

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____[1]
 Mark if you were married but living apart all year _____[2]

	Taxpayer	Spouse
Social security number	_____ [3]	_____ [4]
First name	_____ [5]	_____ [6]
Last name	_____ [7]	_____ [8]
Occupation	_____ [9]	_____ [10]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [11]	_____ [13]
Mark if legally blind	_____ [14]	_____ [15]
Mark if dependent of another taxpayer	_____ [16]	_____ [17]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [18]	
Date of birth	_____ [21]	_____ [22]
Date of death	_____ [23]	_____ [24]
Work/daytime telephone number/ext number	_____ [25] _____ [26]	_____ [27] _____ [28]
Home/evening telephone number	_____ [29]	_____ [30]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [31]	

Present Mailing Address

Address _____ [35]
 Apartment number _____ [36]
 City, state postal code, zip code _____ [37] _____ [38] _____ [39]
 In care of addressee _____ [40]

Dependent Information

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

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

Name of child who lived with you but is not your dependent _____ [42]
 Social security number of qualifying person _____ [43]

Dependent Codes			
*Basic	1 = Child who lived with you	**Other	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 would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter the following information:

Primary account:

Financial institution routing transit number _____ [1]
 Name of financial institution _____ [2]
 Your account number _____ [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) _____ [4]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [5]

Secondary account #1:

Financial institution routing transit number _____ [8]
 Name of financial institution _____ [9]
 Your account number _____ [10]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) _____ [11]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [12]

Secondary account #2:

Financial institution routing transit number _____ [15]
 Name of financial institution _____ [16]
 Your account number _____ [17]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) _____ [18]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [19]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Client Contact Information

Preparer - Enter on Screen Contact

Taxpayer email address	_____	[6]
Spouse email address	_____	[7]
	Taxpayer	Spouse
Car telephone number	_____ [8]	_____ [15]
Fax telephone number	_____ [9]	_____ [16]
Mobile telephone number	_____ [10]	_____ [17]
Pager number	_____ [11]	_____ [18]
Other:	_____ [12]	_____ [19]
Telephone number	_____ [13]	_____ [20]
Extension	_____ [14]	_____ [21]

NOTES/QUESTIONS:

Please note that not all returns qualify for electronic filing under IRS rules

If you qualify for electronic filing, mark if you would like to file the return electronically with the IRS _____[1]

Mark if you would like your return prepared and filed electronically only if you receive a refund _____[4]

Mark if you would like your return prepared and filed electronically if your refund is greater than a certain amount _____[5]

Enter the minimum refund amount here _____[6]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[7]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[2]

Spouse self-selected Personal Identification Number (PIN) _____[3]

NOTES/QUESTIONS:

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

Refunded _____ [43]

Applied to 2010 estimated tax liability _____ [44]

Do you expect a considerable change in your 2010 income? (Y, N) _____ [45]

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

Do you expect a considerable change in your deductions for 2010? (Y, N) _____ [50]

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

Do you expect a considerable change in the amount of your 2010 withholding? (Y, N) _____ [55]

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

Do you expect a change in the number of dependents claimed for 2010? (Y, N) _____ [60]

If yes, please explain any differences:

_____ [61]

_____ [62]

_____ [63]

_____ [64]

2009 Federal Estimated Tax Payments

2008 overpayment applied to 2009 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

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

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/09	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/09	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/09	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/15/10	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____[1]

State postal code _____[2]

Amount paid with 2008 return + _____[3]

2008 overpayment applied to '09 estimates + _____[4]

Treat calculated amounts as paid _____[8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+ _____ [10]	_____ _____ _____ _____
2nd quarter payment	_____ [11]	+ _____ [12]	
3rd quarter payment	_____ [13]	+ _____ [14]	
4th quarter payment	_____ [15]	+ _____ [16]	
Additional payment	_____ [17]	+ _____ [18]	

2009 City Estimated Tax Payments

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

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

Calculated Amount

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

Calculated Amount

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

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

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

Calculated Amount

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

Calculated Amount

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

Interest Income

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

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

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

Dividend Income

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

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

*Dividend Codes	
Blank = Other	3 = Nominee

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer			[3]
State postal code		__	[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		__	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[14]
State withholding (Box 10)	+	_____	[15]
Local withholding (Box 13)	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability		__	[21]
Mark if distribution was from an inherited IRA		__	[22]

	Control Totals +	
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Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer			[3]
State postal code		__	[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		__	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[14]
State withholding (Box 10)	+	_____	[15]
Local withholding (Box 13)	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability		__	[21]
Mark if distribution was from an inherited IRA		__	[22]

	Control Totals +	
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Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer			[3]
State postal code		__	[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		__	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[14]
State withholding (Box 10)	+	_____	[15]
Local withholding (Box 13)	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability		__	[21]
Mark if distribution was from an inherited IRA		__	[22]

	Control Totals +	
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Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) __ [1]
 State postal code __ [2]

Social Security Benefits

	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) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

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:		
Portion of Tier 1 Paid in 2009 (Box 5)	+ _____ [22]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

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

	[36]
	[37]
	[38]
	[39]
	[40]

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

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

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

_____ [64]

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

Form 1099-C Cancellation of Debt

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

Form 1099-A Acquisition or Abandonment of Secured Property

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

	Control Totals +	
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Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

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

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

_____ [64]

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

Form 1099-C Cancellation of Debt

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

Form 1099-A Acquisition or Abandonment of Secured Property

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

	Control Totals +	
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NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			[9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	Control Totals +	
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Gambling Winnings #2

Please provide all copies of Form W-2G.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			[9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	Control Totals +	
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NOTES/QUESTIONS:

Preparer use only

2009 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Description: _____ [3]
 _____ [4]
 _____ [5]
 State postal code _____ [6]
 Type of activity (1 = Rental real estate, 2 = Substantially nondepreciable property, 3 = Royalty) _____ [7]
 Percentage of ownership if not 100% _____ [9]
 Business use percentage, if not 100% (Not vacation home percentage) _____ [11]

Rent and Royalty Income

2009 Information

Prior Year Information

Gross rents received + _____ [18]
 Gross royalties received + _____ [20]

Rent and Royalty Expenses

2009 Information

Percent if not 100%

Prior Year Information

Advertising + _____ [22] _____ [23]
 Auto + _____ [25] _____ [26]
 Travel + _____ [28] _____ [29]
 Cleaning and maintenance + _____ [31] _____ [32]
 Commissions:
 _____ + _____ [34] _____ [36]
 _____ + _____
 Insurance:
 _____ + _____ [37] _____ [39]
 _____ + _____
 Legal and professional fees + _____ [40] _____ [41]
 Management fees
 _____ + _____ [43] _____ [45]
 _____ + _____
 Mortgage interest paid to banks, etc (Form 1098) + _____ [46] _____ [47]
 Other mortgage interest + _____ [49] _____ [50]
 Qualified mortgage insurance premiums + _____ [52] _____ [53]
 Other interest:
 _____ + _____ [55] _____ [57]
 _____ + _____
 Repairs + _____ [58] _____ [59]
 Supplies + _____ [61] _____ [62]
 Taxes:
 _____ + _____ [64] _____ [66]
 _____ + _____
 _____ + _____
 Utilities + _____ [67] _____ [68]
 Depreciation + _____ [70] _____ [71]
 Depletion + _____ [73] _____ [74]
 Other expenses:
 _____ + _____ [79] _____
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____
 Refinancing points paid this year:
 Description _____ [81]
 Total points paid/Current amort (Prep use only) _____ + _____
 Date of Refinance _____ Total # Payments _____ Reported on 1098 in 2009 _____

Control Totals +

Form ID: Rent

Preparer use only
Description _____

Vacation Home Information

	2009 Information	
Number of days home was used personally	_____	[6]
Number of days home was rented	_____	[8]
Number of day home owned, if not 365	_____	[10]
Carryover of disallowed operating expenses into 2009	+ _____	[20]
Carryover of disallowed depreciation expenses into 2009	+ _____	[21]

Prior Year Information

Passive and Other Information

Preparer use only				
Carryovers	Regular		AMT	
Operating	+	[28]	+	[29]
Schedule D - Short-term	+	[30]	+	[31]
Schedule D - Long-term	+	[32]	+	[33]
Schedule D - 28% rate	+	[34]	+	[35]
Form 4797 - Part I	+	[36]	+	[37]
Form 4797 - Part II	+	[38]	+	[39]
Comm revitalization	+	[40]	+	[41]
Section 179	+	[42]		

NOTES/QUESTIONS:

Preparer use only

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

Cash or Accrual Income Items

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

Cash and Accrual Income Items

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

Control Totals +

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sale of Principal Residence

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

Exclusion Information

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

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

Form 6252 - Current Year Installment Sale

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

Form 6252 - Related Party Installment Sale Information

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

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2009	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2009	+ _____ [9]	+ _____ [10]
Enter the nondeductible contribution amount made in 2010 for use in 2009	+ _____ [11]	+ _____ [12]
Traditional IRA basis	+ _____ [13]	+ _____ [14]
Value of all your traditional IRA's on December 31, 2009:	+ _____ [15]	+ _____ [16]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

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

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [25]	__ [26]
Enter the total Roth IRA contributions made for use in 2009	+ _____ [27]	+ _____ [28]
Enter the total amount of Roth IRA conversion recharacterizations for 2009	+ _____ [33]	+ _____ [34]
Enter the total contribution Roth IRA basis on December 31, 2008	+ _____ [37]	+ _____ [38]
Enter the total Roth IRA contribution recharacterizations for 2009	+ _____ [39]	+ _____ [40]
Enter the Roth conversion IRA basis on December 31, 2008	+ _____ [41]	+ _____ [42]
Value of all your Roth IRA's on December 31, 2009:	+ _____ [43]	+ _____ [44]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
Name of Trustee _____	_____[4]	
State postal code _____	_____[2]	
Archer MSA contributions made in 2009 and 2010 for 2009 (Box 1)	+ _____[6]	
Total contributions made in 2009 (Box 2)	+ _____[7]	
Total HSA or Archer MSA contributions made in 2010 for 2009 (Box 3)	+ _____[8]	
Rollover contribution (Box 4)	+ _____[9]	
Fair market value of HSA, Archer MSA, or MA MSA (Box 5)	+ _____[10]	
Box 6 -		
HSA	_____[11]	
Archer MSA	_____[12]	
MA (Medicare Advantage) MSA	_____[13]	

Additional Information

	2009 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____[20]	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
Number of months in qualified high deductible health plan in 2009	_____[21]	
Excess contributions for 2008 taken as constructive contributions for 2009	+ _____[23]	
Complete this section if your account is an Archer MSA or MA MSA		
Amount of annual deductible	+ _____[30]	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____[32]	
If self-employed, enter earned income from business under which plan was established +	_____[35]	
Complete this section if your account is an HSA		
Was the high deductible health plan in effect for December 2009? (Y, N)	_____[39]	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
Enter any qualified HSA distribution from health flexible spending arrangement (FSA)	+ _____[41]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA)	+ _____[42]	

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of Trustee			[4]
State postal code		__	[2]
Gross distributions received (Box 1)	+	_____	[7]
Earnings on excess contributions (Box 2)	+	_____	[8]
Distribution code (Box 3)		__	[9]
Fair Market Value on date of death (Box 4)	+	_____	[10]
Box 5 -			
HSA		__	[11]
Archer MSA		__	[12]
MA MSA		__	[13]
Amount of distribution rolled over or withdrawal of excess contributions for 2009	+	_____	[17]
Unreimbursed qualified medical expenses for 2009	+	_____	[18]
If the distribution is due to the death of the account holder,			
enter the qualified decedent medical expenses paid by the taxpayer	+	_____	[20]
If MA (Medicare Advantage) MSA, enter value of account on 12/31/08	+	_____	[21]
For HSA accounts:			
Was the high deductible health plan coverage started in 2008 and in effect for the month of December 2008? (Y, N)		__	[29]
Was the high deductible health plan coverage ended before 12/31/09? (Y, N)		__	[30]

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2009 Information

Prior Year Information

Name of the insured chronically ill individual		_____	[39]
Social security number of insured		_____	[40]
Gross long-term care (LTC) benefits paid (Box 1)	+	_____	[42]
Accelerated death benefits paid (Box 2)	+	_____	[43]
Check one (Box 3)			
Per diem		__	[44]
Reimbursed amount		__	[45]
Qualified contract (Box 4)		__	[46]
Check, if applicable (Box 5)			
Chronically ill		__	[47]
Terminally ill		__	[48]
Are there other individuals who received LTC payments during 2009? (Y, N)		__	[49]
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		__	[50]
Number of days during the long-term care period		_____	[51]
Cost incurred for qualified long-term care services during the long-term care period	+	_____	[52]

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Total amount reimbursed for moving expenses	+ _____	[13]

NOTES/QUESTIONS:

Preparer use only

Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code _____ [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2009 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2009 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2009 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2009 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2009 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2009 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2009 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2009 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2009 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2009 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2009 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2009 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2009 + _____ [20]

NOTES/QUESTIONS:

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 ^[1]		2009 Information	Prior Year Information
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

Education Credits and Tuition and Fees Deduction

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

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

TS	Ed Exp Code*	Student's SSN ^[6]	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	

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

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

To qualify for the Hope credit, the student must:

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

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

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

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

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

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

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

Payments from Qualified Education Programs

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

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

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

Schedule A - Tax Expenses

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

Interest Expenses

T/S/J	2009 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	[2]	+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2009 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
Address			+	
Address			+	
Address			+	
Address			+	

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid:

— Payer's/Borrower's name _____ [7]
 — Street Address _____
 — City/State/Zip code _____

Refinancing Points paid in 2009:

Taxpayer/Spouse/Joint (T, S, J) _____ [8]
 Description _____
 Total points paid _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points paid in 2009 (**Preparer use only**) _____ [9]
 Date of refinance _____
 Total number of payments _____
 Reported on Form 1098 in 2009 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Description _____
 Total points paid _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points paid in 2009 (**Preparer use only**) _____
 Date of refinance _____
 Total number of payments _____
 Reported on Form 1098 in 2009 _____

T/S/J	2009 Information	Prior Year Information
Investment interest expense, other than on K-1s:		
[11]	+	[12]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

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

Miscellaneous Deductions

T/S/J	2009 Information	Prior Year Information	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses			
__ [11] _____	+ _____ [12]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
Union dues:			
__ [14] _____	+ _____ [15]		
— _____	+ _____		
— _____	+ _____		
__ [17] Tax preparation fees	+ _____ [18]		
Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees			
__ [20] _____	+ _____ [21]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
__ [23] Safe deposit box rental	+ _____ [24]		
Investment expenses, other than on K1s:			
__ [26] _____	+ _____ [27]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
Other expenses, not subject to the 2% AGI limitation:			
__ [30] _____	+ _____ [31]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
Gambling losses: (Enter only if you have gambling income)			
__ [33] _____	+ _____ [34]		
— _____	+ _____		

Preparer use only

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

Vehicle Questions

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

Vehicles #1 and #2 Actual Expenses

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

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

Vehicles #3 and #4 Actual Expenses

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

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

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

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

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

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

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

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

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2009 Information	Prior Year Information
Total area of home	_____ [10]	_____
Area used exclusively for business	_____ [12]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [14]	_____
Total hours used this year, if less than 8,760	_____ [16]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [18]	_____
Area used partly for day-care business	_____ [20]	_____

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

	2009 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest	+ _____ [25]	+ _____ [26]	_____
Mortgage insurance premiums	+ _____ [28]	+ _____ [29]	_____
Real estate taxes	+ _____ [31]	+ _____ [32]	_____
Excess mortgage interest and insurance premiums	+ _____ [34]	+ _____ [35]	_____
Insurance	+ _____ [37]	+ _____ [38]	_____
Rent	+ _____ [40]	+ _____ [41]	_____
Repairs & maintenance	+ _____ [43]	+ _____ [44]	_____
Utilities	+ _____ [46]	+ _____ [47]	_____
Other expenses, such as: Supplies & Security system	+ _____ [49]	+ _____ [50]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [52]	_____
Carryovers:			
Operating expenses		+ _____ [53]	_____
Casualty losses		+ _____ [54]	_____
Depreciation		+ _____ [56]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [57]	_____
Depreciation		+ _____ [61]	_____

NOTES/QUESTIONS:

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

Preparer use only

Description of business or profession _____ [3]

Vehicles 1 - 2

Vehicle 1 - Date placed in service _____ [5]
 Description _____ [6]
 Comments _____

Vehicle 2 - Date placed in service _____ [41]
 Description _____ [42]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____ [10]	_____	_____ [46]	_____
Commuting miles	_____ [12]	_____	_____ [48]	_____
Business miles	_____ [14]	_____	_____ [50]	_____
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [17]	---	_____ [53]	---
Was another vehicle available for personal use? (Y, N)	_____ [19]	---	_____ [55]	---
Do you have evidence to support your deduction? (Y, N)	_____ [21]	---	_____ [57]	---
Is this evidence written? (Y, N)	_____ [23]	---	_____ [59]	---
Parking, fees and tolls	+ _____ [25]	_____	+ _____ [61]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [27]	_____	+ _____ [63]	_____
Interest	+ _____ [29]	_____	+ _____ [65]	_____
Registration	+ _____ [31]	_____	+ _____ [67]	_____
Property taxes	+ _____ [33]	_____	+ _____ [69]	_____
Vehicle rentals	+ _____ [35]	_____	+ _____ [71]	_____
Inclusion amount (Preparer use only)	+ _____ [37]	_____	+ _____ [73]	_____
Depreciation	+ _____ [39]	_____	+ _____ [75]	_____

Vehicles 3 - 4

Vehicle 3 - Date placed in service _____ [77]
 Description _____ [78]
 Comments _____

Vehicle 4 - Date placed in service _____ [113]
 Description _____ [114]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____ [82]	_____	_____ [118]	_____
Commuting miles	_____ [84]	_____	_____ [120]	_____
Business miles	_____ [86]	_____	_____ [122]	_____
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [89]	---	_____ [125]	---
Was another vehicle available for personal use? (Y, N)	_____ [91]	---	_____ [127]	---
Do you have evidence to support your deduction? (Y, N)	_____ [93]	---	_____ [129]	---
Is this evidence written? (Y, N)	_____ [95]	---	_____ [131]	---
Parking, fees and tolls	+ _____ [97]	_____	+ _____ [133]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [99]	_____	+ _____ [135]	_____
Interest	+ _____ [101]	_____	+ _____ [137]	_____
Registration	+ _____ [103]	_____	+ _____ [139]	_____
Property taxes	+ _____ [105]	_____	+ _____ [141]	_____
Vehicle rentals	+ _____ [107]	_____	+ _____ [143]	_____
Inclusion amount (Preparer use only)	+ _____ [109]	_____	+ _____ [145]	_____
Depreciation	+ _____ [111]	_____	+ _____ [147]	_____

Child and Dependent Care Expenses

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

	Taxpayer	Spouse
2008 employer-provided dependent care benefits used during 2009 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2009	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2009		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2009 + _____ [7]

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2009 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2009 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2009 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2009 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2009 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2009 + _____

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

NOTES/QUESTIONS:

If you or your spouse purchased a principal residence after December 31, 2008, and before May 1, 2010, you may qualify for the First-Time Homebuyer Credit. The home must be located within the United States and neither party may have owned, or held an ownership interest in a home during the three year period prior to the home's purchase date. If you owned and lived in a home for five consecutive years during an eight year period prior to the purchase of a new home, you may qualify for a reduced credit even though you are not a first-time homebuyer. If you 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 __[2]

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

Address _____ [3]

City/State/Zip code _____ [4] _____ [5] _____ [6]

Date home acquired (After 4/8/08 and before 5/1/10) (After 11/30/09 and before 5/1/11 for service members) _____ [7]

Purchase price of the home _____ [9]

Date the home was sold or ceased being used as principal residence _____ [10]

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

Taxpayer owned a home or had ownership interest in a home? (Y, N) __[12]

Spouse owned a home or had ownership interest in a home? (Y, N) __[13]

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

Taxpayer used the same residence as home for 5 consecutive years? (Y, N) __[14]

Spouse used the same residence as home for 5 consecutive years? (Y, N) __[15]

Were you and your spouse married on the purchase date? (Y, N) __[16]

Mark if home was either purchased from a related party, is located outside the United States, or was acquired by gift or inheritance __[17]

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

Other owner name _____ [20]

Allocation percentage _____

If you sold your home, enter the selling price _____ [25]

If your home was transferred to your ex-spouse due to a divorce settlement, enter his or her full name _____ [26]

NOTES/QUESTIONS: