ [5]	_____ [6]

Household employment taxes:

Employee Name _____	Employee SSN _____ [7]
Income _____	State Tax Withheld _____
County Tax Withheld _____	County Code _____

Contribution

Amount of contribution you wish to make to:

Nongame and Endangered Wildlife Fund _____ [8]

College Credit

Taxpayer, Spouse (T,S) _____ Eligible institution name #1 _____ [9]
 Date of contribution _____ Amount of contribution _____

Taxpayer, Spouse (T,S) _____ Eligible institution name #2 _____
 Date of contribution _____ Amount of contribution _____

Taxpayer, Spouse (T,S) _____ Eligible institution name #3 _____
 Date of contribution _____ Amount of contribution _____

Renter's Information

Taxpayer, Spouse, Joint (T,S,J) _____	Principal address #1 _____ [10]
Landlord name and address _____	_____
Number of months rented _____	Total rent paid _____

Taxpayer, Spouse, Joint (T,S,J) _____	Principal address #2 _____
Landlord name and address _____	_____
Number of months rented _____	Total rent paid _____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Indiana

	Taxpayer	Spouse
Part-year residency dates:		
From _____	_____ [11]	_____ [13]
To _____	_____ [12]	_____ [14]

Other state(s) lived in during the tax year (Part-year resident or full-year nonresident)

Taxpayer, Spouse(T,S)	State Postal Code	From Date	To Date
_____	_____	_____	_____ [15]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	Taxpayer	Spouse
State of residence (Nonresidents only)	_____ [16]	_____ [17]

NOTES/QUESTIONS:

County of residence _____ [1]
School district number _____ [2]
Mark if name or address has changed _____ [3]

Use Tax

Use Tax due but receipts or records not available _____ [4]
Purchases Subject to Use Tax, receipts or records are available

City/county	Amount
_____	_____ [5]
_____	_____
_____	_____

Contributions

Enter the amount of charitable contributions you wish to make to:

Chickadee checkoff _____ [6]
Senior citizens meals on wheels program _____ [7]
Breast cancer research _____ [8]
Military emergency relief _____ [9]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kansas

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [10]	_____ [12]
To	_____ [11]	_____ [13]

NOTES/QUESTIONS:

Form ID: KY **Kentucky General Information**

Number of additional credits for National Guard members _____ [1]
 Enter your state of residency at the end of the tax year (Part-year and Nonresident only) _____ [2]

Use Tax

	Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller	_____	_____	_____ [3]
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	Spouse _____ [4]	Taxpayer _____ [5]
---	---------------------	-----------------------

Charitable Contributions

Nature and Wildlife Fund	_____ [6]
Child Victims' Trust Fund	_____ [7]
Veterans' Program Trust Fund	_____ [8]
Breast Cancer Research and Education Trust Fund	_____ [9]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kentucky

Part-year residency dates:

From	_____ [10]
To	_____ [11]
State moved from	_____ [12]
State moved to	_____ [13]

Nonresident Information

Kentucky prior year income tax return was filed (Y, N) _____ [14]
 Mark if:
 Commuted daily to Kentucky employment (VA resident) _____ [15]
 All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below) _____ [16]
 Resident of state(s) IL ___ [17] IN ___ [18] MI ___ [19] OH ___ [20] VA ___ [21] WV ___ [22] WI ___ [23]

NOTES/QUESTIONS:

Mark if address has changed _____ [1]

Mark if name has changed _____ [2]

Credit for certain disabilities (B = Blind, D = Deaf, L = Loss of limb, M = Mentally incapacitated):

Taxpayer _____ [3]

Spouse _____ [4]

Dependents:

Code	Disability	First Name	Last Name	SSN
_____	_____	_____	_____	_____ [5]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Value of computer or other technological equipment donated _____ [6]

Use Tax

Enter the amount of any out-of-state purchases on which sales tax was not paid _____ [7]

Contributions

Amount this year's refund you wish to contribute to:

Military Family Assistance Fund _____ [8]	Animal Welfare Commission _____ [12]
Coastal Protection and Restoration Fund _____ [9]	Comm Based Primary Health Care Fund _____ [13]
Wildlife Habitat and Natural Heritage Fund _____ [10]	National Lung Cancer Partnership _____ [14]
Cancer Trust Fund - Prostate Cancer _____ [11]	

Student Tuition Assistance and Revenue Trust (START):

Account Description	Amount
_____	_____ [15]
_____	_____
_____	_____
_____	_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Louisiana

	Taxpayer	Spouse
Part-year residency dates:		
From _____ [16]	_____ [17]	_____ [18]
To _____ [17]	_____ [19]	_____ [19]

Retirement Information

	Taxpayer	Spouse
Date retired as a:		
Louisiana state employee _____ [20]	_____ [21]	_____ [21]
Louisiana teacher _____ [22]	_____ [22]	_____ [23]
Federal employee _____ [24]	_____ [24]	_____ [25]

Other retirement information:	Retirement System Name	Date Retired
_____	_____	_____ [26]
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tax forms, instructions and booklet needed _____ [1]
 Property tax and rent refund application needed next year _____ [2]

Use Tax

Calculate use tax using table (For purchases < \$1000 per purchase only) _____ [3]
 Out of state purchases (Enter total if not using table or enter purchases > \$999 per purchase if also using table) _____ [4]
 Use tax already paid to another jurisdiction _____ [5]

Contributions

Amount of contribution you wish to make to: (\$1, \$5, \$10, or Other, unless otherwise stated)

Political contributions allowed for residents only

Political Contributions

Contribute \$3 (\$6 if joint) to the Maine Clean Election Fund (1 = Taxpayer, 2 = Spouse, 3 = Joint) _____ [6]
 Democratic party _____ [7]
 Green party _____ [8]
 Republican party _____ [9]

Charitable Contributions

Endangered and Nongame Wildlife Fund "Chickadee Check-off" _____ [10]
 Maine Children's Trust _____ [11]
 Bone Marrow Screening Fund _____ [12]
 Companion Animal Sterilization Fund _____ [13]
 Maine Military Family Relief Fund _____ [14]
 Maine Veterans' Memorial Cemetery Maintenance Fund _____ [15]
 Maine Asthma and Lung Research Fund _____ [16]

State Park Passes

Number of individual park passes _____ [17]
 Number of vehicle passes _____ [18]

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [19]	_____ [21]
To	_____ [20]	_____ [22]
State where stationed	_____ [23]	_____ [24]
State of prior residency	_____ [25]	_____ [26]
Nonresident state of residence	_____ [27]	_____ [28]
Number of days in Maine for any reason	_____ [29]	_____ [30]
Maine property owners only:		
Municipality where owned, taxpayer	_____ [31]	
Municipality where owned, spouse	_____ [32]	

NOTES/QUESTIONS:

Maryland General Information

Taxpayer

Spouse, if different

County of residence _____ [1] _____ [3]

City of residence _____ [2] _____ [4]

Mark if either you or your spouse is totally disabled (Resident and Part-year resident only) _____ [5]

Contributions

Amount of political and charitable contributions you wish to make to:

Fair Campaign Financing Fund _____ [6]

Chesapeake Bay and Endangered Species Fund _____ [7]

Maryland Cancer Fund _____ [8]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Maryland

Part-year residency dates:

From _____ [9]

To _____ [10]

State of legal residence (Other than MD) _____ [11]

If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident) _____ [12]

Mark if taxpayer or spouse in military (Nonresident only) _____ [13]

NOTES/QUESTIONS:

Massachusetts General Information

Mark if name and address have changed since last year _____ [1]
 Mark if noncustodial parent _____ [2]
 In care of address or address of legal residence or domicile:
 Street _____ [3]
 City, state, zip code _____ [4] _____ [5] _____ [6]

Use Tax

Estimate use tax for out of state purchases less than \$1,000 _____ [7]
 Out of state purchases _____ [8] Sales tax paid to other state _____ [9]

Contributions

Amount of political and charitable contributions you wish to make to:

	Taxpayer	Spouse
Mark to contribute to the State Election Campaign Fund	_____ [10]	_____ [11]
Organ Transplant Fund _____ [12]		_____ [15]
Endangered Wildlife Conservation _____ [13]	United States Olympic Fund _____ [15]	_____ [16]
AIDS Fund _____ [14]	Military Family Relief Fund _____ [16]	

Adjustments**Rental Deduction**

Residence #1 rented address _____ [17]
 Landlord's name and address _____
 Date from _____ Date to _____ Rent paid _____

Residence #2 rented address _____
 Landlord's name and address _____
 Date from _____ Date to _____ Rent paid _____

Health Insurance Information

	Taxpayer	Spouse
Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year	_____ [18]	_____ [19]
Federal identification number	_____ [20]	_____ [21]
Subscriber number	_____ [22]	_____ [23]
Name of insurance company (Taxpayer)	_____ [24]	_____ [24]
Name of insurance company (Spouse)	_____ [25]	_____ [25]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Massachusetts

Part-year residency dates:
 From _____ [26]
 To _____ [27]

NOTES/QUESTIONS:

Michigan General Information

School district name _____ [1]
 School district code _____ [2]
 Mark if 2/3 income from seafaring _____ [3]

	Taxpayer	Spouse
Do you want \$3.00 to go to the state campaign fund? (Y, N)	____ [4]	____ [5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paraplegic, quadriplegic or hemiplegic	____ [6]	____ [7]
Totally and permanently disabled	____ [8]	____ [9]
Deaf	____ [10]	____ [11]
Qualified disabled veteran	____ [12]	____ [13]

Use Tax

Purchases subject to use tax:
 Total all purchases less than \$1000 per purchase _____ [14]
 Total all purchases exceeding \$1000 per purchase _____ [15]

Contributions

Amount of charitable contribution you wish to make to:

Military Family Relief fund (\$1 min)	_____ [16]	Children's Hospital of Michigan Fund (\$5 or \$10 min)	_____ [23]
Children's Trust fund (\$5 min)	_____ [17]	Children's Miracle Network Fund (\$5 or \$10 min)	_____ [24]
Children of Veteran's Tuition Grant (\$2 min)	_____ [18]	Foster Care Trust Fund (\$5 or \$10 min)	_____ [25]
Amanda's Fund for Breast Cancer (\$5 or \$10 min)	_____ [19]	Council for the Arts Fund (\$5 or \$10 min)	_____ [26]
Animal Welfare Fund (\$5 or \$10 min)	_____ [20]	Law Enforcement Memorial (\$5 or \$10 min)	_____ [27]
Housing, Community Development (\$5 or \$10 min)	_____ [21]	Renewable Fuels Fund (\$5 or \$10 min)	_____ [28]
Prostate Cancer Research (\$5 or \$10 min)	_____ [22]	United Way Fund (\$5 or \$10 min)	_____ [29]

Public Contributions*

Name of Organization	Amount
_____ [30]	_____ [31]
_____ [32]	_____ [33]

Homeless Shelter/Food Bank cash contributions*

Name of Organization	Amount
_____ [34]	_____ [35]
_____ [36]	_____ [37]

Community Foundations*

Name of Organization	Amount
_____ [38]	_____ [39]
_____ [40]	_____ [41]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Michigan

	Taxpayer	Spouse
From	_____ [42]	_____ [44]
To	_____ [43]	_____ [45]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		_____ [46]

NOTES/QUESTIONS:

Michigan Credits - Homestead Property Tax Credit Information

Homeowner

Homestead occupied entire tax year: Taxable value _____ [1] Special Assessments _____ [3]

Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5)

TSJ _____	Description _____	Amount _____ [4]
_____	_____	_____

Address at end of tax year, if different from that entered on Organizer Form ID: 1040 (or Lite-1):

Street address _____ [5]	Taxable value _____ [9]
City _____ [6]	Number of days occupied _____ [10]
State _____ [7] Zip code _____ [8]	Property taxes levied for the year _____ [11]

Address of homestead sold during tax year:

Street address _____ [12]	Taxable value _____ [16]
City _____ [13]	Number of days occupied _____ [17]
State _____ [14] Zip code _____ [15]	Property taxes levied for the year _____ [18]

Rental Information

Rental #1 Address	City	Zip code	No. months	Monthly rent	Mobile home
Landlord #1 Name	Address		City/Zip code		
Rental #2 Address	City	Zip code	No. months	Monthly rent	Mobile home
Landlord #2 Name	Address		City/Zip code		

Household Income

Enter amounts of nontaxable income received during the tax year by any member of your household

Child support	_____ [20]
Worker's compensation and/or Veteran's benefits	_____ [21]
Family Independence Agency and other public assistance payments	_____ [22]
Other nontaxable income (Gifts/expenses paid on your behalf, inheritances, etc):	_____ [23]
_____	_____
_____	_____

College Tuition Tax Credit Information

Enter information for tuition paid during tax year to a Michigan university on behalf of yourself or any other person

Student first name	Student last name	Student SSN	College code, if known	
College or University	Tuition paid	Name and address of contributor		

Student first name	Student last name	Student SSN	College code, if known	
College or University	Tuition paid	Name and address of contributor		

Student first name	Student last name	Student SSN	College code, if known	
College or University	Tuition paid	Name and address of contributor		

NOTES/QUESTIONS:

Michigan Cities General Information

Taxpayer **Spouse**

Mark the applicable boxes if the following conditions apply to you and/or your spouse:

Disabled

___[1]

___[2]

Deaf

___[3]

___[4]

Mark if tax forms, instructions and booklet are not needed

___[5]

NOTES/QUESTIONS:

Minnesota General Information

Mark if you or your spouse are disabled _____ [1]
 Welfare amounts received _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

Taxpayer _____ [3] Spouse _____ [4]

State campaign fund _____ [3] _____ [4]

Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below

Political Parties		
11 = Democratic Farmer-Labor 12 = Independence	13 = Republican 14 = Green	15 = General Campaign Fund

Charitable Contribution

Nongame Wildlife Fund _____ [5]

Credits/Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) _____ [6]
 Name of insurance company (Spouse) _____ [7]
 Policy Number (Taxpayer) _____ [8]
 Policy Number (Spouse) _____ [9]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name _____ [34]	_____ [35]	_____ [36]	_____ [37]
Class type _____ [38]	_____ [39]	_____ [40]	_____ [41]
Ind. instr name _____ [42]	_____ [43]	_____ [44]	_____ [45]
Ind. instr type _____ [46]	_____ [47]	_____ [48]	_____ [49]
Music ins type _____ [50]	_____ [51]	_____ [52]	_____ [53]
Musical ins cost _____ [54]	_____ [55]	_____ [56]	_____ [57]
Type of school attended _____ [58]	_____ [59]	_____ [60]	_____ [61]

M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Minnesota

Taxpayer _____ [55] Spouse _____ [57]

Part-year residency dates:
 From _____ [56] _____ [58]
 To _____ [59] _____ [60]

Other state of residence (State/Foreign country required for other nonresidents) _____ [59] _____ [60]

NOTES/QUESTIONS:

Mississippi General Information

County of residence _____ [1]

Contributions

Amount of contributions you wish to make to:

Military Family Relief Fund	_____	[2]
Commission for Volunteer Service Fund	_____	[3]
Wildlife Heritage Fund	_____	[4]
Educational Trust Fund	_____	[5]
Wildlife Fisheries and Parks Foundation	_____	[6]
Bicentennial Celebration Fund	_____	[7]
Mississippi Burn Care Fund	_____	[8]

NOTES/QUESTIONS:

Missouri General Information

County of residence name _____ [1]
 County of residence _____ [2]
 School district name _____ [3]
 School district number _____ [4]

Taxpayer **Spouse**

Mark if professional entertainer or athlete _____ [5] _____ [6]

Contributions

Amount of contributions you wish to make to:

Children's Trust Fund _____ [7]
 Veterans Trust Fund _____ [8]
 Elderly Home Delivered Meals Trust Fund _____ [9]
 Missouri National Guard Trust Fund _____ [10]
 Workers' Memorial Fund _____ [11]
 Childhood Lead Testing Fund _____ [12]
 Missouri Military Family Relief Fund _____ [13]
 General Revenue Trust Fund _____ [14]
 After School Retreat Trust Fund _____ [15]
 Trust Fund _____ [16] _____ [17]
 Trust Fund _____ [18] _____ [19]

Trust Fund Codes	
01 = American Cancer Society	08 = March of Dimes
02 = American Diabetes Association	09 = National Arthritis Foundation
03 = American Heart Association	10 = National Multiple Sclerosis Society
04 = American Lung Association	12 = Cervical Cancer Fund
05 = ALS (Lou Gehrig's Disease)	13 = Breast Cancer Awareness
07 = Muscular Dystrophy Association	

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Missouri

	Taxpayer	Spouse
Missouri residency dates:		
From _____	_____ [20]	_____ [21]
To _____	_____ [22]	_____ [23]
Other state residency dates:		
From _____	_____ [24]	_____ [25]
To _____	_____ [26]	_____ [27]
Other state of residency _____	_____ [28]	_____ [29]

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:

Taxpayer _____ [30]
 Spouse _____ [31]

Property Tax Information

Residents only

Mark if you are a 100% disabled veteran _____ [32]
 Mark if you are disabled per section 135.010(2), RSMo _____ [33]
 Mark if surviving spouse social security benefits were received during the tax year _____ [34]

NOTES/QUESTIONS:

Mark if tax forms, instructions and booklet are not needed _____[1]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Nongame Wildlife Program	_____ [2]	_____ [3]
Child Abuse and Neglect Prevention Program	_____ [4]	_____ [5]
Agriculture in Montana Schools Program	_____ [6]	_____ [7]
Montana Military Family Relief Fund	_____ [8]	_____ [9]
Political Contributions	_____ [10]	_____ [11]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Montana

Part-year residency dates:

From _____ [12]
 To _____ [13]

State moved to _____ [14]
 State moved from _____ [15]

Elderly Homeowner or Renter Credit

Please provide copies of property tax bills

Mark if owned or rented a Montana residence for 6 months or more during the current tax year _____ [16]
 Taxpayer, Spouse, Joint _____ [17]

Renters:
 Rent paid _____ [18]

NOTES/QUESTIONS:

Nebraska General Information

County of residence _____ [1]
Public school district _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:

Nebraska campaign finance contribution _____ [3]
Wildlife Conservation Fund _____ [4]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Nebraska

Part-year residency dates:
From _____ [5]
To _____ [6]

NOTES/QUESTIONS:

New Hampshire General Information

	Taxpayer	Spouse
Mark if disabled on the last day of the tax year	___[1]	___[2]
	DP-10	BT-Summary
Name change since last filing	___[3]	___[4]
Mark if address for estimated Interest and Dividends tax vouchers differs from previous year		___[5]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Hampshire

From	_____	[6]
To	_____	[7]

Business Tax Summary

Mark to indicate final return	___[8]
-------------------------------	--------

NOTES/QUESTIONS:

New Jersey General Information

County or Municipality code _____ [1]
 In care of address _____ [2]
 Mark if:
 Tax forms, instructions and booklet are not needed _____ [3]
 You are not eligible for the property tax deduction or credit _____ [4]
 You maintain the same residence as your spouse (Married filing separate returns ONLY) _____ [5]

	Taxpayer	Spouse
Mark if: Contributed to the Social Security Fund (Eligible to receive benefits)	____ [6]	____ [7]
You want to designate \$1 to the gubernatorial election campaign fund	____ [8]	____ [9]

Use tax due on out-of-state purchases (Resident and part-year residents) _____ [10]

Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund _____ [11]
 Children's Trust Fund to prevent child abuse _____ [12]
 New Jersey Vietnam Veterans' Memorial Fund _____ [13]
 Breast Cancer Research Fund _____ [14]
 USS New Jersey Educational Museum Fund _____ [15]
 Other _____ [16] _____ [17]
 01 = Drug Abuse Ed, 02 = Korean Veterans', 03 = Organ Donor, 04 = AIDS Services, 05 = Literacy Vol, 06 = Prostate Cancer, 07 = World Trade Center, 08 = Veterans Haven

Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

Homeowner Information:

Street _____ [18]
 City _____ [19]
 Block number _____ [20] _____ [21] Lot number _____ [22] _____ [23]
 Qualifier number (Condos) _____ [24] Number of days as an owner _____ [25]
 Your share of property owned _____ [26] Share used as principal residence _____ [27]
 Total property taxes paid _____ [28] Your share of property taxes _____ [29]

Renter Information:

Street _____ [30]
 Apt # _____ [31] City _____ [32]
 Days as a tenant _____ [33] Total number of tenants _____ [34]
 Total rent paid _____ [35] Your share of rent paid _____ [36]

Tenant Information:

First name of other tenant _____ [37] Middle initial of other tenant _____
 Last name of other tenant _____ SSN of other tenant _____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Jersey

Part-year residency dates:
 From _____ [38]
 To _____ [39]
 State of residency (Nonresidents only) _____ [40]

NOTES/QUESTIONS:

New Mexico General Information

If you were a part-year resident during the tax year, enter the dates you lived in New Mexico

First year resident

_____ [1]
From **To**

Part-year residency dates:

Taxpayer

_____ [2] _____ [3]

Spouse

_____ [4] _____ [5]

Do NOT have a commercial domicile in New Mexico

_____ [6]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political party:

Taxpayer
 _____ [7]

Spouse
 _____ [8]

1 = Democratic, 2 = Republican, 3 = Constitution, 4 = Independent

Charitable Contributions

Share with Wildlife

_____ [9]

Veteran's National Cemetery Fund

_____ [10]

Substance Abuse Education Fund

_____ [11]

Forest Re-Leaf Program

_____ [12]

National Guard Member and Family Assistance

_____ [13]

Kids in Parks Education Program

_____ [14]

Amyotrophic Lateral Sclerosis Research Fund

_____ [15]

Additions and Deductions

Income of an Indian

_____ [16]

Name of the taxpayer's Indian nation, tribe, or pueblo

_____ [17]

Name of the spouse's Indian nation, tribe, or pueblo

_____ [18]

Contributions refunded from the New Mexico approved Section 529 College Savings Plan

_____ [19]

Rebate and Credit Schedule

Public assistance, AFDC, welfare benefits

_____ [20]

Supplemental security income (SSI)

_____ [21]

Amount of rent paid during the tax year on principal place of residence

_____ [22]

Mark if rent includes amount paid on your behalf by a government entity

_____ [23]

Resident county (1 = Los Alamos, 2 = Santa Fe)

_____ [24]

NOTES/QUESTIONS:

New York General Information

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	___[1]	___[2]
Mark if you were a resident of Yonkers at any time during the current tax year	___[3]	___[4]
County of residence	_____ [5]	
Information only, will not transfer into NY Gen Screen		
School district	_____ [6]	

Use Tax

Use tax due but receipts or records not available _____ [7]

Contributions

Amount of contributions you wish to make to:

Return a gift to wildlife	_____ [8]
Missing or exploited children fund	_____ [9]
Breast cancer research fund	_____ [10]
Alzheimer's fund	_____ [11]
Lake Placid olympic fund (Maximum \$2 per filer)	_____ [12]
Prostate cancer research fund	_____ [13]
National 9/11 memorial	_____ [14]

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less _____ [15]

Mark if you lived in a nursing home and qualify for credit _____ [16]

Enter amounts received for cash public assistance and relief _____ [17]

Enter any other income not reported elsewhere _____ [18]

Homeowners:

Enter the amount of special assessments you and all qualified household members paid during the current tax year _____ [19]

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 _____ [20]

Tenants:

Enter the total rent you and all members of your household paid during current tax year _____ [21]

Rent includes charges for (Specify) _____ [22]

50 = Heat, gas, electricity, furnishings and board	20 = Heat, gas and electricity
25 = Heat, gas, electricity and furnishings	15 = Heat or heat and gas

Part-year Resident and Nonresident Information

	New York State	New York City	Taxpayer Yonkers	New York City	Spouse Yonkers
Part-year residency dates:					
From	_____ [23]	_____ [25]	_____ [27]	_____ [29]	_____ [31]
To	_____ [24]	_____ [26]	_____ [28]	_____ [30]	_____ [32]
County of residence while a nonresident of New York City	_____ [33]		_____ [34]		

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you _____ [35]

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

Address #2

Mark if this address is still maintained by or for you _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

County of residence _____ [1]
 Mark if:
 Taxpayer disabled _____ [2]
 Spouse or dependent child disabled _____ [3]
 Unpaid volunteer firefighter or rescue squad worker Taxpayer _____ [4] Spouse _____ [5]

Designations and Contributions

Amount of political designations and charitable contributions you wish to make to:

Political Designations

	Taxpayer	Spouse
Designate \$3.00 to political financing fund? (1=Democratic, 2=Republican, 3=Unspecified) (Enter code of applicable party)	____ [6]	____ [7]
N.C. Public Campaign Fund		
Mark "Yes" if you want to designate \$3 of taxes to this special Fund for voter education materials and for candidates who accept spending limits.		
Marking 'Yes' does not change your tax or refund. (Y, N)	____ [8]	____ [9]

N.C. Public Campaign Fund

You may designate \$3.00 of the taxes you pay to the N.C. Public Campaign Fund. (Married couples filing a joint return may each make a spousal designation if their income tax liability is \$6.00 or more.) The N.C. Public Campaign Fund provides an alternative source of campaign money to qualified candidates who accept strict campaign spending and fund-raising limits. The Fund also helps finance a Voter Guide with educational materials about voter registration, the role of the appellate courts, and the candidates seeking election as appellate judges in North Carolina. Three dollars from the taxes you pay will go to the Fund if you mark an agreement. Regardless of what choice you make, your tax will not increase, nor will any refund be reduced.

Charitable Contributions

Endangered Wildlife Fund _____ [10]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Carolina

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [11]	_____ [13]
To	_____ [12]	_____ [14]

NOTES/QUESTIONS:

School district code _____ [1]
 Income source code _____ [2]

Income source code			
1 = Farming, ranching	4 = Public, private education	7 = Manufacturing	10 = Finance, banking, insur
2 = Retail, wholesale trade	5 = Personal, business services	8 = Communication, trnspn, utilities	11 = Military
3 = Government service	6 = Construction	9 = Gas, oil, coal	12 = Retirement

Contributions

Amount of contributions you wish to make to:

Watchable Wildlife Fund _____ [3]
 Trees for North Dakota Fund _____ [4]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Dakota

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [5]	_____ [7]
To	_____ [6]	_____ [8]
Other state of residency	_____ [9]	_____ [10]

NOTES/QUESTIONS:

Form ID: OH **Ohio General Information**

Enter your current Ohio county of residence _____ [1]
School district number _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:
Political

Contribution to Ohio political party fund? Taxpayer _____ [3] Spouse _____ [4]

Charitable Contributions

Military injury relief fund _____ [5]
Nature preserve, scenic rivers and endangered species protection _____ [6]
Ohio's wildlife species and endangered wildlife conservation _____ [7]

Credits

Displaced worker training expenses for 12-month period since loss of job Taxpayer _____ [8] Spouse _____ [9]
Amount contributed to Ohio political campaigns _____ [10] _____ [11]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

Part-year residency dates:
From _____ [12]
To _____ [13]

If nonresident, enter state of residency Taxpayer _____ [14] Spouse _____ [15]
Residency status (If taxpayer and spouse are different) _____ [16] _____ [17]
R = Resident, P = Part-year resident, N = Nonresident

NOTES/QUESTIONS:

Political contributions made during tax year _____ [1]

Use Tax

Mark if not subject to Use Tax _____ [2]

Contributions

Amount of charitable contributions you wish to make to:

Wildlife Diversity Program	_____ [3]	Pet Overpopulation Fund	_____ [8]
Low Income Health Care Fund	_____ [4]	National Guard	_____ [9]
Breast and Cervical Cancer Fund	_____ [5]	Leukemia and Lymphoma Fund	_____ [10]
Silver Haired Program	_____ [6]	Regional Food Banks	_____ [11]
Court Appointed Advocates	_____ [7]		

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oklahoma

Part-year residency dates:

From _____ [12]

To _____ [13]

Nonresident state of residence _____ [14]

Resident and part-year or nonresident spouse:

Taxpayer's state of residence _____ [15]

Spouse's state of residence _____ [16]

Property Tax and Sales Tax Credits

Mark if you were not an Oklahoma resident for the entire tax year _____ [17]

Mark if you (or spouse) were disabled for the entire tax year _____ [18]

Home real estate tax _____ [19]

Workmen's compensation/loss of time insurance _____ [20]

Support money _____ [21]

Cash public assistance _____ [22]

NOTES/QUESTIONS:

Oregon General Information

Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both)

	_____ [1]	
	Taxpayer	Spouse
Number of months of federal service before 10/01/1991 (Federal employees)	_____ [2]	_____ [3]
Total number of months of federal service (Federal employees)	_____ [4]	_____ [5]
Prior year child care expenses paid in current year	_____ [6]	

Contributions

Charitable Contributions

Oregon Nongame Wildlife _____ [8]	Oregon Veterans Home _____ [14]
St Vincent de Paul Society _____ [9]	Oregon Planned Parenthood _____ [15]
The Nature Conservancy _____ [10]	Lions Sight and Hearing Foundation _____ [16]
Doernbecher Children's Hospital Foundation _____ [11]	Shriners Hospitals for Children _____ [17]
Oregon Humane Society _____ [12]	Special Olympics Oregon _____ [18]
Oregon Salvation Army _____ [13]	Susan G. Komen for the Cure _____ [19]

	Charity	Amount		Charity	Amount
Other Charity	_____ [20]	_____ [21]	Other Charity	_____ [22]	_____ [23]

Other Charitable Organizations

1 = Habitat for Humanity	6 = Stop Oregon Litter and Vandalism	23 = AIDS/HIV Education and Services
2 = Oregon Head Start Association	18 = Oregon Historical Society	24 = Oregon Military Financial Assistance
3 = American Diabetes Association	20 = Child Abuse Prevention	25 = Oregon Food Bank
4 = Oregon Coast Aquarium	21 = Alzheimer's Disease Research	26 = Albertina Kerr Centers
5 = Start Making A Reader Today	22 = Stop Domestic and Sexual Violence	27 = American Red Cross

Political Contributions

Political Party	_____ [24]	_____ [25]
	Taxpayer	Spouse

Political party contribution

500 = Constitution Party of Oregon	503 = Libertarian Party of Oregon	506 = Progressive Party
501 = Democratic Party of Oregon	504 = Oregon Republican Party	507 = Working Families Party of Oregon
502 = Independent Party of Oregon	505 = Pacific Green Party of Oregon	

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oregon

	Taxpayer	Spouse
Dates of residency:		
From	_____ [26]	_____ [28]
To	_____ [27]	_____ [29]

Credit for Home Care of an Elderly Person

Name	_____ [30]
Birth date	_____ [31]
Social Security Number	_____ [32]
Expenses you incurred or paid for home care of an elderly person:	
Food _____ [33]	Clothing _____ [34]
Medical care _____ [35]	Transportation _____ [36]

NOTES/QUESTIONS:

County of residence _____ [1]
School district name _____ [2]

Final return _____ [3] **Taxpayer** _____ [4] **Spouse**

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Wild Resource Conservation Fund	_____ [5]	_____ [6]
Military Family Relief Assistance	_____ [7]	_____ [8]
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	_____ [9]	_____ [10]
Juvenile (Type 1) Diabetes Cure Research Fund	_____ [11]	_____ [12]
Breast and Cervical Cancer	_____ [13]	_____ [14]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [15]	_____ [17]
To	_____ [16]	_____ [18]

NOTES/QUESTIONS:

Mark if tax forms, instructions and booklet are not needed _____ [1]
 Enter city or town of legal residence if different from that entered on Organizer Form ID:1040 _____ [2]

Use Tax

Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State
_____	_____ [3]	_____ [4]
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) _____ [5]
 If you wish for a for a portion of your electoral contribution to be paid to a political party, enter name of party _____ [6]

Charitable Contributions

- Drug Program Account _____ [7]
- Mark if you wish to make an Olympic Contribution _____ [8]
- Organ Transplant Fund _____ [9]
- Council on the Arts _____ [10]
- Nongame Wildlife Fund _____ [11]
- Childhood Disease Victims' Fund _____ [12]
- Military Family Relief Fund _____ [13]

Part-year Resident Information

Part-year residency dates:
 From _____ [14]
 To _____ [15]

Property Tax Relief Claim

Mark if disabled and received social security disability payments during the tax year _____ [16]
 Live in household or rent dwelling subject to property tax? (Y, N) _____ [17]
 Current for property taxes and rent due in prior years? (Y, N) _____ [18]
 Current for this year's property tax or rent and will pay unpaid installments? (Y, N) _____ [19]

Rent paid (Enter 100%) _____ [20]
 If renting, name, address, and phone number of landlord:
 _____ [21]
 _____ [22]
 _____ [23] _____ [24] _____ [25]
 _____ [26]

NOTES/QUESTIONS:

County code number, if known _____ [1]
Authorize discussion with Department of Revenue (Y, N) _____ [2]
Purchases subject to use tax _____ [3]

Additions and Subtractions

Expenses related to reserve income _____ [4]
National guard reserve pay _____ [5]
Law enforcement subsistence (Number of days) _____ [6]
Are you or your spouse a volunteer firefighter? (T = Taxpayer, S = Spouse, B = Both) _____ [7]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in South Carolina

Part-year residency dates:
From _____ [8]
To _____ [9]

Contributions

Amount of contributions you wish to make to:

Endangered Wildlife Fund _____ [10]
Children's Trust Fund _____ [11]
Eldercare Trust Fund _____ [12]
Veterans' Trust Fund _____ [13]
Donate Life South Carolina _____ [14]
First Steps to School Readiness Fund _____ [15]
War Between States Heritage Trust Fund _____ [16]
Litter Control Enforcement Program _____ [17]
Law Enforcement Assistance Program _____ [18]
K-12 Public Education Fund _____ [19]
State Parks Fund _____ [20]
Military Family Relief Fund _____ [21]
Conservation Bank Trust Fund _____ [22]
Financial Literacy Trust Fund _____ [23]

NOTES/QUESTIONS:

Utah General Information

If you were a part-year resident during the tax year, enter the dates you lived in Utah

Part-year residency dates:

From _____ [1]

To _____ [2]

State of residency (Nonresidents) _____ [3]

Use Tax

County/City _____ Purchases _____ [4]

Use tax _____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Election campaign fund

Taxpayer _____ [5] Spouse _____ [6]

Enter the appropriate code for the political party from the list below:

Political Party	
C = Constitution	R = Republican
D = Democratic	N = No Contribution
L = Libertarian	

Making a selection from this list will designate \$2 to the part of your choice. Your refund or amount of tax due will not be affected

Charitable Contributions

Utah Nongame Wildlife Fund _____ [7]

Pamela Atkinson Homeless Trust Fund _____ [8]

Kurt Oscarson Children's Organ Transplant Fund _____ [9]

School district code _____ [10]

Nonprofit school district foundation _____ [11]

School district code

01 = Alpine	07 = Davis	13 = Iron	19 = Morgan	25 = Park City	31 = Sevier	37 = Wasatch
02 = Beaver	08 = Duchesne	14 = Jordan	20 = Murray	26 = Piute	32 = S. Sanpete	38 = Washington
03 = Box Elder	09 = Emery	15 = Juab	21 = Nebo	27 = Provo	33 = S. Summit	39 = Wayne
04 = Cache	10 = Garfield	16 = Kane	22 = North Sanpete	28 = Rich	34 = Tintic	40 = Weber
05 = Carbon	11 = Grand	17 = Logan	23 = North Summit	29 = Salt Lake City	35 = Tooele	41 = Utah Assistive Technology
06 = Daggett	12 = Granite	18 = Millard	24 = Ogden	30 = San Juan	36 = Uintah	42 = Canyons

Cat and Dog Community Spay and Neuter Program _____ [12]

NOTES/QUESTIONS:

Form ID: VT **Vermont General Information**

School district name _____ [1]
School district code _____ [2]

Contributions and Use Tax

Use Tax

Total out-of-state purchases _____ [3]

Amount of political and charitable contributions you wish to make to:

Political Contribution

Vermont Campaign fund _____ [4]

Charitable Contributions

Nongame Wildlife Fund _____ [5]

Children's Trust Fund _____ [6]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Vermont

Part-year residency dates:

From _____ [7]

To _____ [8]

Other state(s) of residency _____ [9] _____ [10] _____ [11] _____ [12]

Property Tax Information

Homeowners

Anticipate selling Vermont housesite on or before April 1 _____ [13] Housesite municipal tax _____ [17]

SPAN number form 2009/2010 property tax bill _____ [14] Total parcel acres _____ [18]

Housesite value _____ [15] Ownership percentage of property _____ [19]

Housesite education tax _____ [16] Mobile home lot rent _____ [20]

Renters

Rent paid _____ [21]

NOTES/QUESTIONS:

Virginia General Information

Virginia city or county of residence on January 1, 2010; last lived in or business location _____ [1]
 Mark to indicate name has changed from last year (Resident and nonresident only) _____ [2]
 Mark to indicate filing status has changed from last year _____ [3]
 Mark to indicate address has changed from last year _____ [4]
 Mark to indicate that a Virginia return was not filed last year _____ [5]

Use Tax

Consumer's Use Tax _____ [6]

Contributions

Amount of contributions you wish to make to:

Political Contributions

Virginia Democratic Party _____ [7] Virginia Republican Party _____ [8]

Charitable Contributions

If you contributed to a public school foundation, provide the supporting information to your accountant

Virginia Nongame Wildlife Fund _____ [9]	Tuition Assistance Grant Fund _____ [20]
US Olympic Committee _____ [10]	Spay and Neuter Fund _____ [21]
Virginia Housing Program _____ [11]	Cancer Centers in the Commonwealth _____ [22]
Elderly and Disabled Transportation Fund _____ [12]	Martin Luther King, Jr. Fund _____ [23]
Community Policing Fund _____ [13]	Celebrating Special Children _____ [24]
Virginia Arts Foundation _____ [14]	Chesapeake Bay Restoration Fund _____ [25]
Open Space Recreation and Conservation _____ [15]	Family and Children's Trust Fund (FACT) _____ [26]
Historic Resources Fund _____ [16]	Virginia State Forests Fund _____ [27]
Children of America Finding Hope _____ [17]	Virginia Uninsured Medical Catastrophe Fund _____ [28]
Virginia War Memorial and National D-Day Memorial _____ [18]	Home Energy Assistance _____ [29]
Virginia Federation of Humane Societies _____ [19]	Virginia Military Family Relief Fund _____ [30]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Virginia

	Spouse	Taxpayer
Part-year residency dates:		
From	_____ [31]	_____ [33]
To	_____ [32]	_____ [34]

Nonresident Information

	Spouse	Taxpayer
Mark if you were a resident of Kentucky, Maryland, North Carolina, or West Virginia	_____ [35]	_____ [36]
State of residence (Nonresidents only)		_____ [37]

NOTES/QUESTIONS:

West Virginia General Information

County of residence _____ [1]

Use Tax

Property or Services Subject to Use Tax _____ [2]

Food Subject to Use Tax _____ [3]

Sales and Use Tax Paid to Other States _____ [4]

Contributions**Amount of contributions you wish to make to:**

West Virginia Children's Trust Fund _____ [5]

Part-year Resident and Nonresident Information

Part-year residency status _____ [6]

1 = Moved into West Virginia

2 = Moved out of West Virginia with West Virginia source income during period of nonresidency

3 = Moved out of West Virginia with no West Virginia source income during period of nonresidency

If you were a part-year resident during the tax year, enter the dates you lived in West Virginia

Part-year residency dates:

From _____ [7]

To _____ [8]

State of residence _____ [9]

If state of residence is Virginia or Pennsylvania, enter number of days in West Virginia (Nonresidents only) _____ [10]

NOTES/QUESTIONS:

Wisconsin General Information

City of residence _____ [1]
 Village of residence _____ [2]
 Town of residence _____ [3]
 County of residence _____ [4]
 School district _____ [5]
 Mark if divorce decree _____ [6]
 Enter rent paid:
 Heat included _____ [7]
 Heat not included _____ [8]
 Farm property taxes (Farmland tax relief credit) _____ [9]

Use Tax

	County	Purchases
Sales and use tax on out-of-state purchases	_____	_____ [10]
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contribution

	Taxpayer	Spouse
State election campaign fund	_____ [11]	_____ [12]

Charitable Contributions

Breast cancer research	_____ [13]	Packers football stadium	_____ [18]
Endangered resources	_____ [14]	Prostate cancer research	_____ [19]
Fire fighters memorial	_____ [15]	Second Harvest	_____ [20]
Military family relief	_____ [16]	Veterans trust fund	_____ [21]
Multiple sclerosis	_____ [17]		

Part-year Resident and Nonresident Information

Residency code _____ [22]

Residency code

Blank = Both spouses have the same residency status (Default) 1 = Taxpayer nonresident, spouse resident 2 = Taxpayer resident, spouse nonresident 3 = Taxpayer part-year, spouse nonresident	4 = Taxpayer nonresident, spouse part-year 5 = Taxpayer resident, spouse part-year 6 = Taxpayer part-year, spouse resident
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If you were a part-year resident during the tax year, enter the dates you lived in Wisconsin

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [23]	_____ [25]
To	_____ [24]	_____ [26]
State of residency (Nonresidents only)	_____ [27]	_____ [28]
Nonresident aliens:		
Mark if not a full-year US citizen	_____ [29]	_____ [31]
Mark if not a full-year US resident	_____ [30]	_____ [32]
Resident of:	IL _____ [33]	IN _____ [34]
	KY _____ [35]	MI _____ [36]
		MN _____ [37]

NOTES/QUESTIONS: