

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

Federal	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.
Additional payments made					

Resident State	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.
Additional payments made					

Local	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.
Additional payments made					

Miscellaneous Information

Name:

SSN:

Yes No

General Information

- | <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

- | <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.)

Dependents

Name:					SSN:							
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"/>				2009	2008	
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"/>				2009	2008	
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"/>				2009	2008	
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"/>				2009	2008	
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

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
Income					
Gross receipts or sales			Other income		
Returns and allowances					

	2009	2008		2009	2008
Expenses					
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
Cost of goods sold					
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

	2009	2008		
Information on your vehicle				
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

Sale of Home

Name:

SSN:

Enter the date you purchased the home

Enter the date you sold the home

Enter the purchase price of your old home

Seller-paid points for old home if bought after 1990

Enter the selling price of the old home

Enter any expenses from the sale of the old home

Settlement fees or closing costs for old home.

Abstract and recording fees

Legal fees

Surveys

Title insurance

Transfer or stamp taxes

Amounts the seller owed that you agreed to pay

Other fees or closing cost

Cost of capital improvements to old home

Special tax assessments paid on old home for local improvements, such as streets

Other increases to basis:

Describe:

If home was used for business, enter any depreciation claimed

Other decreases to basis:

Describe:

Information on time lived in the home sold

You

Spouse

Enter the date that you first used the property as a main home

Enter the date that you first owned the property as a main home

Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?

Yes

No

Yes

No

If YES, answer the following:

Enter date of most recent sale of another home on which you excluded the gain

Check the box below that applies to you if the home sold and the First Time Homebuyer Credit (Form 5405) was taken on this home.

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.

Please bring the contract for the sale of the home to your appointment.

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		
				2009
				Prior Years
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		
				2009
				Prior Years
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		
				2009
				Prior Years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

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			Inventory - Accrual Method only	2009
Taxable amount			Inventory at beginning of 2009	2008
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

Moving Expenses

Name:

SSN:

TSJ									
							2009	2008	
	<input type="checkbox"/>	Military move	<input type="checkbox"/>						
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 old workplace was located									
City and country in which your new 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									
							2009	2008	
	<input type="checkbox"/>	Donee I.D.							
Name of donee organization									
Address of donee organization									
City, State, & ZIP of donee organization									
Description of donated property							PROPERTY TYPE (if over \$5,000)		
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):				

Itemized Deductions

Name:

SSN:

MEDICAL and DENTAL	2009	2008	GIFTS TO CHARITY (attach receipts)	2009	2008
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			Portion of amount above for disaster relief		
Medical miles			30% limitation		
Other medical and dental expenses (list):			Charitable miles		
			Other than by cash or check		
			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			JOB EXPENSES (list):		
TAXES					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Vehicle purchase price					
Total taxes paid					
Tax on first \$49,500 of purchase price			Tax preparation fees		
Personal property taxes			OTHER EXPENSE (list):		
Other taxes (list):					
INTEREST					
Home mort. int. & points on Form 1098					
Home mort. int. not on Form 1098			MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO 2% LIMIT		
Name:					
Address:					
SSN/EIN:					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					

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

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	(a) Type A	(b) Type B	
Dishwashers				
The number of eligible dishwashers produced in calendar year 2009				
Average eligible dishwashers produced in the two prior calendar years				
Clothes Washers				(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				
Refrigerators				(c) Type C
The number of eligible refrigerators produced in calendar year 2009				
Average eligible refrigerators produced in the two prior calendar years				

Current Year Energy Appliance Credit

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				

