

## Personal Information

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

Mark if you were married but living apart all year \_\_\_\_\_

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____	_____
Mark if legally blind	_____	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Home/evening telephone number	_____	_____
Do you authorize us to discuss your return with the IRS? (Y, N)	_____	_____

## Present Mailing Address

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City, state postal code, zip code \_\_\_\_\_

In care of addressee \_\_\_\_\_

## Dependent Information

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

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

Name of child who lived with you but is not your dependent \_\_\_\_\_

Social security number of qualifying person \_\_\_\_\_

Dependent Codes			
<b>*Basic</b>	1 = Child who lived with you	<b>**Other</b>	1 = Student (Age 19 - 23)
	2 = Child who did not live with you		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	4 = Claimed under pre-1985 agreement		
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit		

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

Refunded \_\_\_\_\_

Applied to 2010 estimated tax liability \_\_\_\_\_

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

If yes, please explain any differences:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

If yes, please explain any differences:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

If yes, please explain any differences:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

If yes, please explain any differences:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2009 Federal Estimated Tax Payments**

2008 overpayment applied to 2009 estimates \_\_\_\_\_

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

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

	<b>Date Due</b>	<b>Date Paid if After Date Due</b>	<b>Amount Paid</b>	<b>Calculated Amount</b>
1st quarter payment	4/15/09	_____	_____	_____
2nd quarter payment	6/15/09	_____	_____	_____
3rd quarter payment	9/15/09	_____	_____	_____
4th quarter payment	1/15/10	_____	_____	_____
Additional payment		_____	_____	_____

**NOTES/QUESTIONS:**

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

State postal code \_\_\_\_\_

Amount paid with 2008 return \_\_\_\_\_

2008 overpayment applied to '09 estimates \_\_\_\_\_

Treat calculated amounts as paid \_\_\_\_\_

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____	_____	_____
2nd quarter payment	_____	_____	_____
3rd quarter payment	_____	_____	_____
4th quarter payment	_____	_____	_____
Additional payment	_____	_____	_____

**2009 City Estimated Tax Payments**

**City #1**  
 City name \_\_\_\_\_  
 Amount paid with 2008 return \_\_\_\_\_  
 2008 overpayment applied to '09 estimates \_\_\_\_\_  
 Treat calculated amounts as paid \_\_\_\_\_

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

**Calculated Amount**

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

**City #2**  
 City name \_\_\_\_\_  
 Amount paid with 2008 return \_\_\_\_\_  
 2008 overpayment applied to '09 estimates \_\_\_\_\_  
 Treat calculated amounts as paid \_\_\_\_\_

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

**Calculated Amount**

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

**City #3**  
 City name \_\_\_\_\_  
 Amount paid with 2008 return \_\_\_\_\_  
 2008 overpayment applied to '09 estimates \_\_\_\_\_  
 Treat calculated amounts as paid \_\_\_\_\_

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

**Calculated Amount**

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

**City #4**  
 City name \_\_\_\_\_  
 Amount paid with 2008 return \_\_\_\_\_  
 2008 overpayment applied to '09 estimates \_\_\_\_\_  
 Treat calculated amounts as paid \_\_\_\_\_

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

**Calculated Amount**

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

## Interest Income

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

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

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

# Dividend Income

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

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

*Dividend Codes	
Blank = Other	3 = Nominee



### Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) \_\_\_\_\_

State postal code \_\_\_\_\_

### Social Security Benefits

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

### Tier 1 Railroad Benefits

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

### Additional Information About Benefits Received

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

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#### NOTES/QUESTIONS:









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

**Vacation Home Information**

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

**Passive and Other Information**

<b>Preparer use only</b>	<b>Regular</b>	<b>AMT</b>
<b>Carryovers</b>		
Operating		
Schedule D - Short-term		
Schedule D - Long-term		
Schedule D - 28% rate		
Form 4797 - Part I		
Form 4797 - Part II		
Comm revitalization		
Section 179		

**NOTES/QUESTIONS:**









## Sale of Principal Residence

Description \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 State postal code \_\_\_\_\_  
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) \_\_\_\_\_  
 Date former residence was acquired \_\_\_\_\_  
 Date former residence was sold \_\_\_\_\_  
 Selling price of former residence \_\_\_\_\_  
 Expenses related to the sale of your old home \_\_\_\_\_  
 Original cost of home sold including capital improvements \_\_\_\_\_

### Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) \_\_\_\_\_

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

### Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed \_\_\_\_\_  
 Total current year payments received \_\_\_\_\_

### Form 6252 - Related Party Installment Sale Information

Related party name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State and Zip \_\_\_\_\_  
 Identifying number of related party \_\_\_\_\_  
 Was the property sold as a marketable security? (Y, N) \_\_\_\_\_  
 Enter date of second sale if more than 2 years after the first sale \_\_\_\_\_  
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_  
 Selling price of property sold by a related party \_\_\_\_\_

#### NOTES/QUESTIONS:



## Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	—	—
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	—	—
Enter the total traditional IRA contributions made for use in 2009	_____	_____
	<b>Taxpayer</b>	<b>Spouse</b>
Enter the nondeductible contribution amount made for use in 2009	_____	_____
Enter the nondeductible contribution amount made in 2010 for use in 2009	_____	_____
Traditional IRA basis	_____	_____
Value of all your traditional IRA's on December 31, 2009:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Roth IRA

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

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	—	—
Enter the total Roth IRA contributions made for use in 2009	_____	_____
Enter the total amount of Roth IRA conversion recharacterizations for 2009	_____	_____
Enter the total contribution Roth IRA basis on December 31, 2008	_____	_____
Enter the total Roth IRA contribution recharacterizations for 2009	_____	_____
Enter the Roth conversion IRA basis on December 31, 2008	_____	_____
Value of all your Roth IRA's on December 31, 2009:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTES/QUESTIONS:**

Please provide all Forms 5498-SA.

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

**Additional Information**

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

**NOTES/QUESTIONS:**

# Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

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

## Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

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

**NOTES/QUESTIONS:**

**Preparer use only**

Description of move \_\_\_\_\_  
Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
Mark if the move was due to service in the armed forces \_\_\_\_\_  
Number of miles from old home to new workplace \_\_\_\_\_  
Number of miles from old home to old workplace \_\_\_\_\_  
Mark if move is outside United States or its possessions \_\_\_\_\_  
Transportation and storage expenses \_\_\_\_\_  
Travel and lodging (not including meals) \_\_\_\_\_  
Total amount reimbursed for moving expenses \_\_\_\_\_

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**NOTES/QUESTIONS:**

**Preparer use only**

Business activity or profession name \_\_\_\_\_

Taxpayer/Spouse (T, S) \_\_\_\_\_

State postal code \_\_\_\_\_

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) \_\_\_\_\_

Plan contribution rate. Enter in xx.xx format (Limitation percentage) \_\_\_\_\_

Enter the total amount of contributions made to a Keogh plan in 2009 \_\_\_\_\_

Enter the total amount of contributions made to a Solo 401(k) plan in 2009 \_\_\_\_\_

Enter the total amount of contributions made to a SEP plan in 2009 \_\_\_\_\_

Enter the total amount of contributions made to a SARSEP plan in 2009 \_\_\_\_\_

Enter the total amount of contributions made to a defined benefit plan in 2009 \_\_\_\_\_

Enter the total amount of contributions made to a profit-sharing plan in 2009 \_\_\_\_\_

Enter the total amount of contributions made to a money purchase plan in 2009 \_\_\_\_\_

Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2009 \_\_\_\_\_

Enter the total amount of contributions to a SIMPLE IRA plan in 2009 \_\_\_\_\_

**Catch-up Contributions**

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2009 \_\_\_\_\_

Enter the amount of catch-up contributions made to a SIMPLE Plan in 2009 \_\_\_\_\_

**Elective Deferrals**

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2009 \_\_\_\_\_

Enter the amount of elective deferrals designated as Roth contributions in 2009 \_\_\_\_\_

**NOTES/QUESTIONS:**



## Student Loan Interest Paid

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

	Qualified loan interest you paid	2009 Information	Prior Year Information
TS	_____	_____	[Shaded Box]
—	_____	_____	
—	_____	_____	
—	_____	_____	

## Education Credits and Tuition and Fees Deduction

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

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

	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
TS	—	_____	_____	_____	_____	[Shaded Box]
—	—	_____	_____	_____	_____	
—	—	_____	_____	_____	_____	
—	—	_____	_____	_____	_____	
—	—	_____	_____	_____	_____	
—	—	_____	_____	_____	_____	
—	—	_____	_____	_____	_____	
—	—	_____	_____	_____	_____	
—	—	_____	_____	_____	_____	
—	—	_____	_____	_____	_____	

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

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

To qualify for the Hope credit, the student must:

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

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

**NOTES/QUESTIONS:**

## Qualified Education Programs

Please provide all copies of Form 1099Q

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

### Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number \_\_\_\_\_  
 First name \_\_\_\_\_  
 Last name \_\_\_\_\_

	2009 Information	
Amount contributed in current year	_____	<div style="border: 1px solid black; padding: 5px; background-color: #e0e0e0;">                     Prior Year Information                      _____                      _____                      _____                 </div>
Basis of this account at 12/31/08	_____	
Value of this account at 12/31/09	_____	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	_____	

### Payments from Qualified Education Programs

	2009 Information	
Gross distribution ( <b>Box 1</b> )	_____	<div style="border: 1px solid black; padding: 5px; background-color: #e0e0e0;">                     Prior Year Information                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                 </div>
Earnings ( <b>Box 2</b> )	_____	
Basis ( <b>Box 3</b> )	_____	
Trustee-to-trustee rollover ( <b>Box 4</b> )	_____	
Trustee-to-trustee rollover amount if different than Box 1	_____	
<b>Box 5 -</b>		
Private QTP	_____	
State QTP	_____	
Coverdell ESA	_____	
Check if the recipient is not the designated beneficiary ( <b>Box 6</b> )	_____	
Qualified education expenses	_____	
Elementary and secondary education expenses	_____	

**NOTES/QUESTIONS:**











**Preparer use only**

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

## Vehicle Questions

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

## Vehicles #1 and #2 Actual Expenses

Vehicle 1 description \_\_\_\_\_  
 Comments \_\_\_\_\_  
 Vehicle 2 description \_\_\_\_\_  
 Comments \_\_\_\_\_

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	_____	_____	_____	_____
Total mileage	_____	_____	_____	_____
Business mileage	_____	_____	_____	_____
Average daily round trip commuting mileage	_____	_____	_____	_____
Total commuting mileage	_____	_____	_____	_____
Gasoline, oil, repairs, insurance, etc.	_____	_____	_____	_____
Vehicle rentals	_____	_____	_____	_____
Inclusion amount <b>(Preparer use only)</b>	_____	_____	_____	_____
Value of employer-provided vehicle	_____	_____	_____	_____
Depreciation	_____	_____	_____	_____

## Vehicles #3 and #4 Actual Expenses

Vehicle 3 description \_\_\_\_\_  
 Comments \_\_\_\_\_  
 Vehicle 4 description \_\_\_\_\_  
 Comments \_\_\_\_\_

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	_____	_____	_____	_____
Total mileage	_____	_____	_____	_____
Business mileage	_____	_____	_____	_____
Average daily round trip commuting mileage	_____	_____	_____	_____
Total commuting mileage	_____	_____	_____	_____
Gasoline, oil, repairs, insurance, etc.	_____	_____	_____	_____
Vehicle rentals	_____	_____	_____	_____
Inclusion amount <b>(Preparer use only)</b>	_____	_____	_____	_____
Value of employer-provided vehicle	_____	_____	_____	_____
Depreciation	_____	_____	_____	_____

**NOTES/QUESTIONS:**

### Noncash Contributions Exceeding \$500

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

Donated property description \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

State postal code \_\_\_\_\_

Zip code \_\_\_\_\_

Date contributed \_\_\_\_\_

Date acquired by donor \_\_\_\_\_

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_

Donor's cost or basis \_\_\_\_\_

Fair market value \_\_\_\_\_

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_

If other: \_\_\_\_\_

**Control Totals**

### Noncash Contributions Exceeding \$500

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

Donated property description \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

State postal code \_\_\_\_\_

Zip code \_\_\_\_\_

Date contributed \_\_\_\_\_

Date acquired by donor \_\_\_\_\_

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_

Donor's cost or basis \_\_\_\_\_

Fair market value \_\_\_\_\_

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_

If other: \_\_\_\_\_

**Control Totals**

### Noncash Contributions Exceeding \$500

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

Donated property description \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

State postal code \_\_\_\_\_

Zip code \_\_\_\_\_

Date contributed \_\_\_\_\_

Date acquired by donor \_\_\_\_\_

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_

Donor's cost or basis \_\_\_\_\_

Fair market value \_\_\_\_\_

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_

If other: \_\_\_\_\_

**Control Totals**

#### NOTES/QUESTIONS:

## Contributions of Motor Vehicles, Boats & Airplanes

Please provide all Forms 1098-C

Taxpayer/Spouse (T, S) \_\_\_\_\_

Donee's name \_\_\_\_\_

State postal code \_\_\_\_\_

Date of contribution **(Box 1)** \_\_\_\_\_

Make and model of vehicle **(Box 2)** \_\_\_\_\_

Year of vehicle **(Box 2)** \_\_\_\_\_

Vehicle or other identification number **(Box 3)** \_\_\_\_\_

Donee certifies that vehicle was sold in arm's length transaction to unrelated party **(Box 4a)** \_\_\_\_\_

Date of sale **(Box 4b)** \_\_\_\_\_

Gross proceeds from sale **(Box 4c)** \_\_\_\_\_

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

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose **(Box 5b)** \_\_\_\_\_

Detailed description of material improvements or significant intervening use and duration of use **(Box 5c)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Value of goods and services provided in exchange for the vehicle **(Box 6b)** \_\_\_\_\_

Donee certifies that the goods and services consisted solely of intangible religious benefits **(Box 6c)** \_\_\_\_\_

Description of goods and services **(Box 6c)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

### Other Information for Donated Property

Overall physical condition of property \_\_\_\_\_

Vehicle mileage on date of contribution \_\_\_\_\_

Date property was acquired by donor \_\_\_\_\_

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_

Donor's cost or basis \_\_\_\_\_

Fair market value on date of contribution \_\_\_\_\_

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_

If other: \_\_\_\_\_

Bargain sale amount received \_\_\_\_\_

Donee's address, and ZIP code \_\_\_\_\_

Donee's telephone number \_\_\_\_\_

**NOTES/QUESTIONS:**

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**Preparer use only**

Principal business or profession \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 State postal code \_\_\_\_\_

**Business Use of Home**

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

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

	2009 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest	_____	_____	
Mortgage insurance premiums	_____	_____	
Real estate taxes	_____	_____	
Excess mortgage interest and insurance premiums	_____	_____	
Insurance	_____	_____	
Rent	_____	_____	
Repairs & maintenance	_____	_____	
Utilities	_____	_____	
Other expenses, such as: Supplies & Security system	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Excess casualty losses	_____	_____	
Carryovers:			
Operating expenses	_____	_____	
Casualty losses	_____	_____	
Depreciation	_____	_____	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses	_____	_____	
Depreciation	_____	_____	

**NOTES/QUESTIONS:**

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

**Preparer use only**

Description of business or profession \_\_\_\_\_

## Vehicles 1 - 2

Vehicle 1 - Date placed in service \_\_\_\_\_  
 Description \_\_\_\_\_  
 Comments \_\_\_\_\_

Vehicle 2 - Date placed in service \_\_\_\_\_  
 Description \_\_\_\_\_  
 Comments \_\_\_\_\_

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____		_____	
Commuting miles	_____		_____	
Business miles	_____		_____	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	___		___	
Was another vehicle available for personal use? (Y, N)	___		___	
Do you have evidence to support your deduction? (Y, N)	___		___	
Is this evidence written? (Y, N)	___		___	
Parking, fees and tolls	_____		_____	
Gasoline, oil, repairs, insurance, etc.	_____		_____	
Interest	_____		_____	
Registration	_____		_____	
Property taxes	_____		_____	
Vehicle rentals	_____		_____	
Inclusion amount ( <b>Preparer use only</b> )	_____		_____	
Depreciation	_____		_____	

## Vehicles 3 - 4

Vehicle 3 - Date placed in service \_\_\_\_\_  
 Description \_\_\_\_\_  
 Comments \_\_\_\_\_

Vehicle 4 - Date placed in service \_\_\_\_\_  
 Description \_\_\_\_\_  
 Comments \_\_\_\_\_

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____		_____	
Commuting miles	_____		_____	
Business miles	_____		_____	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	___		___	
Was another vehicle available for personal use? (Y, N)	___		___	
Do you have evidence to support your deduction? (Y, N)	___		___	
Is this evidence written? (Y, N)	___		___	
Parking, fees and tolls	_____		_____	
Gasoline, oil, repairs, insurance, etc.	_____		_____	
Interest	_____		_____	
Registration	_____		_____	
Property taxes	_____		_____	
Vehicle rentals	_____		_____	
Inclusion amount ( <b>Preparer use only</b> )	_____		_____	
Depreciation	_____		_____	

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

Taxpayer/Spouse (T, S) \_\_\_\_\_

Employer identification number \_\_\_\_\_

Total cash wages subject to social security taxes \_\_\_\_\_

Total cash wages subject to Medicare taxes \_\_\_\_\_

Federal income tax withheld \_\_\_\_\_

State disability plan social security & Medicare withheld \_\_\_\_\_

Advance earned income credit (EIC) payments \_\_\_\_\_

Did you:

(A) pay any household employee cash wages of \$1,700 or more in 2009? (Y, N) \_\_\_\_\_

(B) withhold Federal income tax for any household employee? (Y, N) \_\_\_\_\_

(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2008 or 2009? (Y, N) \_\_\_\_\_

**Federal Unemployment (FUTA) Tax****If you answered "Yes" to question (C) above, complete the following information.****Complete only items marked with an asterisk (\*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.**

Total cash wages subject to FUTA tax \* \_\_\_\_\_

Did you pay all state unemployment contributions for 2009 by 4/15/10? (Y, N) \* \_\_\_\_\_

State #1 information

State postal code where you have to pay unemployment contributions \* \_\_\_\_\_

State reporting number as shown on state unemployment tax return \* \_\_\_\_\_

Taxable wages (as defined in state act) \_\_\_\_\_

State experience rate period:

From \_\_\_\_\_

To \_\_\_\_\_

State experience rate (xxx.xx) \_\_\_\_\_

Contributions paid to state unemployment fund \* \_\_\_\_\_

State #2 information

State postal code where you have to pay unemployment contributions \_\_\_\_\_

State reporting number as shown on state unemployment tax return \_\_\_\_\_

Taxable wages (as defined in state act) \_\_\_\_\_

State experience rate period:

From \_\_\_\_\_

To \_\_\_\_\_

State experience rate (xxx.xx) \_\_\_\_\_

Contributions paid to state unemployment fund \_\_\_\_\_

**NOTES/QUESTIONS:**

## Child and Dependent Care Expenses

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

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

Name of provider		
Street address of provider		
City, state, and zip code		
Social security number OR Employer identification number		
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider)	_____	
Amount paid to care provider in 2009		

Name of provider		
Street address of provider		
City, state, and zip code		
Social security number OR Employer identification number		
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider)	_____	
Amount paid to care provider in 2009		

Name of provider		
Street address of provider		
City, state, and zip code		
Social security number OR Employer identification number		
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider)	_____	
Amount paid to care provider in 2009		

Name of provider		
Street address of provider		
City, state, and zip code		
Social security number OR Employer identification number		
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider)	_____	
Amount paid to care provider in 2009		

Name of provider		
Street address of provider		
City, state, and zip code		
Social security number OR Employer identification number		
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider)	_____	
Amount paid to care provider in 2009		

Name of provider		
Street address of provider		
City, state, and zip code		
Social security number OR Employer identification number		
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider)	_____	
Amount paid to care provider in 2009		

Name of provider		
Street address of provider		
City, state, and zip code		
Social security number OR Employer identification number		
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider)	_____	
Amount paid to care provider in 2009		

# Residential Energy Credit

The Energy Tax Incentives Act of 2005 provides credits for energy efficient improvements made to personal residences beginning in 2006. There are certain restrictions and limits but some of the home improvements that may qualify include, solar electric, solar water heating

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

Were the costs incurred made to your main home located in the United States? (Y, N) \_\_\_\_\_

Enter the total amount of costs for insulation material or system to reduce heat loss or gain \_\_\_\_\_

Enter the total amount of cost for exterior windows \_\_\_\_\_

Enter the total amount of costs for exterior doors \_\_\_\_\_

Enter the total amount of costs for qualified metal roofs \_\_\_\_\_

Enter the total amount of costs for energy-efficient building property \_\_\_\_\_

Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers \_\_\_\_\_

Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace \_\_\_\_\_

Enter the total amount of costs for qualified solar electric property \_\_\_\_\_

Enter the total amount of costs for qualified solar water heating property \_\_\_\_\_

Enter the total amount of costs for qualified small wind energy property \_\_\_\_\_

Enter the total amount of costs for qualified geothermal heat pump property \_\_\_\_\_

Enter the total amount of costs for qualified fuel cell property \_\_\_\_\_

Enter the total amount of kilowatt capacity of the qualified fuel cell property \_\_\_\_\_

## NOTES/QUESTIONS:

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

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

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

Address \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

Date home acquired (After 4/8/08 and before 5/1/10) (After 11/30/09 and before 5/1/11 for service members) \_\_\_\_\_

Purchase price of the home \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

Other owner name \_\_\_\_\_

Allocation percentage \_\_\_\_\_

If you sold your home, enter the selling price \_\_\_\_\_

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

## NOTES/QUESTIONS: