

## Miscellaneous Information

Name:

SSN:

Yes No

### General Information

- | Yes                      | No                       | Question  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were there any changes to your filing status or number of dependents during 2009?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Can you or your spouse be claimed as a dependent by someone else?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur any childcare expenses?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you have a change in residence or job location during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you move during 2009? From where? _____ Date of move _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you reside in more than one state during 2009? If yes, which states? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Would you like a copy of your tax return sent to you via email?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you receive an Economic Recovery Payment in 2009 from social security benefits, supplemental security income, or pension benefits? |

Yes No

### Income Information

- | Yes                      | No                       | Question  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you received all W-2s from all employers? How many W-2s are attached? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you use your vehicle on the job other than for commuting to work?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you work out of town at any time during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Did you have any income from, or pay taxes to, a foreign country?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Did you engage in any bartering transactions during 2009?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Did you surrender any U.S. Savings Bonds during 2009?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Did you receive any state or local income tax refunds from prior years?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you or your spouse have any IRA accounts?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Did you recharacterize any IRAs this year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Did you receive any type of prize, award, or gambling winnings during 2009?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Did you receive any income not shown in this organizer? If so, please list. _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Does anyone owe you money that has become uncollectible?  |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

## Miscellaneous Information

**Name:**

**SSN:**

**Yes No**

### Business Information

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you start a new business or purchase any rental property during 2009?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you own rental property? What percentage of time did you spend managing your rentals? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?   |

**Yes No**

### Other Information

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were any tuition costs paid during 2009 (even if classes were attended in another year)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did anyone in your household attend higher education classes in 2009?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur a loss due to damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If yes to question 4, was the First-Time Homebuyer Credit taken on the home?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you purchase a home, for the first time, as a principal residence between April 8, 2008 and December 1, 2009? If yes, please provide closing documentation.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you purchase a new vehicle between February 18, 2009 and January 1, 2010?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you make any gifts to any one person in 2009 in excess of \$13,000? If so, are you splitting this gift with your spouse?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?  |

**To itemize deductions, bring receipts and documentation for these types of expenses:**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Prescriptions, first-aid  |
| <input type="checkbox"/> | State/local income taxes  |
| <input type="checkbox"/> | Mortgage interest   |
| <input type="checkbox"/> | Tax preparation fees  |
| <input type="checkbox"/> | Gambling losses (up to amount of winnings)  |
| <input type="checkbox"/> | Cash donations to charity (provide all receipts)  |
| <input type="checkbox"/> | Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals) |
| <input type="checkbox"/> | Real estate and personal property taxes paid in 2009  |
| <input type="checkbox"/> | Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)         |
| <input type="checkbox"/> | Fair market value of property donated to charity  |
| <input type="checkbox"/> | Purchase price of new goods donated or used in volunteer work   |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Miscellaneous Information

Name:

SSN:

**Information to bring to your appointment:**

- Driver's license & social security card (for identity verification)
- Copy of your 2008 income tax return (for comparison and review for all includible information)
- Preprinted IRS label received
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preparer Notes**

Miscellaneous Notes (These will update to next year.)

## Personal Data

Taxpayer Name			SSN		
Spouse's Name			SSN		
Address			Apt no.		
Foreign Address					
City		State		ZIP	
County			School District		
Taxpayer phone Daytime:		Ext:	Evening:		Ext: Cell:
Spouse phone Daytime:		Ext:	Evening:		Ext: Cell:
Taxpayer email			Spouse email		
Taxpayer occupation			Spouse occupation		
Taxpayer Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>		
Spouse's Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Does your spouse want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>		
Date and time of this year's appointment			Economic Recovery Payment Amount		

### Income Taxes Paid

<b>Federal</b>		2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund		April 15, 2009				
2008 Refund applied to 2009		June 15, 2009				
2008 Balance Due		Sept. 15, 2009				
		Jan. 15, 2010				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

<b>Resident State</b>		2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund		April 15, 2009				
2008 Refund applied to 2009		June 15, 2009				
2008 Balance Due		Sept. 15, 2009				
		Jan. 15, 2010				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

<b>Local</b>		2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund		April 15, 2009				
2008 Refund applied to 2009		June 15, 2009				
2008 Balance Due		Sept. 15, 2009				
		Jan. 15, 2010				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

## Dependents

<b>Name:</b>					<b>SSN:</b>						
First name					Last name					Suffix	
SSN/ITIN					Relationship					Number of months lived with you	
Age/DOB					Is this dependent a minor child with income over \$850?	<input type="checkbox"/>				<b>2009</b>	<b>2008</b>
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											
First name					Last name					Suffix	
SSN/ITIN					Relationship					Number of months lived with you	
Age/DOB					Is this dependent a minor child with income over \$850?	<input type="checkbox"/>				<b>2009</b>	<b>2008</b>
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											
First name					Last name					Suffix	
SSN/ITIN					Relationship					Number of months lived with you	
Age/DOB					Is this dependent a minor child with income over \$850?	<input type="checkbox"/>				<b>2009</b>	<b>2008</b>
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											
First name					Last name					Suffix	
SSN/ITIN					Relationship					Number of months lived with you	
Age/DOB					Is this dependent a minor child with income over \$850?	<input type="checkbox"/>				<b>2009</b>	<b>2008</b>
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											
First name					Last name					Suffix	
SSN/ITIN					Relationship					Number of months lived with you	
Age/DOB					Is this dependent a minor child with income over \$850?	<input type="checkbox"/>				<b>2009</b>	<b>2008</b>
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											

## Child & Dependent Care

**Name:**

**SSN:**

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

## Wages and Salaries

Please attach all W-2(s).

**Name:**

**SSN:**

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

# Wages and Salaries

Please attach all W-2(s).

**Name:**

**SSN:**

TS  Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2009	2008		2009	2008
Wages, tips, other compensation			State <input type="checkbox"/> State I.D. <input type="checkbox"/>		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State <input type="checkbox"/> State I.D. <input type="checkbox"/>		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

TS  Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2009	2008		2009	2008
Wages, tips, other compensation			State <input type="checkbox"/> State I.D. <input type="checkbox"/>		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State <input type="checkbox"/> State I.D. <input type="checkbox"/>		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			





## Profit or Loss From Business Schedule C

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS		Principal business or profession	Business code	
Business name		Employer I.D. number		
Business address				
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other				
Did you "materially participate" in the operation of this business? <input type="checkbox"/> Yes <input type="checkbox"/> No				
You started or acquired this business during 2009 <input type="checkbox"/>			Statutory employee wages <input type="checkbox"/>	

	2009	2008		2009	2008
<b>Income</b>					
Gross receipts or sales			Other income		
Returns and allowances					

	2009	2008		2009	2008
<b>Expenses</b>					
Advertising			Taxes and licenses		
Car and truck expenses			Travel		
Commissions and fees			Total meals and entertainment		
Contract labor			Utilities		
Depletion			Wages		
Employee benefit programs			Other expenses (list):		
Insurance (other than health)					
Mortgage interest (paid to banks etc.)					
Other interest					
Legal & professional services					
Office expenses					
Pension and profit sharing plans					
Rent or lease (vehicles, machinery, and equipment)					
Rent (other business property)					
Repairs and maintenance					
Supplies			Family Health Coverage		

	2009	2008		2009	2008
<b>Cost of goods sold</b>					
Inventory at beginning of the year			Materials and supplies		
Purchases (less cost of items withdrawn for personal use)			Other costs		
Cost of labor			Inventory at end of year		

Inventory method, if not Cost  Lower of Cost or Market  Other  There was a change of inventory method

Information on your vehicle		2009	2008	
Date placed in service			Available when off duty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business miles			Another vehicle available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commuting miles			You have evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other miles			It is written	<input type="checkbox"/> Yes <input type="checkbox"/> No



## Casualties and Thefts

**Name:**

**SSN:**

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis	Date acquired				
Insurance or other reimbursement (whether or not you filed a claim)	Date of incident				
Fair market value before incident	<input type="checkbox"/> Loss from federally declared disaster area <input type="checkbox"/> Loss from Midwestern Disaster Area				
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis	Date acquired				
Insurance or other reimbursement (whether or not you filed a claim)	Date of incident				
Fair market value before incident	<input type="checkbox"/> Loss from federally declared disaster area <input type="checkbox"/> Loss from Midwestern Disaster Area				
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis	Date acquired				
Insurance or other reimbursement (whether or not you filed a claim)	Date of incident				
Fair market value before incident	<input type="checkbox"/> Loss from federally declared disaster area <input type="checkbox"/> Loss from Midwestern Disaster Area				
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis	Date acquired				
Insurance or other reimbursement (whether or not you filed a claim)	Date of incident				
Fair market value before incident	<input type="checkbox"/> Loss from federally declared disaster area <input type="checkbox"/> Loss from Midwestern Disaster Area				
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis	Date acquired				
Insurance or other reimbursement (whether or not you filed a claim)	Date of incident				
Fair market value before incident	<input type="checkbox"/> Loss from federally declared disaster area <input type="checkbox"/> Loss from Midwestern Disaster Area				
Fair market value after incident					

## Installment Sale Income

**Name:**

**SSN:**

TSJ		Description of property:		
Date acquired		Date sold		
				<b>2009</b>
				<b>Prior Years</b>
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

TSJ		Description of property:		
Date acquired		Date sold		
				<b>2009</b>
				<b>Prior Years</b>
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

TSJ		Description of property:		
Date acquired		Date sold		
				<b>2009</b>
				<b>Prior Years</b>
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				









## Farm Rental Income and Expenses

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TSJ  EIN  Activity type: \_\_\_\_\_

Farm was 100% disposed of in 2009  Some of your investment is NOT at risk

Income	2009	2008
Income from production of livestock, grains, and other crops		
Total cooperative distributions received		
Taxable amount		
Agricultural program payments received		
Taxable amount		
Commodity Credit Corporation (CCC) loans:		
CCC loans reported under election		
CCC loans forfeited or repaid with certificates		
Taxable amount		
Crop insurance proceeds and certain disaster payments:		
Amount received in 2009		
Taxable amount		
Do you elect to defer to next year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount deferred from last year		
Federal and state gasoline or fuel tax credit or refund		
Other income		

Expenses	2009	2008	2009	2008
Car and truck expenses			Repairs and maintenance	
Chemicals			Seeds and plants purchased	
Conservation expenses			Storage and warehousing	
Custom hire (machine work)			Supplies purchased	
Employee benefit programs			Taxes	
Feed purchased			Utilities	
Fertilizers and lime			Veterinary, breeding, & medicine	
Freight and trucking			Other expenses (list):	
Gasoline, fuel, and oil				
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other:				
Labor hired (less jobs credit)				
Pension & profit-sharing plans				
Rent - vehicles, machinery and equipment				
Rent - other (land, animals, etc.)				

## Profit or Loss From Farming

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TSJ		Principal product	Activity code
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Accounting method, if not cash  Accrual Employer ID number \_\_\_\_\_

You did NOT materially participate in the operation of this business during 2009  Some investment is NOT at risk

Farm was 100% disposed of in 2009

Income	2009	2008	2009	2008
Sales of livestock & other items you bought for resale			Amount deferred from last year	
Cost or other basis of livestock or other items reported above			Custom hire (machine work) income	
Sales-livestock, produce, grains, and other products you raised			Federal and state gasoline or fuel tax credit or refund	
Total cooperative distributions			Other income (list):	
Taxable amount				
Agricultural program payments				
Taxable amount				
Commodity Credit Corp (CCC) loans reported under election				
CCC loans forfeited or repaid with CCC certificates				
Taxable amount				
Total crop insurance proceeds received			<b>Inventory - Accrual Method only</b>	<b>2009</b>
Taxable amount			Inventory at beginning of 2009	<b>2008</b>
Do you elect to defer to next year? <input type="checkbox"/> Yes <input type="checkbox"/> No			Inventory at end of 2009	

Expenses	2009	2008
Car and truck expenses		Seeds and plants purchased
Chemicals		Storage and warehousing
Conservation expenses		Supplies purchased
Custom hire (machine work)		Taxes
Employee benefit programs		Utilities
Feed purchased		Veterinary, breeding, & medicine
Fertilizers and lime		Other expenses (list):
Freight and trucking		
Gasoline, fuel, and oil		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Labor hired (less jobs credit)		
Pension & profit-sharing plans		
Rent - vehicles, machinery, and equipment		
Rent - other (land, animals, etc.)		
Repairs and maintenance		Family health coverage payments

# Form 1099-MISC

Please attach all 1099-M(s)

Name:

SSN:

TS For Payer's FEIN:

Payer's name:

Address:

City, State, Zip

2009

2008

2009

2008

Rents State State I.D.

Royalties State tax withheld

Other income State income

description Name of locality

Federal tax withheld Local tax withheld

Fishing boat proceeds Local income

Medical & health care payments State State I.D.

Non-employee compensation State tax withheld

Substitute payments State income

Payer made direct sales Name of locality

Crop insurance proceeds Local tax withheld

Excess golden parachute Local income

Gross attorney proceeds

TS For Payer's FEIN:

Payer's name:

Address:

City, State, Zip

2009

2008

2009

2008

Rents State State I.D.

Royalties State tax withheld

Other income State income

description Name of locality

Federal tax withheld Local tax withheld

Fishing boat proceeds Local income

Medical & health care payments State State I.D.

Non-employee compensation State tax withheld

Substitute payments State income

Payer made direct sales Name of locality

Crop insurance proceeds Local tax withheld

Excess golden parachute Local income

Gross attorney proceeds

## Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS  Payer's name: \_\_\_\_\_ Payer's FEIN: \_\_\_\_\_

Address:

City, State, Zip	2009	2008	State	State I.D.
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld	
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution	
Gross distribution			Local income tax withheld	
Taxable amount			Name of locality	
Total distribution			Local distribution	
Capital gain			State	State I.D.
Federal income tax withheld			State income tax withheld	
Employee contributions or insurance premiums			State distribution	
Distribution code(s)			Local income tax withheld	
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality	
Your percentage of total distribution			Local distribution	

TS  Payer's name: \_\_\_\_\_ Payer's FEIN: \_\_\_\_\_

Address:

City, State, Zip	2009	2008	State	State I.D.
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld	
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution	
Gross distribution			Local income tax withheld	
Taxable amount			Name of locality	
Total distribution			Local distribution	
Capital gain			State	State I.D.
Federal income tax withheld			State income tax withheld	
Employee contributions or insurance premiums			State distribution	
Distribution code(s)			Local income tax withheld	
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality	
Your percentage of total distribution			Local distribution	

## Social Security Benefit Statement

		2009	2008		2009	2008		2009	2008
TS <input type="checkbox"/>	Net benefits			Medicare premiums			Income tax withheld		
TS <input type="checkbox"/>	Net benefits			Medicare premiums			Income tax withheld		

## Foreign Earned Income For Use by U.S. Citizens and Resident Aliens Only

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Taxpayer's foreign address

Foreign city \_\_\_\_\_ ST \_\_\_\_\_

Postal code \_\_\_\_\_ Country \_\_\_\_\_

Country code \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's name

Employer: US address

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Employer: Foreign address

City \_\_\_\_\_ ST \_\_\_\_\_

Postal code \_\_\_\_\_ Country \_\_\_\_\_

Employer is: (check any that apply)  A foreign entity  A U.S. company  Self

A foreign affiliate of a U.S. company  Other (specify): \_\_\_\_\_

If after 1981, you filed Form 2555 or 2555-EZ to claim an exclusion, enter the last year you filed a Form 2555.

If you claimed an exclusion in an earlier year (after 1981), have you ever revoked your choice?  Yes  No

If "Yes", give the type of exclusion and the tax year for which the revocation was effective

Of what country are you a citizen/national?

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home?  Yes  No

If "Yes" enter city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address

List your tax home(s) during your tax year and date(s) established

### Part II - Taxpayers Qualifying Under Bona Fide Residence Test

Date bona fide residence began \_\_\_\_\_, ended \_\_\_\_\_

Kind of living quarters in foreign country  Purchased house  Rented house or apartment  Rented room  
 Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year?  Yes  No

If "Yes", who and for what period?

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country?  Yes  No

Are you required to pay income tax to the country where you claim bona fide residence?  Yes  No

If you were present in the United States during the tax year:

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business	Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business

State any contractual terms or other conditions relating to the length of your employment abroad

State the type of visa under which you entered the foreign country

Did your visa limit the length of your stay or employment in a foreign country? (If "Yes", attach explanation)  Yes  No

Did you maintain a home in the United States while living abroad?  Yes  No

If "Yes", enter address of your home, whether it was rented, the names of the occupants, and their relationship to you

## Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Part III - Taxpayers Qualifying Under Physical Presence Test**

The physical presence test is based on the 12-month period from: \_\_\_\_\_ through: \_\_\_\_\_

Enter your principal country of employment during your tax year

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." **Do not** include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)

**Part IV - Foreign Earned Income**

**2009**

**2008**

Total wages, salaries, bonuses, commissions, etc.

Allowable share of income for personal services performed:

In a business (including farming) or profession

In a partnership (list name, address, and type of income):

**Noncash income:**

Home (lodging)

Meals

Car

Other property or facility (specify)

**Allowances, reimbursements, or expenses paid on your behalf for services performed:**

Cost of living and overseas differential

Family

Education

Home leave

Quarters

Other (specify)

Other foreign earned income (specify):

Meals and lodging on line 24 that are excludable

**Part VI - For Taxpayers Claiming the Housing Exclusion and/or Deduction**

Qualified housing expenses for the tax year

Location where housing expenses incurred & days in qualifying period that fall within your 2009 tax year

Enter employer-provided amounts

## Moving Expenses

Name:

SSN:

TSJ						2009	2008	
		Military move						
Enter the number of miles from your OLD home to your NEW workplace								
Enter the number of miles from your OLD home to your OLD workplace								
Transportation and storage of household goods and personal effects								
Travel and lodging incurred during move (do NOT include cost of meals)								
Amount of moving expenses reimbursed by your employer								

### Foreign Moving Expenses

TSJ						2009	2008	
If you moved to a foreign country:								
City and country in which your <b>old</b> workplace was located								
City and country in which your <b>new</b> workplace is located								

## Self-Employed Health Insurance and SE Pensions

TSJ						2009	2008	
Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents								
Qualified long term care amount								
Enter your wages from an S corporation								
Plan contribution rate as a decimal								
Enter your net profit from line 31, Schedule C; line 36, Schedule F; or box 14, code A, Schedule K-1								
Enter your allowable elective deferrals made during 2009								
Enter your catch-up contributions								

## Noncash Charitable Contributions

TSJ								
		Donee I.D.						
Name of donee organization								
Address of donee organization								
City, State, & ZIP of donee organization								
Description of donated property						<b>PROPERTY TYPE (if over \$5,000)</b>		
Physical condition of donated property							Art valued more than \$20,000	
Valuation method used							Art valued less than \$20,000	
How was it acquired?							Collectibles	
Date acquired							Qualified Conservation Contribution	
Date contributed							Other Real Estate	
Donor's cost or adjusted basis							Intellectual Property	
Fair market value							Equipment	
Bargain sale price							Securities	
Average security price							Other	

## Other Income and Adjustments

Name:

SSN:

### Income

	Taxpayer		Spouse	
	2009	2008	2009	2008
	Taxable scholarships received			
Interest income (If over \$1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)				
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions				
Unemployment compensation received				
Unemployment repaid in 2009				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

### Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employment health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2009				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				



## Mortgage Interest

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TSJ		For		Business name		Product	
Federal ID #						2009	2008
Recipient/Lender:						Mortgage interest	
Name						Points paid	
Address						Refund overpaid interest	
City, State, Zip						Real Estate taxes paid	
Account Number						Mortgage insurance premiums	
TSJ		For		Business name		Product	
Federal ID #						2009	2008
Recipient/Lender:						Mortgage interest	
Name						Points paid	
Address						Refund overpaid interest	
City, State, Zip						Real Estate taxes paid	
Account Number						Mortgage insurance premiums	
TSJ		For		Business name		Product	
Federal ID #						2009	2008
Recipient/Lender:						Mortgage interest	
Name						Points paid	
Address						Refund overpaid interest	
City, State, Zip						Real Estate taxes paid	
Account Number						Mortgage insurance premiums	
TSJ		For		Business name		Product	
Federal ID #						2009	2008
Recipient/Lender:						Mortgage interest	
Name						Points paid	
Address						Refund overpaid interest	
City, State, Zip						Real Estate taxes paid	
Account Number						Mortgage insurance premiums	

## Expenses for Business Use of Your Home

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

TS \_\_\_\_\_ For \_\_\_\_\_

Business Use of Home	2009	2008
Area used regularly and exclusively for business		
Total area of home		

Use of Home for Daycare	2009	2008
Total hours used for daycare		
Did you live in the home all year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, enter the dates you lived in the home	from	to

Expenses				
	Expenses directly related to business use <b>only</b>		Total Household expenses	
	2009	2008	2009	2008
Did you claim office in home expenses last year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Deductible mortgage interest				
Real estate taxes				
Excess mortgage interest				
Insurance				
Rent				
Repairs and maintenance				
Utilities				
Other expenses				

Cost of Home	2009	2008
Enter the <b>smaller</b> of your home's adjusted basis or its fair market value		
Does this include the value of the land?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date placed in service		
Value of land		

## Employee Business Expense

Name:

SSN:

TS Occupation override

### Part I - Employee Business Expense and Reimbursements

2009

2008

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

Qualifying performing artist

Fee-based state or local government official

### Business Vehicle Expenses

#### Vehicle Description

#### Vehicle 1

#### Vehicle 2

2009

2008

2009

2008

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2009

Business miles included above

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)

Enter cost or other basis

Enter section 179 deduction

Enter depreciation method and percentage

If an employer provided vehicle, is personal use during off duty hours permitted?  Yes  No

Do you (or your spouse) have another vehicle available for personal use?  Yes  No

Do you have evidence to support your deduction?  Yes  No

If "Yes", is the evidence written?  Yes  No



## Credit for Federal Tax on Fuels

Name:		SSN:		Gallons USED	2008
<b>1a</b> Off-highway business use					
<b>1b</b> Use on a farm for farming purposes					
<b>1c</b> Other non-taxable use of gasoline		<b>Type</b>			
<b>1d</b> Exported					
<b>2a</b> Aviation gasoline used in commercial aviation					
<b>2b</b> Aviation gasoline other nontaxable use		<b>Type</b>			
<b>2c</b> Exported					
<b>2d</b> LUST tax on aviation fuels used in foreign trade					
<b>3a</b> Nontaxable use		<b>Type</b>		<b>Visible evidence of dye</b>	
<b>3b</b> Use on a farm for farming purposes					
<b>3c</b> Use in trains					
<b>3d</b> Used in intercity/local bus					
<b>3e</b> Exported					
<b>4a</b> Nontaxable use		<b>Type</b>		<b>Visible evidence of dye</b>	
<b>4b</b> Use on a farm for farming purposes					
<b>4c</b> Intercity and local buses					
<b>4d</b> Exported					
<b>4e</b> Nontaxable use taxed at \$.044		<b>Type</b>			
<b>4f</b> Nontaxable use taxed at \$.219		<b>Type</b>			
<b>5a</b> Kerosene taxed at \$.244					
<b>5b</b> Kerosene taxed at \$.219					
<b>5c</b> Nontaxable use taxed at \$.244		<b>Type</b>			
<b>5d</b> Nontaxable use taxed at \$.219		<b>Type</b>			
<b>5e</b> LUST tax on aviation fuel used in foreign trade					
<b>6</b> Ultimate vendor ID #					
<b>6a</b> Use by a state or local government				<b>Visible evidence of dye</b>	
<b>6b</b> Use in certain intercity and local buses					
<b>7</b> Ultimate vendor ID #					
<b>7a</b> Kerosene for state and local government				<b>Visible evidence of dye</b>	
<b>7b</b> Sales from blocked pump					
<b>7c</b> Certain intercity and local buses					
<b>8</b> Ultimate vendor ID #					
<b>8a</b> Use in commercial aviation taxed at \$.219					
<b>8b</b> Commercial aviation taxed at \$.244					
<b>8c</b> Nonexempt noncommercial aviation					
<b>8d</b> Other nontaxable uses taxed at \$.244		<b>Type</b>			
<b>8e</b> Other nontaxable uses taxed at \$.219		<b>Type</b>			
<b>8f</b> LUST tax on aviation fuels used in foreign trade					

**Credit for Federal Tax on Fuels**

Name:		SSN:		Gallons USED	2008
<b>9</b>	Registration number				
<b>9a</b>	Ethanol alcohol mixtures				
<b>9b</b>	Alcohol mixtures other than ethanol				
<b>10</b>	Registration number				
<b>10a</b>	Biodiesel mix				
<b>10b</b>	Agri-biodiesel mix				
<b>10c</b>	Renewable diesel mixtures				
<b>11a</b>	Liquefied petroleum gas	Type			
<b>11b</b>	P series fuels	Type			
<b>11c</b>	Compressed Natural Gas (GCE = 126.67 cu. ft.)	Type			
<b>11d</b>	Liquefied hydrogen	Type			
<b>11e</b>	Any liquid fuel from the Fischer-Tropsch process	Type			
<b>11f</b>	Liquid fuel derived from biomass	Type			
<b>11g</b>	Liquefied natural gas	Type			
<b>11h</b>	Liquefied gas derived from biomass	Type			
<b>12</b>	Ultimate Vendor ID #				
<b>12a</b>	Liquefied petroleum gas				
<b>12b</b>	P series fuels				
<b>12c</b>	Compressed natural gas				
<b>12d</b>	Liquefied hydrogen				
<b>12e</b>	Liquid fuel derived from coal				
<b>12f</b>	Liquid fuel from biomass				
<b>12g</b>	Liquefied natural gas				
<b>12h</b>	Liquefied gas derived from biomass				
<b>12i</b>	Compressed gas derived from biomass (GGE = 122 cu. ft.)				
<b>13</b>	Registration number				
<b>13a</b>	State or local government diesel				
<b>13b</b>	State or local government kerosene				
<b>13c</b>	State or local government aviation				
<b>14a</b>	Nontaxable use	Type			
<b>14b</b>	Exported				
<b>15</b>	Registration number				
<b>15a</b>	Blender credit				
<b>16a</b>	Exported dyed diesel				
<b>16b</b>	Exported dyed kerosene				

# First-Time Homebuyer Credit

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Form 5405 - First-Time Homebuyer Credit**

**TSJ**

Address of home qualifying for the credit  
 Street \_\_\_\_\_ City \_\_\_\_\_ State ZIP \_\_\_\_\_

Date qualified \_\_\_\_\_

Purchase price of the home (The software will calculate the 10% limitation based on the purchase price)

If someone other than a spouse held an interest in the home, enter only the taxpayer's share of the credit

Date the home ceased to be your main home

Select the box below that applies to you

I sold the home to an unrelated person and had a gain on the sale

I sold the home to an unrelated person and did not have a gain on the sale

I sold the home to a related person

I converted the home to a rental or business or I still own the home but it is no longer my main home

I transferred the home to my ex-spouse as part of my divorce settlement

Ex-spouse's name \_\_\_\_\_

My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years

My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years

The taxpayer who claimed the credit died in 2009

Amount of the credit you claimed on line 6 of your 2008 Form 5405

Gain on the sale of your main home

## Energy Credits

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

### 8834 - Qualified Electric Vehicle Credit

TSJ	Vehicle 1	Vehicle 2	Vehicle 3
Year of vehicle			
Make of vehicle			
Model of vehicle			
Date vehicle was placed in service			
Cost of vehicle			
Business/investment use percentage			
Section 179 expense deduction			
Qualified plug-in electric vehicle from pass-through entities			
Credits from passive activities			

### 8909 - Energy Efficient Appliance Credit

TSJ			
<b>Dishwashers</b>	(a) Type A	(b) Type B	
The number of eligible dishwashers produced in calendar year 2009			
Average eligible dishwashers produced in the two prior calendar years			
<b>Clothes Washers</b>	(a) Type A	(b) Type B	(c) Type C
The number of eligible clothes washers produced in calendar year 2009			
Average eligible clothes washers produced in the two prior calendar years			
<b>Refrigerators</b>	(a) Type A	(b) Type B	(c) Type C
The number of eligible refrigerators produced in calendar year 2009			
Average eligible refrigerators produced in the two prior calendar years			
<b>Current Year Energy Appliance Credit</b>			
Average annual gross receipts			
Amount from 2008 Form 8909, line 19			
Amount from 2008 Form 8909, line 21b			
Amount from 2008 Form 8909, line 21c			
Amount from 2008 Form 8909, line 20			
Energy-efficient appliance credits from partnerships, S corporations, estates, trusts, and cooperatives			

## Energy Credits (continued)

Name:

SSN:

**Form 8910 - Alternative Motor Vehicle Credit**

	TSJ	Vehicle 1	Vehicle 2	Vehicle 3
Year of vehicle				
Make of vehicle				
Model of vehicle				
Date vehicle was placed in service				
Maximum credit allowable				
Cost of converting vehicle to plug-in electric drive motor				
Section 179 expense deduction				
Business/investment use percentage				
Alternative motor vehicle credits from partnerships and S corporations				



## Auto Expense Worksheet

Name:

SSN:

For

Profession/Product

Business name

Description

Date placed in service

Do you have another vehicle available for personal use?  Yes  No

Was your vehicle available for use during off hours?  Yes  No

Do you have evidence to support your deduction?  Yes  No

If "Yes", is the evidence written?  Yes  No

Enter the number of miles your vehicle was used for:

2009

2008

a Business miles

b Commuting

c Other

**Expenses:**

2009

2008

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %