

Leich &
Associates
CPA, PA

2009
Organizer
for your income tax return
information

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Miscellaneous Questions

For all information in the Organizer, please indicate the type of currency if not U.S. dollars.
If we do not have copies of your Federal, State, City and Foreign income tax returns for
2006, 2007 and 2008, please include them with this Organizer.

Indicate X if:

1. You would like to have any overpayment of federal tax refunded _____
2. You would like to have any overpayment of federal tax applied to your 2010 estimated tax . . _____
3. During 2009, you received any notices or settled any examinations concerning your prior years' Federal, State, Local, or Foreign tax returns. **If so, attach copies of notices** _____
4. You or your spouse made any gifts (not charitable contributions) in excess of \$13,000 to any one donee during the year. If so, provide details on a continuation sheet _____
5. You or your spouse made any gifts to a trust for any amount _____
If so, provide a copy of the trust instrument and provide details on a continuation sheet.
6. You received grants of stock options from your employer or disposed of any stock acquired under a qualified employee stock purchase plan _____
If so, provide details on a continuation sheet and copies of documentation.
7. You exercised any stock options during 2009. If so, provide details on a continuation sheet . . _____
8. You disposed of any corporate bonds for which you paid other than the principal amount (i.e., discount or premium). If so, provide details on a continuation sheet _____
9. You loaned money for an interest rate less than the market rate of interest _____
If so, provide details on a continuation sheet.
10. You received any payments from a pension or profit-sharing plan this year or expect to receive next year _____
If so, provide details on a continuation sheet and attach statements from the plan.
11. You received a Form 1099-DIV that includes dividends you received as a nominee; that is, in your name, but the dividends actually belong to someone else. _____

If so, indicate X if a 1099-DIV was prepared to transfer the dividend to the proper recipient and indicate the amount on the **Dividend Income** organizer form _____
12. You have received K-1s from partnerships, estates and trusts, or S corporations _____
If so, please attach copies of all K-1 forms received and any other relevant tax information from the entities and identify the K-1's on the **Partnerships, Estates and Trusts, S Corporations** organizer form.
13. You had income from rental property that is not listed elsewhere in this organizer _____
If so, please provide details of income, expenses, and the acquisition dates and cost of the property and any equipment, furniture, fixtures, and appliances.
14. In 2009, you purchased a new alternative-powered vehicle (e.g., hybrid-fuel, fuel-cell, advanced lean burn diesel vehicle) that was not intended for resale.
If so, please provide the certificate of uniformity provided by the manufacturer _____
15. You would like to file your tax return electronically, if possible _____
16. In 2009, you made extraordinary retail purchases (e.g., vehicle, boat, etc.) _____
If so, indicate the amount of total sales tax paid for these items on the medical expenses and taxes organizer page.

17. You had a foreign bank account, securities account or signature authority over such an account at any time during 2009. If so, provide details on a continuation sheet _____
18. You paid household employee wages of \$1,700 or more or withheld federal income tax in 2009. If so, provide details on the **Household Employment Taxes** organizer form, or if new, provide detail on the continuation sheet _____
19. You sold your **primary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale _____
20. You sold your **secondary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale _____
21. You moved in connection with your employment in 2009 _____
 Where you moved to _____
 When you moved _____
 If so, attach copies of documentation of expenses incurred related to the relocation (e.g. shipping, travel, lodging, meal expenses, etc). Also provide on a continuation sheet the number of miles from old residence to old work place and to new work place.
22. You refinanced a mortgage during 2009. If so, provide details on a continuation sheet. Attach the closing statements and the term of the new mortgage _____
23. You incurred any nonbusiness bad debts _____
 If so, provide the following details on a continuation sheet:
 - A description of the debt, including the amount and the date it became due,
 - The name of the debtor, and any business or family relationship between you and the debtor,
 - The efforts you made to collect the debt, and
 - Why you decided the debt was worthless.
24. You have written substantiation for all employee business expenses (e.g., travel and entertainment expense) _____
 You should keep the following in a safe place:
 - Date, place, and amount of expense
 - Actual receipts for expenses in excess of \$75
 - Name and business affiliation of persons entertained
 - Business purpose of expense
 - Documentation of the business discussed before, during and after the entertainment
 - Receipts for hotel, airline, and other travel expense
25. You incurred any casualty or theft losses in 2009 _____
 If so, provide details on a continuation sheet - date of loss, type of property, type of loss, fair market value before and after the loss, the date the property was acquired, and any insurance proceeds received.
26. You used gasoline or special fuels for business purposes other than for a highway vehicle during the year. If so, please include the type of fuel, the number of gallons used, and the business purpose on a continuation sheet _____
27. You paid mortgage interest on a loan where the proceeds were not used to buy, build or improve your new home. _____
28. You received a corrective distribution from a deferred compensation plan such as a 401(k) plan. If so, please provide related documents and details _____
29. You made any out of state purchases and didn't pay a sales tax in your resident state. If so, please enter the details in the state section of the organizer _____

Taxpayer Information

Personal Information

First name	Initial	Last name	Social Security Number	M/F
_____	_____	_____	_____	_____ TP
_____	_____	_____	_____	_____ SP
Street address _____				
_____				Apt. number _____
City	State	Zip code	County	Foreign Country/Province
_____	_____	_____	_____	_____
	Home	Business	Ext	Fax
Taxpayer Telephone . . .	() _____	() _____	_____	() _____
Spouse Telephone . . .	() _____	() _____	_____	() _____
E-Mail Address _____				
X if you want your tax return mailed to a different address. (Provide details on a continuation sheet.) _____				
X if you authorize taxing authority to discuss return with paid preparer Federal . . _____ State . . _____				
X if you don't want state tax forms mailed to you next year _____				

Filing Status - Form 1040 - U.S. Citizen or Resident Alien

Indicate **X** for marital status at 12/31 (1040NR filers use the **Taxpayer Information - Nonresident Alien** form):

Single	_____	12
Married, filing jointly	_____	13
Married, filing separately	_____	14
Head of household (Unmarried and providing more than half the cost of a home for a dependent or unmarried child)	_____	15
Widow (widower), as of 2007 or later, who maintained a home as the principal place of residence for a dependent child, stepchild, adopted child or foster child	_____	16
If nonresident alien spouse:		
Head of household status and rates, spouse exemption not claimed	_____	17
Married, filing separately status and rates, spouse exemption claimed	_____	18

Head of Household

Indicate the name of the qualifying child who is not a dependent _____ 19

Social security number of qualifying child _____ 20

General

Taxpayer

Spouse

Occupation _____	_____	21
Date of birth _____	_____	22
Disabilities	Blind ___ Deaf ___	23
	Other _____	24
Contribute to Presidential Campaign Fund	Yes ___ No ___	25
Date of Death _____	_____	26

Information for Direct Deposit of Refund

Routing number _____ (should be 9 digits)	Account type	27
Account number _____ (Attach a voided check)	Refunds will be deposited into your checking account. If you prefer a savings account deposit, please indicate with an X.	28
		29

Dependent Information

Dependents

In general, individuals may not be claimed as a dependent, unless:

- 1) they were a U.S. citizen or a U.S. legal resident, **and**
- 2) you provided over half of their total support in 2009, **and**
- 3) they had gross income of less than \$3,650, **or**, the individual was your child, or qualifying relative **and**
 - a) Your child was under age 19 at the end of 2009, **or**
 - b) Your child was under age 24 at the end of 2009 **and** was a student.

	First name	Last name	Social security number	Date of birth	Dependency relationship child, grandchild, etc. (indicate with * if dependent is part of non-custodial agreement)	No. of months lived in your home in 2009, or B = born D = died	Child care expenses incurred and paid in 2009*
1	_____	_____	_____	____/____/____	_____	_____	_____
2	_____	_____	_____	____/____/____	_____	_____	_____
3	_____	_____	_____	____/____/____	_____	_____	_____
4	_____	_____	_____	____/____/____	_____	_____	_____
5	_____	_____	_____	____/____/____	_____	_____	_____
6	_____	_____	_____	____/____/____	_____	_____	_____

* Provide details on the **Child and Dependent Care Expenses** form, if provided, or on the continuation sheet.

Organizer | General Information | Dependents | Columnar Dependents Entry

Miscellaneous Information

In this section, taxpayer may refer to your minor child.

Indicate: **X** if taxpayer can be claimed as a dependent on another's return _____ 7

Organizer | General Information | Basic Return Data | Taxpayer Information

Computation of Tax for Minor Children with Investment Income

This section should be completed for children with investment income who are filing their own return and may be taxed at their parent's effective tax rate.

Indicate parent's filing status: **A** = Single, **B** = Married, filing jointly, **C** = Married, filing separately, **D** = Head of household, **E** = Qualifying widow(er)

↓ Parent's name _____

If your minor child has siblings who are also under age 18 (under 24 if a full-time student) at the end of 2009 and have unearned income, enter their names below. If we are not preparing the siblings returns, then also please provide their 2009 unearned income.

	First name	Last name	Interest & Ordinary Dividends	Net Capital Gain ¹	Investment Interest Expense	Qualified Dividends
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____

Organizer | Income | Kid-tax Income | Tax for Children

Parent's Election to Report Child's Interest and Dividends

This section should be completed for children with investment income which may be reported on the parent's return.

	First name	Last name	Interest	Tax-exempt interest	Capital gains ¹	Dividends ²
13	_____	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____	_____

¹ Please indicate amount of both short-term and long-term (including capital gain distribution).

² Please indicate amount of qualified and non-qualified dividends.

Organizer | Income | Kid-tax Income | Child's Int. & Div.

Interest Income - Other

Seller-Financed Mortgage Interest

	2009 amount	PY amount	
___ Buyer's name _____			1
___ Buyer's address _____ SSN _____			2
___ Buyer's name _____			3
___ Buyer's address _____ SSN _____			4

Organizer | Income | Interest Income | Seller Financed Mortgage | Tax Exempt Interest

Other Interest

	2009 amount	PY amount	
___ Interest received on Federal tax refunds			5
___ Interest received on State tax refunds (list total for all State refunds)			6
List state names included in total _____			
___ Interest received as a nominee			7
___ Interest accrued to buy bonds			8
Total interest income (Lines 5-8) _____			T

During 2009, did you receive a distribution from, or where the grantor of, or transferor to, a foreign trust? If yes, please provide details on Continuation sheet and include copy of Form 3520A. ___

Organizer | Income | Interest Income | Interest Adjustments

Schedule C - Profit or Loss from Business or Profession

Activity Information		
Indicate: T = Taxpayer, S = Spouse, J = Joint _____ 1		
Business name _____ 2		
Street _____ 3		
City, state, zip, country _____ 4		
Principal business/profession _____ 5		
_____ Employer identification number	_____ Tax shelter ID number	_____ Tax shelter registration number
Accounting Method		
Indicate method of accounting: A = Accrual, O = Other, Blank = Cash, B = Leave unanswered _____ 7		
If other (specify) _____ 8		
Inventory Valuation		
Indicate method of inventory valuation: (If "other", please provide explanation on a continuation sheet.)		
C = Cost, L = Lower of cost or market, O = Other, D = Not applicable _____ 9		
X if there was any change in determining quantities, cost, or valuation of inventories _____ 10		
Miscellaneous Information		
Indicate X if this business was started or acquired during 2009 _____ 11		
Indicate X if you received earnings as a statutory employee _____ 12		
Indicate X if the business was disposed of in 2009 _____ 13		
Indicate X if the business was ever audited by IRS, State, or Foreign Tax Authority _____ 14		
Year of audit _____ 15		
		2009 amount PY amount
Self-employed health insurance premium payments you made during 2009		_____ 16

Organizer | Income | Business Income | Business Name | Business Information | Sch. C Activity Information

Income		
Gross Receipts or Sales		
	2009 amount	PY amount
_____	_____	_____ 17
_____	_____	_____ 18
Total gross receipts or sales (Lines 17-18)	_____	_____ T
Sales returns & allowances	_____	_____ 19
Cost of Goods Sold and/or Operations		
	2009 amount	PY amount
Inventory at beginning of year	_____	_____ 20
Purchases less cost of items withdrawn for personal use	_____	_____ 21
Cost of labor	_____	_____ 22
Materials and supplies	_____	_____ 23
Other costs related to inventory	_____	_____ 24
_____	_____	_____ 25
Inventory at end of year	_____	_____ 26
Total cost of goods sold and/or operations (Lines 20-26)	_____	_____ T
Reimbursements		
Meals and Entertainment	_____	_____ 27
Other reimbursements	_____	_____ 28
Other Income		
	2009 amount	PY amount
_____	_____	_____ 29
_____	_____	_____ 30
Total other income (Lines 29-30)	_____	_____ T
Portfolio Income	_____	_____ 31

Organizer | Income | Business Income | Business Name | Business Information | Income/Expenses

Schedule C - Profit or Loss from Business or Profession

Business name: _____

Expenses

	2009 amount	PY amount	
Advertising	_____	_____	32
Car and truck expenses (Do not duplicate expenses listed on the vehicle business expense schedule page)	_____	_____	33
Commissions and fees	_____	_____	34
Contract Labor	_____	_____	35
Employee benefit programs	_____	_____	36
Insurance (other than health insurance)	_____	_____	37
Mortgage interest paid to financial institutions If amount is entered, please attach details and required bank documents.	_____	_____	38
Other interest	_____	_____	39
Legal and professional services	_____	_____	40
Office expenses (postage, etc.)	_____	_____	41
Pension and profit-sharing plans	_____	_____	42
Machinery and equipment rent	_____	_____	43
Other business property rent	_____	_____	44
Repairs and maintenance	_____	_____	45
Supplies	_____	_____	46
Taxes and licenses	_____	_____	47
Travel	_____	_____	48
Meals & Entertainment & Overnight Meals (gross amount subject to limitation)	_____	_____	49
Utilities	_____	_____	50
Wages (gross)	_____	_____	51
Total expenses (Lines 32-51)	_____	_____	
Indicate X if you were subject to the Department of Transportation hours of service limits			52

Other Expenses

	2009 amount	PY amount	
Local transportation including train, cabs, bus, etc.	_____	_____	53
Overnight travel expense (lodging, car rental, taxi, etc. excluding meals)	_____	_____	54
Telephone	_____	_____	55
Professional dues	_____	_____	56
Stationery, postage	_____	_____	57
Professional magazines, journals	_____	_____	58
Other expenses (e.g. uniforms required as condition of employment)	_____	_____	59
_____	_____	_____	60
_____	_____	_____	61
_____	_____	_____	62
_____	_____	_____	63
Total (Lines 53-63)	_____	_____	T

Domestic Production Deduction - Sec. 199

The primary source of your revenue in this business is in one of the following activities:

1) Disposition of property manufactured, produced, grown or extracted in the U.S.	_____	64
2) Construction of real property in the U.S.	_____	65
3) Engineering and architectural services performed in the U.S. with respect to real property	_____	66

Schedule C - Profit or Loss from Business or Profession

Business name: _____

Depreciation and Amortization

Enter all property and equipment used in your business or profession. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price. Please indicate in the notes section if you would like to elect Section 179 expense for a particular asset placed in service in 2009. For vehicle expenses, make your entries on the **Business Expense Schedule and Form 2106** page, and indicate Schedule C on the property type code.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

**For assets placed in service prior to 1/1/2009, please provide
a schedule of accumulated depreciation on a per asset basis.**

If you had any amortization expenses (organizational costs, loan fees, etc.), for this business, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Business Income | Business Name | Depreciation and Amortization | Asset Detail _____

Notes:

Retirement Distributions

Retirement Distributions

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Please attach all Forms 1099R

Name of payer _____

	2009 amount	PY amount	
Box 1 - Gross distribution (Mandatory)	_____	_____	1
Box 2a - Taxable amount	_____	_____	2
Box 2b - Indicate X if taxable amount not determined	_____		3
Box 3 - Capital gain	_____		4
Box 4 - Federal income tax withheld	_____		5
Box 7 - Distribution code(s) (Mandatory)	_____		6
Box 7 - Indicate X if from IRA/SEP/SIMPLE	_____		7
Box 9b - Total employee contributions	_____		8
Box 10 - State tax withheld	_____		9
Box 13 - Local tax withheld	_____		10
Indicate X if entire distribution was converted to a Roth IRA	_____		11
Indicate X if entire distribution was rolled over	_____		12
Indicate X if this is an inherited IRA	_____		13
Indicate X if this distribution was used to pay qualified first-time homebuyer expenses	_____	_____	14
If partial rollover, enter amount of distribution rolled over	_____	_____	15
Amount subject to 10% penalty tax (Override)	_____		16

Organizer | Income | Retirement Distributions | 1099-R

Partly Taxable Pension/Annuity using Simplified Method or General Rule (For Preparer Use Only)

Pension/Annuity Type (A=Regular, B=Section 101(d), C=Section 101(d) with surviving spouse exclusion)	_____		18
Cost in the plan (if different than box 9b amount)	_____		19
Amounts previously recovered tax free in PY for post 1986 annuities	_____		20
Simplified Method			
Indicate X to use Simplified Method (default to General Rule)	_____		21
Annuity starting date (Required)	_____		22
Indicate X if annuity start date after 12/31/1997 and payments are for your life and that of beneficiary	_____		23
Elect to skip line 3 of worksheet and enter amount from line 4 of PY worksheet here	_____	_____	24
Number of months for which this year's payments were made	_____		25
General Rule			
Expected return (if a regular pension or annuity)	_____		26
Number of years in which payments are to be received (if section 101d)	_____		27
Percent or amount not taxable (50% = .50) (Override)	_____		28

Organizer | Income | Retirement Distributions | 1099-R | Partly Taxable Pension/Annuity

Rent and Royalty Income and Expense

Ownership
 Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1

Activity Information
 Kind of property _____ 2
 Location of property _____ 3
 You disposed of the property in 2009 _____ 4
 Enter percentage of this property that is allocated to another _____ 5

Activity Type
 Indicate **X** for type of property: Rental income _____ Royalty other than oil and gas _____ 6
 Royalty with oil and gas depletion _____ Royalty with no depletion _____ 7

If Rental Real Estate
 Indicate **1** if: You materially participated in the operation of the activity during 2009* }
 Indicate **2** if: You actively participated in the operation of the activity during 2009* } 8
 Indicate **3** if: You are a real estate professional }
 *Note: Material participation consists of involvement in the activity on a regular, continuous, and substantial basis. Active participation is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

Rent or Royalty Income
 (Include 100% of income including amounts attributable to others.)

	2009 amount	PY amount
Income	_____	_____
Other income	_____	_____
_____	_____	_____
_____	_____	_____
Total income (Lines 9-11)	_____	_____

Rent or Royalty Expense
 (Include 100% of expenses including amounts attributable to others.)

	2009 amount	PY amount
Advertising	_____	_____
Auto and travel	_____	_____
Cleaning and maintenance	_____	_____
Commissions	_____	_____
Insurance	_____	_____
Legal and other professional fees	_____	_____
Management fees	_____	_____
Mortgage interest paid to financial institutions	_____	_____
(If an amount is entered, please attach detail.) Do not duplicate elsewhere.		
Mortgage interest paid to individuals*	_____	_____
(If an amount is entered, please attach detail.) Do not duplicate elsewhere.		
*If another received Form 1098, enter the recipient's name and address: _____		
Other interest	_____	_____
Repairs (enter major improvements on the Asset Detail Organizer)	_____	_____
Supplies	_____	_____
Taxes	_____	_____
Utilities	_____	_____
Yard maintenance	_____	_____
Other Expense	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total expenses (Lines 12-29)	_____	_____

Rent and Royalty Income and Expense

Property name: _____

Depreciation and Amortization

Enter all property and equipment used in your rental activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
						1
						2
						3
						4
						5
						6
						7
						8
Total (Lines 1-8) _____						T

**For assets placed in service prior to 1/1/2009, please provide
a schedule of accumulated depreciation on a per asset basis.**

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

	9
	10
	11
	12

Organizer | Income | Rent and Royalty | *Property Name* | Depreciation and Amortization | Asset Detail

Notes:

Office-in-Home

Activity name: _____

Property Type Code A = Form 2106, C = Schedule C, F = Farm (Sch. F/Form 4835), R = Rent/Royalty _____
Ownership Indicate: T = Taxpayer, S = Spouse, J = Joint _____
Activity Information Kind of property _____ Location of property _____
Business Use Indicate: Total area _____ Area used exclusively for business _____
Day-Care Facilities Not Used Exclusively for Business Indicate the total hours: Used for day-care during the year _____ Available for use during the year _____

Organizer | Income | Business Income | Business Name | Office-in-Home

Note: For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

	2009 amount	PY amount
Income related to this office-in home (Type: Wages, Sch. C, etc.)	_____	_____
Please attach an explanation if expenses include amounts incurred when the property was rented.	2009	2009
	*Direct amount	*Indirect amount
Mortgage interest paid to financial institutions	_____	_____
<i>(Attach detail - Do not duplicate elsewhere)</i>		PY amounts
Real estate taxes	_____	_____
Casualty loss after insurance reimbursement	_____	_____
Advertising	_____	_____
Auto and travel	_____	_____
Cleaning and maintenance	_____	_____
Commissions	_____	_____
Insurance	_____	_____
Legal and other professional fees	_____	_____
Management fees	_____	_____
Repairs and maintenance	_____	_____
Rent	_____	_____
Supplies	_____	_____
Utilities	_____	_____
Excess mortgage interest (no entry required)	_____	_____
Other expense	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total expenses (Lines 7-27)	_____	_____

***Direct expenses** benefit only the business part of your home. **Indirect expenses** benefit both the business and personal parts of your home.

Organizer | Income | Business Income | Business Name | Office-in-Home | OIH-Inc and Exp

Note: For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

Vacation Home and Other Rental Properties with Personal and Business Use

Ownership	
Indicate: T = Taxpayer, S = Spouse, J = Joint	1
Activity Information	
Kind of property (Mandatory) (House, Timeshare, etc.) _____	2
Location of Property (Including Country)	3
Activity Type	
Indicate V if vacation home or P if other personal/business property	4
Personal/Business Property	
Indicate: Total area _____ Area used exclusively for business	5
Vacation Home	
Indicate the total number of days in 2009: Rented at fair market value _____ Occupied by you or a relative _____	6
If property is a timeshare, indicate total number of days available	7
Passive Activity - Vacation Home or Other Personal/Business Property Information	
Indicate X if you actively participated in the operation of the activity during 2009*	8
Indicate X if you disposed of the property in 2009	9
<small>*Note: Active participation is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.</small>	

Organizer | Income | Vacation Home/Other Rental | Property Name | Vacation/Other Rental Information | Activity Information

Rental Income	2009 amount	PY amount
Income		

Rental Expenses	2009	2009	PY amounts
<small>Please attach an explanation if expenses include amounts incurred when the property was rented.</small>	<small>*Direct amount</small>	<small>*Indirect amount</small>	
Mortgage interest paid to financial institutions			
<i>(Attach detail - Do not duplicate elsewhere)</i>			
Real estate taxes			
Casualty loss after insurance reimbursement			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance			
Legal and other professional fees			
Management fees			
Repairs			
Supplies			
Utilities			
Other expense			

Total expenses (Lines 11-29)			

***Direct expenses** benefit only the business part of your home. **Indirect expenses** benefit both the business and personal parts of your home.

Organizer | Income | Vacation Home/Other Rental | Property Name | Vacation/Other Rental Information | Vacation Home-Inc and Exp

Office-in-Home, Vacation Home and Other Rental Properties with Personal and Business Use

Property name: _____

Depreciation and Amortization

Enter all property and equipment used in your home office, vacation home, or any other rental/personal business property. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

For assets placed in service prior to 1/1/2009, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Vacation Home/Other Rental | *Property Name* | Depreciation and Amortization | Asset Detail _____

Note: If these are Office-in-Home assets tied to another entity, follow the navigation cues for that entity.

Notes:

Farm Income and Expense

Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____

Activity Information

Farm name (**Mandatory**) _____
 Principal product _____
 Employer identification number _____
 Tax shelter registration number _____
 Tax shelter ID number _____

Accounting Method

Indicate method of accounting: Blank = Cash, **A** = Accrual, **B** = To leave question unanswered _____

Activity Type

Indicate **A** = Material participation*, **B** = Other passive, **D** = Rental real estate
G = Nonpassive tax shelter, **H** = Passive non-tax shelter _____
Note: Material participation consists of involvement in the activity on a regular, continuous, and substantial basis.

Miscellaneous Information

Indicate **X** if a farm rental _____
 Indicate **X** if you disposed of the business in 2009 _____

	2009 amount	PY amount
Self-employed health insurance premium payments you made during 2009 _____		

Organizer | Income | Farm Income | Farm Name | Farm Information | Sch F Information

Farm Income - Cash Method

	2009 amount	PY amount
Sale of livestock and other items bought for resale _____		
Cost or other basis of livestock and other items bought for resale _____		
Custom hire (machine work) income _____		
Sale of livestock, produce, grains, and other products you raised _____		
Cooperative distributions: Total _____		
Taxable amount _____		
Agricultural program payments: Total _____		
Taxable amount _____		
Commodity Credit Corporation (CCC) loans reported under election _____		
CCC loans forfeited or repaid with certificates: Total _____		
Taxable amount _____		
Crop insurance proceeds and disaster payments:		
Amount received in 2009 _____		
Taxable amount _____		
Deferred from 2008 _____		
Other income		

Total income (Lines 12 - 28)		

Organizer | Income | Farm Income | Farm Name | Farm Information | Income and Expenses

Farm Income and Expense

Farm name: _____

Farm Expenses - Cash and Accrual

	2009 amount	PY amount	
Car and truck expenses	_____	_____	29
Chemicals	_____	_____	30
Conservation expenses (include prior year carryover)	_____	_____	31
Custom hire (machine work)	_____	_____	32
Employee benefit programs (other than pensions and profit-sharing plans)	_____	_____	33
Feed purchased	_____	_____	34
Fertilizers and lime	_____	_____	35
Freight and trucking	_____	_____	36
Gasoline, fuel and oil	_____	_____	37
Insurance (other than health insurance)	_____	_____	38
Interest - mortgage (paid to banks, etc.) <small>(If an amount is entered, please attach detail.)</small>	_____	_____	39
Interest - other	_____	_____	40
Labor hired	_____	_____	41
Pension and profit-sharing plans	_____	_____	42
Rent or lease - vehicle, machinery and equipment	_____	_____	43
Rent or lease - other (land, animals, etc.)	_____	_____	44
Repairs and maintenance	_____	_____	45
Seeds and plants purchased	_____	_____	46
Storage and warehousing	_____	_____	47
Supplies purchased	_____	_____	48
Taxes	_____	_____	49
Preproductive period expense	_____	_____	50
Utilities	_____	_____	51
Veterinary, breeding, and medicine fees	_____	_____	52
Other expenses		_____	53
_____		_____	54
_____		_____	55
_____		_____	56
_____		_____	57
_____		_____	58
_____		_____	59
_____		_____	60
_____		_____	61
_____		_____	62
_____		_____	63
Total expenses (Lines 29 - 63) _____			T

Organizer | Income | Farm Income | Farm Name | Farm Information | Income and Expenses

Domestic Production Deduction - Sec.199

The primary source of your revenue in this business is in one of the following activities:

- 1) Disposition of property manufactured, produced, grown or extracted in the U.S. 64
- 2) Construction of real property in the U.S. 65
- 3) Engineering and architectural services performed in the U.S. with respect to real property. . . . 66

Farm Income and Expense

Farm name: _____

Depreciation and Amortization

Enter all property and equipment, including livestock used in your farming activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

**For assets placed in service prior to 1/1/2009, please provide
a schedule of accumulated depreciation on a per asset basis.**

If you had any amortization expenses (organizational costs, loan fees, etc.), for this farm, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Farm Income | Farm Name | Depreciation and Amortization | Asset Detail

Notes:

Farm Income Averaging

2008 Information		
Filing Status:		
Single	<input type="checkbox"/> Qualified widow(er) <input type="checkbox"/> Married filing separately <input type="checkbox"/>	1
Married filing joint <input type="checkbox"/>	Head of household <input type="checkbox"/>	2
Enter Amount From:		
Form 1040, Line 9b	_____	3
Form 1040, Line 43	_____	4
Form 1040, Line 44 (do not include any amount from Form 4972 or 8814)	_____	5
Schedule D, Line 15	_____	6
Schedule D, Line 16	_____	7
Schedule D, Line 18	_____	8
Schedule D, Line 19 (unrecaptured section 1250 gain)	_____	9
Form 4952, Line 4e	_____	10
Form 4952, Line 4g	_____	11
2007 Information		
Filing Status:		
Single	<input type="checkbox"/> Qualified widow(er) <input type="checkbox"/> Married filing separately <input type="checkbox"/>	12
Married filing joint <input type="checkbox"/>	Head of household <input type="checkbox"/>	13
Enter Amount From:		
Form 1040, Line 9b	_____	14
Form 1040, Line 43	_____	15
Form 1040, Line 44 (do not include any amount from Form 4972 or 8814)	_____	16
Schedule D, Line 15	_____	17
Schedule D, Line 16	_____	18
Schedule D, Line 18	_____	19
Schedule D, Line 19 (unrecaptured section 1250 gain)	_____	20
Form 4952, Line 4e	_____	21
Form 4952, Line 4g	_____	22
2006 Information		
Filing Status:		
Single	<input type="checkbox"/> Qualified widow(er) <input type="checkbox"/> Married filing separately <input type="checkbox"/>	23
Married filing joint <input type="checkbox"/>	Head of household <input type="checkbox"/>	24
Enter Amount From:		
Form 1040, Line 9b	_____	25
Form 1040, Line 43	_____	26
Form 1040, Line 44 (do not include any amount from Form 4972 or 8814)	_____	27
Schedule D, Line 15	_____	28
Schedule D, Line 16	_____	29
Schedule D, Line 18	_____	30
Schedule D, Line 19 (unrecaptured section 1250 gain)	_____	31
Form 4952, Line 4e	_____	32
Form 4952, Line 4g	_____	33
Organizer Income Farm Income Sch. J - Farm Income Averaging Schedule J Information		

If amounts are not preprinted above, provide preparer with a copy of the three previous tax returns.

Miscellaneous Income

Social Security/RRTA Payments

Refer to Box 5 on SSA 1099

	2009 amount	PY amount	
Social Security and RRTA payments received - Taxpayer <small>(Enter gross amount before medicare deductions.) (enter related withholding on the Employee compensation & withholding)</small>			1
Social Security and RRTA payments received - Spouse <small>(Enter gross amount before medicare deductions.)</small>			2

Organizer | Income | Miscellaneous Income | Social Security/RRTA Payments

Miscellaneous Income

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

* List states or localities on Continuation sheet.

	2009 amount	PY amount	
State income tax refunds received in 2009 (total for all states)*			3
Local income tax refunds received in 2009 (total for all localities)*			4
Alimony income or legal separation payments received			5
Unemployment insurance compensation			6
Insurance reimbursements for prior-year medical expenses			7
Total miscellaneous income (Lines 3 - 7)			T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Other Miscellaneous Income

List below other miscellaneous income including director's fees, jury duty fees, trustee's fees, executor's fees, gambling winnings, barter income, etc. Please enter any taxes withheld related to other miscellaneous income in the **Other Wage Information** section of the **Employee Compensation & Withholding** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Preparer Use Only: A or Blank = Subject to S/E Tax, **B** = Not subject to S/E Tax

	2009 amount	Amount taxable in state	PY amount	
Description				8
				9
				10
Total other miscellaneous income (Lines 8 - 10)				T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Qualified Education Program/Distributions (1099-Q) and Coverdell ESA Contributions

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2009 amount	PY amount	
Box 1 - Gross distribution			11
Box 2 - Earnings			12
Box 3 - Basis			13
Box 5 - Enter X if a private 529 program			14
Box 5 - Enter X if a state 529 program			15
Box 5 - Enter X if a Coverdell ESA			16
Amount contributed to this Coverdell ESA in 2009			17
Basis in this Coverdell ESA for 2008 and prior years			18
	Taxpayer	Spouse	
Adjusted qualified higher education expense paid for with qualified education program payments			19
Adjusted qualified higher education expense paid for with Coverdell ESA distributions			20

Organizer | Income | Miscellaneous Income | Qualified Education Program Payments

Capital Gains and Losses

Complete the following for each sale of stock, bonds; including municipals, mutual funds, or similar securities. Indicate the amount of any transfer taxes paid after the description. The amounts shown on this form must reconcile to Form 1099-B.

- If any sales were transacted outside the U.S., provide the following details on a continuation sheet:
 - (a) the name of the country where the sale took place and
 - (b) information regarding any tax imposed on the sale by that country.
- If you had an installment sale in 2009, provide that information on a continuation sheet. For installment sales prior to 2009, use the **Installment Sales** form.
- If you had a like-kind transaction (section 1031) during 2009, please provide details below and additional details on a continuation sheet.
- **Dispositions of depreciable business assets should be shown on Business, Farm or Rental income forms or on a continuation sheet.**
- **Include cost basis statements for capital gain transactions, if not included in broker's statements referenced in the note below.**

Please enclose all broker's statements (i.e. Form(s) 1099-B or equivalent statement such as broker's confirmation statement) for purchases and sales of stock.

Sales of Stocks, Bonds, etc.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Number of shares and company name	Date acquired MM/DD/YYYY	Date sold or date worthless* MM/DD/YYYY	Sales proceeds net of selling expense	Cost or other basis	Prep. Use Only	
					LT	ST
						1
						2
						3
						4
						5
						6
						7
						8
						9
						10
						11
						12
						13
						14
						15
						16
						17
						18
						19
						20
						21
						22
						23
						24
Total (Lines 1 - 24)						T
			Net Gain/Loss			GT

Indicate **X** if you owned any securities which became worthless during 2009 25

*(Also provide on a continuation sheet how it was determined to be worthless.)

Indicate **X** if you re-purchased securities within 30 days of the sale of any securities from the same company or fund. 26

If so, provide details on Continuation sheet.

Indicate **X** if you engaged in any collar transactions during 2009. If so, provide details on Continuation sheet. 27

Installment Sales

General Information

Note: Installment Sale is defined as receiving periodic payments of principal and interest as a result of the sale. If this is the year of the sale, please attach supporting documents such as sales contract and record of purchase. If documents are not available, describe terms of the sale on a continuation sheet.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1
Description and location of property sold: _____

_____ 2
Date acquired (mm/dd/yyyy) _____ 3
Date sold (mm/dd/yyyy) _____ 4

Computation of Gain

	Amount
Gross sales price	_____ 5
If this mortgage was assumed or the property was purchased subject to a mortgage enter the amount of mortgage assumed.	_____ 6
Original cost	_____ 7
Improvements added	_____ 8
Commissions and expenses of sale	_____ 9
Depreciation taken to date.	_____ 10

Collections

Indicate the total amount of principal collected in 2009 (Principal only,
do not list interest income here. Include on **Interest Income** form.) _____ 11
If property was sold in a prior year, indicate total collections in prior years. (Do not
include current-year collections.) _____ 12

Additional Information

Indicate **X** if:
Investment property _____ 13
Installment sale is a sale of residence _____ 14

Related Party Information

If this sale was to a relative, enter name, address and ID number of relative below:
Name _____ 15
Address _____ 16
Indicate **X** if related party disposed of the property in the current year. _____ 17
Indicate **X** if the property was a marketable security. _____ 18

Adjustments to Income

Individual Retirement Arrangement (IRA)

For IRA's, contributions **must** be made on or before April 15, 2010, even if the due date of the return is extended beyond that date.

	Taxpayer	PY Amount	Spouse	PY Amount	
Amount contributed to your IRA(s)					
Regular IRA* or SEP IRA*	_____	_____	_____	_____	1
Roth IRA**	_____	_____	_____	_____	2
Conversion from Regular to Roth IRA	_____		_____		3
Nondeductible Contributions for 2009	_____		_____		4
* Do not include amounts withdrawn for 2009 or rolled over before 1/1/2010					
**Do not include amounts converted from regular IRA's					
Indicate X if you were eligible to participate in a qualified employee maintained retirement plan			Taxpayer	Spouse	
			_____	_____	5
Indicate X if you want maximum IRA contribution calculated			_____	_____	6
Nondeductible contributions for 2009 made during 1/1/2010 - 4/15/2010 (also include in total nondeductible contributions for 2009 above)					
(Enter "IRA Management Fees" on the Miscellaneous Deductions form.)	_____		_____	_____	7

Organizer | Adjustments to Income | IRA | IRA Contributions

Value of all IRA(s) as of 12/31/2009

Providing IRA values here is only necessary if **either** of the following applies.

- You made nondeductible contributions to your IRA for 2009, or
- You received IRA distributions in 2009 and you have at any time made nondeductible contributions to any of your IRA(s).

	Taxpayer	Spouse	
Name of Trustee	Value on 12/31/2009		
_____	_____	_____	8
_____	_____	_____	9
_____	_____	_____	10
Fair Market Value of all IRA's at 12/31/2009 (override)	_____	_____	11
Total IRA basis for 2008 and prior years	_____	_____	12

Organizer | Adjustments to Income | IRA | IRA Values

Self-Employed Retirement Plan (Qualified Plan and SEP)

	Taxpayer	PY Amount	Spouse	PY Amount	
Amount contributed:					
By your employer to SEP (if self-employed or a partner)	_____	_____	_____	_____	13
To a Qualified plan	_____	_____	_____	_____	14
			Taxpayer	Spouse	
Indicate X if you want maximum SEP contribution calculated			_____	_____	15
Indicate X if you want maximum Qualified Plan contribution calculated			_____	_____	16

Organizer | Adjustments to Income | Qualified Plan, SEP, and Simple Deductions

Alimony, Penalty on Early Withdrawal of Savings and Other Adjustments

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2009 Amount	PY Amount	
Amount of penalty on early withdrawal of savings	_____	_____	17
Alimony or legal separation payments made	_____	_____	18
Recipient's social security number	_____		19
Amount of qualified student loan interest paid	_____	_____	20
Supplemental unemployment benefits repaid	_____	_____	21
Other adjustments to income	_____	_____	22
Educator expenses	_____	_____	23

Organizer | Adjustments to Income | Other Adjustments to Income

Payments of 2009 Federal, State & City Estimated Tax

Federal Payments of Estimated Tax

Include prior year overpayment credited to estimated tax (Form 1040-ES) from 2008. Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer. (Expatriate returns - Do not include hypothetical tax reductions.)

Note: Enter the amounts that were actually paid and the date of payment for each installment.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
2008 overpayment applied to 2009 estimate	_____	_____	_____	1
1st installment (due 4/15/2009)	_____	_____	_____	2
2nd installment (due 6/15/2009)	_____	_____	_____	3
3rd installment (due 9/15/2009)	_____	_____	_____	4
4th installment (due 1/15/2010)	_____	_____	_____	5
Total federal estimated tax paid	_____	_____	_____	T

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

State and City Payments of Estimated Tax

Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
State/City name _____				6
2008 estimated tax paid in 2009	_____	_____	_____	7
2008 extension amount paid in 2009	_____	_____	_____	8
2008 balance due paid in 2009	_____	_____	_____	9
2008 overpayment applied to 2009 estimate	_____	_____	_____	10
1st installment (due 4/15/2009)	_____	_____	_____	11
2nd installment (due 6/15/2009)	_____	_____	_____	12
3rd installment (due 9/15/2009)	_____	_____	_____	13
4th installment (due 1/15/2010)	_____	_____	_____	14
Total state/city estimated tax paid	_____	_____	_____	15

State/City name _____				16
2008 estimated tax paid in 2009	_____	_____	_____	17
2008 extension amount paid in 2009	_____	_____	_____	18
2008 balance due paid in 2009	_____	_____	_____	19
2008 overpayment applied to 2009 estimate	_____	_____	_____	20
1st installment (due 4/15/2009)	_____	_____	_____	21
2nd installment (due 6/15/2009)	_____	_____	_____	22
3rd installment (due 9/15/2009)	_____	_____	_____	23
4th installment (due 1/15/2010)	_____	_____	_____	24
Total state/city estimated tax paid	_____	_____	_____	25

State/City name _____				26
2008 estimated tax paid in 2009	_____	_____	_____	27
2008 extension amount paid in 2009	_____	_____	_____	28
2008 balance due paid in 2009	_____	_____	_____	29
2008 overpayment applied to 2009 estimate	_____	_____	_____	30
1st installment (due 4/15/2009)	_____	_____	_____	31
2nd installment (due 6/15/2009)	_____	_____	_____	32
3rd installment (due 9/15/2009)	_____	_____	_____	33
4th installment (due 1/15/2010)	_____	_____	_____	34
Total state/city estimated tax paid	_____	_____	_____	35

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

Medical Expenses and Taxes

Medical Expenses

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

NOTE: Medical expenses are only deductible if over 7.5% of AGI.

Medical and dental expenses (including health insurance, Medicare Part B premiums, prescriptions, glasses, hearing aids, Stop Smoking Program, special school tuition for autism and other disabilities, etc.)

	2009 amount	PY amount	
_____	_____		1
_____	_____		2
_____	_____		3
_____	_____		4
_____	_____		5
_____	_____		6
_____	_____		7
_____	_____		8
_____	_____		9
_____	_____		10
_____	_____		11
_____	_____		12
_____	_____		13
_____	_____		14
_____	_____		15
Insurance reimbursements for 2009 medical expenses - (not necessary if amounts listed above are net of any reimbursements) (_____)	(_____)		16
Taxpayer long term care insurance	_____		17
Spouse long term care insurance	_____		18

Vehicle Expenses

Standard medical miles	_____		19
Actual gas/oil, expenses incurred	_____		20
Parking fees/tolls	_____		21
Total (Lines 1 - 18, 20 & 21) _____			T

Organizer | Itemized Deductions | Medical and Dental Expenses

Deductible Taxes

Real estate taxes - (Exclude taxes reported on **Rent and Royalty Income, Vacation Home, Office-in-Home, or Form 1098.**) **NOTE:** A portion of real estate taxes may be deductible even if you do not itemize.

	2009 amount	PY amount	
_____	_____		22
_____	_____		23
_____	_____		24
_____	_____		25
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____		26
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____		27
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____		28
State unemployment and disability taxes	_____		29
Other state income taxes paid in 2009 (including amounts paid for prior year)	_____		30
Other city income taxes paid in 2009 (including amounts paid for prior year)	_____		31
Other deductible taxes	_____		32
_____	_____		33
_____	_____		34
_____	_____		35
Total (Lines 22 - 35) _____			T

Organizer | Itemized Deductions | Taxes and Interest | Taxes - Other

State/local sales or excise taxes for purchase of new motor vehicle(s) after February 16, 2009 . . . _____

Include copy(ies) of purchase invoice for each vehicle referenced above.

Interest Expense

Home Mortgage Interest Expense (include Prepayment Penalties and Late Fees)

(Enclose mortgage statement/settlement sheet if home was purchased, refinanced, or sold in 2009. Do not include interest paid shown on the Rental and Royalty Income and Expense organizer or the **Vacation Home** organizer or the **Office-in-Home** organizer.)

Form 1098 - Mortgage Interest and Taxes

	2009 amount	PY amount
Mortgage interest received from payer(s)/borrower(s) (Box 1)		
Points paid on purchase of principal residence (Box 2)		
Refund of overpaid interest (Box 3)		
Qualified Mortgage Insurance Premiums (Box 4)		
Real estate taxes paid or other amount shown		

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

Form 1098 - Mortgage Interest and Taxes

(Enter any additional Form 1098 information on the continuation sheet)

Mortgage interest received from payer(s)/borrower(s) (Box 1)	
Points paid on purchase of principal residence (Box 2)	
Refund of overpaid interest (Box 3)	
Qualified Mortgage Insurance Premiums (Box 4)	
Real estate taxes paid or other amount shown	

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

Mortgage Interest Paid To an Individual

Name _____	SSN _____
Address _____	

Organizer | Itemized Deductions | Taxes and Interest | Interest - Paid to Individual

Other Mortgage Interest Not Reported on Form 1098

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2009 amount	PY amount

Total (Lines 13 - 15)		

Organizer | Itemized Deductions | Taxes and Interest | Interest - Other

Points Not Reported on Form 1098

	Start date of loan	Life of loan in years	2009 amount	PY amount
<input checked="" type="checkbox"/> X if loan is a refinancing	_____	_____		

Organizer | Itemized Deductions | Taxes and Interest | Interest - Points Paid No 1098

Investment Interest Expense

Include margin loan interest paid to purchase securities

	2009 amount	PY amount

Total (Lines 17 - 19)		

Organizer | Itemized Deductions | Taxes and Interest | Investment Interest Expense

Mortgage Proceeds Not Used to Buy, Build, or Improve Your Home

Lender _____	Amount _____
Lender _____	Amount _____

Home Acquisition Indebtedness on Primary and Secondary Homes in Excess of \$1 Million and/or Home Equity Indebtedness in Excess of \$100,000 (\$500,000 and \$50,000 if filing separately)

Lender	Beginning/Opening Balance	Ending/Closing Balance
_____	_____	_____
_____	_____	_____

Charitable Contributions & Misc. Itemized Deductions

Contributions

Cash Contributions

List only contributions to United States or Canadian organized charities. Include payroll deduction amounts for 2009. Keep written receipts from donee organization, canceled checks or payroll pledge card to substantiate contributions. Each contribution of \$250 or more requires written acknowledgment of the contribution from the charitable organization - cancelled checks are not considered adequate substantiation for this purpose. Do not include political contributions. Reduce any contribution made by the value of any benefit received; i.e. meals, merchandise.

Name of organization:	prep. use only 20% 30% 50%	2009 Amounts	PY amount	
_____				1
_____				2
_____				3
_____				4
_____				5
_____				6
_____				7
_____				8
_____				9
_____				10
_____				11
_____				12
_____				13
_____				14
_____				15
Total (Lines 1 - 15)				T

Volunteer Expenses

Standard charitable miles				16
Actual gas/oil, expenses incurred				17
Parking fees/tolls				18

Organizer | Itemized Deductions | Contributions | Contributions - CY and Carryovers

Miscellaneous Taxable Deductions Subject to 2% Floor

(Expenses related to investment income, investment counsel or advisory fees, appraisal fees paid to determine the amount of casualty loss or a charitable contribution of property, costs associated with looking for a new job in your same occupation, dues to labor unions, business publications, repayment of prior year compensation to employer, etc.)

		2009 amount	PY amount	
_____				19
_____				20
_____				21
_____				22
_____				23
Tax return preparation fees				24
Total (Lines 19 - 24)				T

Organizer | Itemized Deductions | Miscellaneous

Miscellaneous Deductions Not Subject to 2% Floor

(estate tax deduction, amortization of bond premium, etc.)

		2009 amount	PY amount	
_____				25
_____				26
_____				27
_____				28
_____				29
Gambling losses (not to exceed gambling winnings)				30
Total (Lines 25 - 30)				T

Organizer | Itemized Deductions | Miscellaneous

Noncash Charitable Contributions

Noncash Contributions

Enter noncash contributions here **if your total of all noncash contributions is \$500 or less**

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

prep. use only
20% 50%
30% 100%

▼ Description of property contributed and organization name:

2009 amount

1
2
3
4
5

Enter noncash contributions here **if your total of all noncash contributions is greater than \$500**

Note: An appraisal may be required for contributions over \$5000. Include out-of-pocket expenses.

If you donated a vehicle, boat or airplane during 2009, please provide Form 1098-C, the written acknowledgement you received from the charity.

Note: Clothing and household goods will be deductible only if in good to excellent condition when donated.

Ownership

Taxpayer Spouse Joint/Single

	Name and Address of Donee	Description of Donated Property
A.	_____	_____

B.	_____	_____

C.	_____	_____

D.	_____	_____

E.	_____	_____

6
7
8
9
10
11

	Contribution Date	Date Acquired	How Acquired	Cost or Basis	Fair Market Value	Method Used to Determine FMV
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____	_____

12
13
14
15
16

Business Expense Schedule and Form 2106 - Vehicle Expenses

Activity name: _____

Vehicle Exp Question

Note: Please attach copies of documentation of business use (mileage logs, business purpose of trip, receipts for repairs and maintenance, etc.) The first 4 lines apply to all vehicles in this activity.

Indicate **N** for no, **Y** for yes, or **B** to leave question blank:

Do you have evidence to support your deduction? _____ 25

Is the evidence written? _____ 26

Questions for Vehicle used by Employees

Do you (or your spouse) have another vehicle available for personal use? _____ 27

Was an employer-provided vehicle available for personal use during off-duty hours? _____ 28

Vehicle number (1, 2, 3, 4, 5, or 6) _____ 29

Vehicle description _____ 30

Questions for Vehicles used by a "Self-Employed" Person

Was the vehicle available for personal use during off-duty hours? _____ 31

Was the vehicle used primarily by more than a 5% owner or related person? _____ 32

Was another vehicle available for personal use? _____ 33

Vehicle Mileage

We will determine whether actual expenses or those based on miles driven are better.	2009 amount	PY amount	
Total miles driven:	_____		34
Total business miles driven:	_____		35
or percentage of total miles applicable to business (50% = 50.)	_____		36
Average daily round trip commuting distance	_____		37
Total commuting miles driven during the year	_____		38
Date acquired (MO/DA/YYYY)	_____		39

Vehicle Expenses

(Include both business & personal amounts) Note: We will automatically prorate car expenses between business and personal use based on the miles driven.	2009 amount	PY amount	
Gasoline, oil, repairs, insurance, etc.	_____		40
State and local taxes (not sales tax) -Do not duplicate	_____		41
Interest (Paid to acquire the car)	_____		42
Vehicle rentals	_____		43
Inclusion amount	_____		44
Value of employer-provided vehicle	_____		45

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Vehicle Exp. Info

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

Miscellaneous vehicle expenses

	2009 amount	
_____	_____	46
_____	_____	47
_____	_____	48
_____	_____	49
_____	_____	50
_____	_____	51
_____	_____	52
_____	_____	53
_____	_____	54
_____	_____	55
Total (Lines 46-55)	_____	T

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Columnar Vehicle Expense Entry

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

Business Expense Schedule and Form 2106 - Depreciation

Activity name: _____

Depreciation and Amortization _____

Enter all property, including automobiles, and equipment used in your business or occupation, that is related to your "out-of-pocket" expenses for this activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total (Lines 1-8) _____					T

For assets placed in service prior to 1/1/2009, please provide a schedule of accumulated depreciation on a per asset basis.

Indicate X if you purchased a vehicle in 2009 which is powered by an electric motor or alternative means _____

If you had any amortization expenses (organizational costs, loan fees, etc.), for this activity, provide details (description, date purchased, cost, life, etc.) below:

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Depreciation and Amortization | Asset Detail _____

Note: If these are Business Expense Schedule assets tied to another entity, follow the navigation cues for that entity.

Notes:

Household Employment Taxes

General Information

Indicate: **T** = Taxpayer, **S** = Spouse

Employer ID number

Social Security, Medicare, and Income Taxes

Indicate **X** if:

You paid **any one** household employee wages of \$1,700 or more in 2009

You withheld Federal income tax during 2009 at the request of any household employee

You paid **total** wages of \$1,000 or more in **any** calendar **quarter** of 2008 or 2009 to household employees

You have filed Form W-2 for each of the employees you paid wages in 2009. **Attach copy.**

Name of household employee	Wages subject to				
	Social security taxes	Medicare taxes	FUTA tax	Federal income tax withheld	Advance EIC payments

Federal Unemployment (FUTA) Tax

Indicate **X** if:

You paid unemployment contributions to only one state

You paid all state unemployment contributions for 2009 by April 15, 2010

All wages that are taxable for FUTA tax were also taxable for state's unemployment tax

Complete this section for each state where you have paid unemployment contributions:

Name of state where you paid unemployment contributions

State reporting number as shown on state unemployment tax return

Contributions you paid to state unemployment fund for 2009

State experience rate period From: To:

State experience rate

Child and Dependent Care Expenses

Note: Enter the qualified expenses incurred and paid for each dependent on the *Dependent Information Page*

Miscellaneous

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1

Indicate **X** if:

Taxpayer meets all the requirements to be treated as unmarried even though the filing status is MFS _____ 2

Taxpayer received employer provided dependent care benefits and is not claiming the credit _____ 3

Qualified expenses incurred for care allocated towards spouse's dependent care benefit withholdings _____ 4

Indicate the employer provided dependent care benefits forfeited in 2009-Taxpayer _____ 5

Indicate the employer provided dependent care benefits forfeited in 2009-Spouse _____ 6

Organizer | Credits | Child and Dependent Care Credit | Credit Information

Persons or Organizations Who Provided The Care

Name _____ 7

Street Address _____ 8

City, State and Zip Code _____ 9

I.D. Number (SSN or EIN) (Mandatory) _____ 10

Amount Paid _____ 11

Phone Number (CA only) _____ 12

Name _____ 13

Street Address _____ 14

City, State and Zip Code _____ 15

I.D. Number (SSN or EIN) (Mandatory) _____ 16

Amount Paid _____ 17

Phone Number (CA only) _____ 18

Name _____ 19

Street Address _____ 20

City, State and Zip Code _____ 21

I.D. Number (SSN or EIN) (Mandatory) _____ 22

Amount Paid _____ 23

Phone Number (CA only) _____ 24

Organizer | Credits | Child and Dependent Care Credit | Care Providers

Spouse Who Was a Full-Time Student or Disabled

If you are married and you or your spouse were disabled, indicate **T** for Taxpayer or **S** for Spouse . . _____ 25

If so, indicate the number of months you or your spouse was disabled _____ 26

If you are married and you or your spouse was a full-time student, indicate either **T** for Taxpayer or **S** for Spouse _____ 27

If so, indicate the number of months for which you or your spouse was a full-time student _____ 28

Indicate the monthly income of the spouse who was a full-time student. Enter "**NONE**" if there is no earned income in a month for which the taxpayer was a full-time student.

January	February	March	April	May	June
_____	_____	_____	_____	_____	_____
July	August	September	October	November	December
_____	_____	_____	_____	_____	_____

Organizer | Credits | Child and Dependent Care Credit | Disabled or student

Credits - Elderly & Disabled/Education

Credit For The Elderly And Disabled

General Information

Indicate: **A** = Taxpayer, **B** = Spouse, **C** = Both

You are retired and permanently and totally disabled _____ 1

A physician's statement was filed in a prior year _____ 2

Taxpayer

Date of disability retirement if subsequent to 1/1/1977 (MO/DA/YYYY) _____ 3

Name of Physician _____ 4

Address of Physician _____ 5

Spouse

Date of disability retirement if subsequent to 1/1/1977 (MO/DA/YYYY) _____ 6

Name of Physician _____ 7

Address of Physician _____ 8

Organizer | Credits | Elderly or the Disabled Credit

Education Credits - Hope/American/Lifetime

Please include copies of Form 1098T

Hope Credit Qualifications (all five must be met)

1. As of the beginning of 2009, the student had not completed the first 2 years of post-secondary education.
2. The Hope credit was **not** claimed for that student's expenses in more than one prior tax year.
3. The student was enrolled in 2009 in a program that leads to a degree, certificate, or other recognized educational credential.
4. The student was taking at least one-half the normal full-time workload for his or her course of study for at least one academic period beginning in 2009.
5. The student has not been convicted of a felony for possessing or distributing a controlled substance.

American Opportunity Credit Qualifications

1. Items #3 through #5 noted in the Hope Qualifications above apply
2. As of the beginning of 2009, the student had not completed the first 4 years of post-secondary education.

Taxpayer _____

Spouse _____

Dependents

First Name	Last Name	SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Lifetime Credit Qualifications (these qualifications are less strict than those for the Hope Credit)

Applies:

1. For all years of post-high school education and for courses to acquire or improve job skills
2. For an unlimited number of years
3. To students who may not be pursuing a degree, certificate or credential
4. For one or more courses
5. Even if student has had a felony drug conviction

Enter H if qualified for Hope Credit, A if qualified for American Opportunity Credit, or L if qualified For Lifetime Credit	Enter "X" if attending school in Midwestern disaster	Qualified Education Expenses*
_____	_____	_____
_____	_____	_____

9

10

11

12

13

14

15

* Qualified expenses are amounts paid for tuition, fees, books, supplies and equipment required for the students' enrollment or attendance at an eligible educational institution. (do not include expenses for room and board or books)

NOTES: You cannot take the Hope Credit and Lifetime Learning Credit for the same student in the same year. Also, income limits apply to these credits.

Organizer | Credits | Education Credits

Credits - Residential Energy/Alternative Motor Vehicle

Residential Energy Credits

Lifetime Credit

Amounts listed must be:

- 1) paid or incurred during 2009
- 2) for qualified energy improvements installed on new property
- 3) for a dwelling unit located in the U.S. AND
- 4) for property that is your principal residence

Amount

Enter total cost of materials for energy efficiency improvements including: insulation, exterior doors, and coated metal roofs that reduce heat gain _____ 1

Enter total cost of exterior energy efficient windows (including skylights) (Do not duplicate amount above) _____ 2

Enter total cost of energy efficiency improvements including:

- heat pumps, central air conditioners, and water heaters _____ 3
- qualified natural gas, propane or oil furnace or hot water boiler OR _____ 4
- advanced main air circulating fan _____ 5

Residential Energy Efficiency Property Credit

Available for any dwelling unit used as a residence, including a seasonal or vacation home.

Enter total cost of energy efficiency improvements including:

- qualified photovoltaic systems (using solar energy to generate electricity) . . _____ 6
- solar water heating systems _____ 7
- qualified fuel cells* (list expenditures for your main home only). _____ 8

Alternative Motor Vehicle Credit - Includes the following 4 vehicle types that are new vehicles, and used predominantly in the U.S.

Vehicle Type	Vehicle 1		Vehicle 2	
	Year, Make & Model	Date Placed in Service	Year, Make & Model	Date Placed in Service
Qualified fuel cell	_____	_____	_____	_____
Advanced lean- burn technology*	_____	_____	_____	_____
Qualified hybrid*	_____	_____	_____	_____
Qualified alternative fuel (including mixed fuel vehicles)	_____	_____	_____	_____

***Note:** Please include copy of manufacturer certification of eligible expenditures.

