

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2009 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2009 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2008 information is included for your reference. You do not need to make any 2008 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2008 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

2009 TAX ORGANIZER

Taxpayer Information				Spouse Information			
Last name				Last name			
First name				First name			
Middle Initial		Suffix		Middle Initial		Suffix	
Social security number				Social security number			
Date of birth				Date of birth			
Occupation				Occupation			
Work phone		Ext ..		Work phone		Ext ..	
Cell phone				Cell phone			
E-mail address				E-mail address			
Address						Apartment number	
City				State		ZIP Code	
Home phone		Fax number		Home phone		Fax number	

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

Education Tuition and Fees				
Student First Name	MI	Suffix	Student Last Name	Social Security Number

Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid
Enter total 2009 qualified student loan interest

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation	
Employer Name	2008 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc	
1099-R Payer Name	2008 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits		Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	_____	_____	_____
Railroad Retirement Benefits from Form RRB-1099	_____	_____	_____
Medicare B premiums withheld	_____	_____	_____
Medicare D premiums withheld	_____	_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income	
1099-MISC Payer Name	

Attach Form(s) 1099-INT – Interest Income	
1099-INT Payer Name	2008 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income	
1099-DIV Payer Name	2008 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc
 Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:
 Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:
 Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

	Taxpayer	Spouse
Retirement Plan Contributions		
Traditional IRA contributions made for 2009	_____	_____
Roth IRA contributions made for 2009	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

2009 Deductions

Medical and Dental Expenses	2009 Amount	2008 Amount
Prescription medications	_____	_____
Health insurance premiums	_____	_____
Doctors, dentists, etc	_____	_____
Hospitals, clinics, etc	_____	_____
Eyeglasses and contact lenses	_____	_____
Miles driven for medical purposes	_____	_____
Other medical and dental expenses:		
_____	_____	_____
_____	_____	_____
Taxes	2009 Amount	2008 Amount
Real estate taxes paid on principal residence	_____	_____
Real estate taxes paid on additional homes or land	_____	_____
Auto license registration fees based on the value of the vehicle	_____	_____
Other personal property taxes	_____	_____
Interest Expenses		
Home mortgage interest paid – Attach Form(s) 1098.		
Lender's Name	2009 Amount	2008 Amount
_____	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name	2009 Amount	
_____	_____	
_____	_____	
Cash/Check/Credit Contributions	2009 Amount	2008 Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
Noncash Charitable Contributions		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
Miscellaneous Deductions	2009 Amount	2008 Amount
Union and professional dues	_____	_____
Professional subscriptions, books, supplies	_____	_____
Uniforms and protective clothing (including cleaning)	_____	_____
Job search costs	_____	_____
Taxpayer educator expenses	_____	_____
Spouse educator expenses	_____	_____
Tax return preparation fees	_____	_____
Safe deposit box rental	_____	_____
Gambling losses (to the extent of gambling income)	_____	_____
Other expenses (list):		
_____	_____	_____
_____	_____	_____

	Yes	No
1 Did you receive an economic stimulus payment in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
If you received social security, railroad retirement, veterans disability compensation or some pension benefits you would probably have received an extra \$250 payment in 2009. Report the amount here		
2 Did a lender cancel any of your debt in 2009? (Attach any Forms 1099-A or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you add energy efficient property to your home in 2009? This refers to solar energy, solar water heating, fuel cell, small wind energy or a geothermal heat pump	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you purchase a motor vehicle or boat during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach documentation showing sales tax paid.		
5 Did you purchase a hybrid vehicle in 2009? If yes , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you donate a vehicle in 2009? If yes , attach Form 1098C	<input type="checkbox"/>	<input type="checkbox"/>
7 What was the sales tax rate in your locality in 2009? % State ID		
8 Did your marital status change during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , explain: _____		
9 Were you or your spouse permanently and totally disabled in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1900? ..	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you provide over half the support for any other person during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you incur adoption expenses during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive any disability payments in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
16 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2009? If yes , attach closing or escrow statements, 1099-C or 1099-A forms.	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any casualty or theft losses during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you pay any individual for domestic services in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you buy or sell any stocks or bonds in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you incur any moving expenses? If yes , attach details	<input type="checkbox"/>	<input type="checkbox"/>
24 Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach information.		
25 Do you expect your income and deductions in 2010 to be the same as 2009?	<input type="checkbox"/>	<input type="checkbox"/>
If no , attach explanation of changes expected.		
26 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
27 Enter your state of residence	Taxpayer _____	Spouse _____

Electronic Filing and Direct Deposit of Refund

	Yes	No
If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input type="checkbox"/>	<input type="checkbox"/>
The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.		
If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please provide a voided check (not a deposit slip) if your bank account information has changed.		
What type of account is this?	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Estimated Tax Paid

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

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General Questions

ORG3

PERSONAL INFORMATION		Yes	No
1	Did your marital status change during 2009? If yes , explain	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you want to allow your tax preparer to discuss this year's return with the IRS? If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy. Designee's Name ▶ _____ Phone Number ▶ _____ Personal Identification Number (5 digit PIN) ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you or your spouse plan to retire in 2010?	<input type="checkbox"/>	<input type="checkbox"/>
4	Were you or your spouse permanently and totally disabled in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
5	Enter date of death for taxpayer or spouse (if during 2009 or 2010): Taxpayer: _____ Spouse: _____		
6	Were you or your spouse a member of the U.S. Armed Forces during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT INFORMATION			
		Yes	No
7a	Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
b	If yes , do you want us to prepare the return(s)?	<input type="checkbox"/>	<input type="checkbox"/>
8a	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1,900?	<input type="checkbox"/>	<input type="checkbox"/>
b	If yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
10	Did you provide over half the support for any other person during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
11	Did you incur adoption expenses during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
IRA AND PENSION PLAN			
		Yes	No
12	Did you receive payments from a pension or profit-sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
13	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
14	Did you convert all or part of a regular IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
15	Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>
ITEMS RELATED TO INCOME/LOSSES			
		Yes	No
16	Did you receive any disability payments in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
17	Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
18a	Did you buy, sell, refinance, or abandon a principal residence or other real property in 2009? (Attach copies of any escrow statements or Forms 1099.)	<input type="checkbox"/>	<input type="checkbox"/>
b	Are you planning to purchase a home soon?	<input type="checkbox"/>	<input type="checkbox"/>
19	Did you incur any casualty or theft losses during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
20	Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
PRIOR YEAR TAX RETURNS			
		Yes	No
21	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
22	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS AND TAXES

- | | Yes | No |
|--|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24a At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2009? If yes , report all interest income on Org 11 | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

- | | Yes | No |
|---|--------------------------|--------------------------|
| 26 Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 30 Did you receive an economic stimulus payment in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received social security, railroad retirement, veterans disability compensation or some pension benefits you would probably have received an extra \$250 payment in 2009. Report the amount here .. _____ | | |
| 31 Did you add energy efficient property to your home in 2009? This refers to solar energy, solar water heating, fuel cell, small wind energy or a geothermal heat pump | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you start paying mortgage insurance premiums in 2009? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you purchase a motor vehicle or boat during 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , attach documentation showing sales tax paid. | | |
| 34 Did you purchase a hybrid vehicle in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , enter year, make, model, and date purchased: _____ | | |
| 35 Did you donate a vehicle in 2009? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 What was the sales tax rate in your locality in 2009? _____ % State ID | | |
| 37 Did you or your spouse make gifts of over \$13,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach details. | | |
| 40 Did you or your spouse participate in a medical savings account in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 41 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you pay any individual for domestic services in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you, your spouse, or your dependents attend post-secondary school in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did a lender cancel any of your debt in 2009? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach information. | | |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | Yes | No |
|--|--------------------------|--------------------------|
| 47 If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |

Caution: Review transferred information for accuracy.

- 49 If **yes**, please provide the following information:
- a Name of your financial institution
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32)
- c Account number
- d What type of account is this?
- Checking Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2009? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient.		
13 Did you purchase special fuels for non-highway use?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2008 federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>

Basic Taxpayer Information

ORG6

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name	_____	_____
First name	_____	_____
Middle initial and suffix	MI _____ Suffix	MI _____ Suffix
Social security number	_____	_____
Occupation	_____	_____
Work phone/extension	_____	_____
Cell phone	_____	_____
E-mail address	_____	_____
Birthdate or age as of 1-1-2010 ...	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Street address ... _____ Apartment number _____
 City State ZIP code
 Home phone Foreign country
 Fax Foreign phone

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year ▶

Check this box if you are eligible to claim spouse's exemption ▶

Check this box if your spouse itemizes deductions ▶

4 Head of household

If the qualifying person is a child but not your dependent, enter
 Child's name Child's social security number

5 Qualifying widow(er)

Check the box for the year the spouse died ▶ 2007 2008

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2009 Child Care Expense
		+Months in U.S.	*Not Citizen	2008 Child Care Expense
-----	-----		<input type="checkbox"/>	
-----	-----		<input type="checkbox"/>	
-----	-----		<input type="checkbox"/>	
-----	-----		<input type="checkbox"/>	

** For the Dependent Code, enter the following: L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies you for the earned income credit and/or the child tax credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

Attach all copies of your W-2 forms here.

1	Employer's name	Check if not applicable for 2009	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		_____
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4a Clergy: Enter your designated housing or parsonage allowance		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value		_____
	c Check SE tax on: (a) housing or parsonage allowance	(b) W-2 wages	(c) both
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

2	Employer's name	Check if not applicable for 2009	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		_____
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4a Clergy: Enter your designated housing or parsonage allowance		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value		_____
	c Check SE tax on: (a) housing or parsonage allowance	(b) W-2 wages	(c) both
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

Attach all copies of your 1099-R forms here.

1	Payer's name	Check if not applicable for 2009	<input type="checkbox"/>
	Payer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	2a If a partial rollover, enter the amount rolled over		_____
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		_____
	3 Health insurance premiums deductible on Schedule A		_____
	4a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
	b If only part of distribution is RMD, enter the part that is RMD		_____

2	Payer's name	Check if not applicable for 2009	<input type="checkbox"/>
	Payer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	2a If a partial rollover, enter the amount rolled over		_____
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		_____
	3 Health insurance premiums deductible on Schedule A		_____
	4a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
	b If only part of distribution is RMD, enter the part that is RMD		_____

W-2G – GAMBLING OR LOTTERY WINNINGS

Attach all copies of your W-2G forms here.

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

W-2 Amounts

ORG7A

WAGES, SALARIES, TIPS, AND OTHER COMPENSATION			
Box	Description	2009	2008
c	Employer's name (from ORG7)		
1	Wages, tips, etc		
2	Federal income tax withheld		
3	Social security wages		
4	Social security tax		
5	Medicare wages/tips		
6	Medicare tax withheld		
13b	Check if retirement plan participant	<input type="checkbox"/>	<input type="checkbox"/>
7	Social security tips		
8	Allocated tips		
	Unreported tips less than \$20 per month		
	Unreported tips \$20 or more per month		
9	Advance EIC payment		
10	Dependent care		
11	Nonqualified plans		
13a	Check if statutory employee	<input type="checkbox"/>	<input type="checkbox"/>
13c	Check if third-party sick pay	<input type="checkbox"/>	<input type="checkbox"/>

Box 12 W-2 Code	2009 Box 12 Amount	2008 Box 12 Amount		2009	2008	
			If Box 12 code is: A: Attributable to RR Tier 2 tax			
				M: Attributable to RR Tier 2 tax		
				R: Taxpayer MSA		
				Spouse MSA		
				G: Not government employer	<input type="checkbox"/>	<input type="checkbox"/>

2009 Box 14 Description or Code	2009 Box 14 Amount	2008 Box 14 Description or Code	2008 Box 14 Amount

Box 15 State	2009 Box 16 Wages, tips, etc	2009 Box 17 Income tax	2008 Box 16 Wages, tips, etc	2008 Box 17 Income tax

Box 20 Locality	2009 Box 18 Wages, tips, etc	2009 Box 19 Income tax	2008 Box 18 Wages, tips, etc	2008 Box 19 Income tax

1099-R Amounts

ORG7B

Source From: 1099-R ... CSA-1099-R ... CSF-1099-R ... RRB-1099-R ...



Payer's name

Box	Description	2009	2008
		<input type="checkbox"/>	<input type="checkbox"/>
	Federal income tax withheld		
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
	State tax withheld – State 1		
	State tax withheld – State 2		
	State/Payer's state number – State 1		
	State/Payer's state number – State 2		
	State distribution – State 1		
	State distribution – State 2		
	Local tax withheld – Locality 1		
	Local tax withheld – Locality 2		
	Name of locality – Locality 1		
	Name of locality – Locality 2		
	Local distribution – Locality 1		
	Local distribution – Locality 2		
	Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of		
	▶ Spouse and treat as recipient's own (treat as rollover)	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Recipient, but originally was inherited from spouse's (own IRA)	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Spouse and not treat as recipient's own (taxable amount in box 2a)	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Someone other than a spouse (taxable amount in box 2a)	<input type="checkbox"/>	<input type="checkbox"/>

1099-MISC Income

ORG8

MISCELLANEOUS INCOME

Attach all copies of 1099-MISC forms here.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if you did not receive income from this payer in 2009	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name			
	Payer's federal identification number or			
	Payer's social security number			
1	Rents			
2	Royalties			
3	Other income			
4	Federal income tax withheld			
5	Fishing boat proceeds			
6	Medical/health care payments			
7	Nonemployee compensation			
8	Substitute payments			
10	Crop insurance proceeds			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
15a	Section 409A deferrals			
15b	Section 409A income			
16	State tax withheld – 1st state			
17	State name – two letters – 1st state			
	Payer's state number – 1st state			
18	State income – 1st state			
16	State tax withheld – 2nd state			
17	State name – two letters – 2nd state			
	Payer's state number – 2nd state			
18	State income – 2nd state			

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

<input checked="" type="checkbox"/> Attach all copies of SSA and RRB forms.	Taxpayer	Spouse
1 Social Security Benefits from Form SSA-1099		
2 Federal income tax withheld from Form SSA-1099		
3 Medicare B premiums withheld from Form SSA-1099		
4 Medicare D premiums withheld from Form SSA-1099		
5 Railroad Retirement Benefits from Form RRB-1099		
6 Federal income tax withheld from Form RRB-1099		
7 Medicare premiums withheld from Form RRB-1099		

FORM 1099-G

Attach all copies of 1099-G forms.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name			
1	Unemployment compensation			
a	Unemployment benefits you repaid in 2009			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2007 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld			
5	Alternative Trade Adjustment Assistance			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	State income tax withheld			
	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation	_____	_____	_____
9	Market gain			

OTHER INCOME

Nature and Source	2009 Taxpayer	2009 Spouse	2008 Combined
1 Alimony received			
2 Scholarship/fellowship income not on Form W-2			
3 Recovery of bad debts previously deducted			
4 Jury duty pay			
5 Bartering income not reported elsewhere			
6 Income from the rental of personal property			
7 Other miscellaneous income items: Description:			

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

****Type of Interest**
 blank = Regular taxable interest
 ME1 = ME bond interest in federal income
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest
 NH1 = NH nontaxable interest — taxable federal
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest
 TN1 = TN nontaxable interest — taxable federal
 WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2009 Box 1 Interest	Type of Interest**	2009 Box 3 US/Treasury Interest	2009 Box 8 Tax Exempt	State	2008 Box 1 + 3

X* Check if you did not receive income from this account in 2009.

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2009 Box 1a Ordinary Dividends	2009 Box 1b Qualified Dividends	2009 Box 2a Capital Gains	State	2008 Box 1a + 2a

X* Check if you did not receive income from this account in 2009.

1099-INT Amounts

ORG11A

Box	Form 1099-INT	2009	2008
	Payer Name		
2	Early withdrawal penalty		
4	Federal taxes withheld		
5	Investment expenses		
6	Foreign taxes paid		
7	Foreign country		
	State taxes withheld		
	State ID		
9	Private activity bond interest		
	Percent of private activity bond amount included in total interest		
	Types of adjustments:*		
	<input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> U		
	Amount of adjustment		

*Type of adjustment:
 N = Nominee distribution
 O = Original issue discount (OID) adjustment
 B = Amortizable bond premium (ABP) adjustment
 A = Accrued interest adjustment
 H = Other adjustment
 U = U.S. Savings bond interest previously reported

1099-DIV Amounts

ORG11B

Box	Form 1099-DIV	2009	2008
	Payer Name		
2b	Unrecaptured Section 1250 gain		
2c	Section 1202 gain		
2d	Collectibles (28%) gain		
3	Nontaxable distributions		
4	Federal taxes withheld		
5	Investment expenses		
6	Foreign tax paid		
7	Foreign country		
	State taxes withheld		
	State ID		
	U.S. government interest in dividends		
	Exempt-interest dividends (not included in box 1)		
	Private activity bond amount included above		
	Percent of private activity bond included above		
	Margin interest paid in 2009		
	Types of adjustments: Nominee <input type="checkbox"/> Other <input type="checkbox"/> ESOP <input type="checkbox"/>		
	Amount of adjustment		

Seller-Financed Interest/Child's Interest and Dividends

ORG12

T = Taxpayer, S = Spouse, J = Joint

SELLER-FINANCED MORTGAGE INTEREST					
TSJ	*X	Name of Payer	Address	SSN or EIN	Amount

*X Check if you did not receive interest from this payer in 2009.

CHILD'S INTEREST AND DIVIDENDS (greater than \$950)			
*X	Child's Name	2009	2008

	First name _____ MI ____ Last name _____ Suffix ____ SSN _____		
	Child's taxable interest		
	Child's tax-exempt interest		
	Child's ordinary dividends		
	Child's capital gain distributions		
	First name _____ MI ____ Last name _____ Suffix ____ SSN _____		
	Child's taxable interest		
	Child's tax-exempt interest		
	Child's ordinary dividends		
	Child's capital gain distributions		
	First name _____ MI ____ Last name _____ Suffix ____ SSN _____		
	Child's taxable interest		
	Child's tax-exempt interest		
	Child's ordinary dividends		
	Child's capital gain distributions		

*X Check if this child did not receive interest or dividend income in 2009.

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2009	2008
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5a Insurance reimbursement		
b Medical (MSA) or health (HSA) savings account distributions		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees		
9 Expenses for qualified long-term care		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes		
13 Ambulance fees and other medical transportation costs		
14 Lodging		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2009	2008
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle		
19 Other personal property taxes		
20 Other taxes:		
_____		
_____		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2009	2008
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2009
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2008 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

INVESTMENT INTEREST		
	2009	2008
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

Interest Paid and Cash Contributions (continued)

ORG14

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2009	2008
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven			
Parking fees, tolls, and local transportation			

Noncash Contributions

ORG14A

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Amount
A _____	<input type="checkbox"/>		
B _____	<input type="checkbox"/>		
C _____	<input type="checkbox"/>		
D _____	<input type="checkbox"/>		
E _____	<input type="checkbox"/>		
F _____	<input type="checkbox"/>		
G _____	<input type="checkbox"/>		
H _____	<input type="checkbox"/>		
I _____	<input type="checkbox"/>		

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

* Method for Fair Market Value	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

*** Methods of determining FMV:**

- | | | |
|---------------|--------------------------|-------------------|
| Appraisal | Capitalization of income | Present value |
| Average share | Comparative sales | Replacement cost |
| Catalog | Consignment shop | Reproduction cost |
| | | Thrift shop |

**** Type of Donated Property**

- | | | |
|---------------------------------|-----------------------------------|--|
| Household/clothing items | Business equipment | Intellectual property |
| Motor vehicle, boat or airplane | Business inventory | Real property, conservation property |
| Art, other than self-created | Stock, publicly traded | Real property, other than conservation |
| Art, self-created | Stock, other than publicly traded | Other personal property |
| Collectibles | Securities, other than stock | Other intangible property |

***How Property was Acquired: Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2009	2008
Employee Business Expenses		
Note: If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treat all assets acquired after August 27, 2005 as qualified GO Zone property?	<input type="checkbox"/> Regular	<input type="checkbox"/> Extension
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this property located in a Qualified Disaster Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check to code assets as Investment Expense	<input type="checkbox"/>	
Use ORG50 to record dispositions.		
Use ORG51A to enter additional assets.		
Use ORG11a for investment expenses related to interest income.		
Use ORG11b for investment interest related to dividend income.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 Other expenses (list):		
a _____		
b _____		
c _____		
d _____		
e _____		
OTHER MISCELLANEOUS DEDUCTIONS	2009	2008
12 Amortizable bond premiums (acquired before 10/23/86)		
13 Gambling losses (to the extent of gambling income)		
14 Other miscellaneous deductions:		
a _____		
b _____		
c _____		
d _____		
e _____		

Moving Expenses

ORG16

If you sold your principal residence during 2009, also complete Sale of Your Home (ORG22).

FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace

Number of miles from your old home to old workplace

Are you a member of the armed forces? Yes No

If **Yes**, did you move due to a permanent change of station? Yes No

If **Yes**, enter the allowances or reimbursements received from the government

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses	
Storage expenses	
Expenses of moving from old to new home:	
Travel not including meals	
Lodging not including meals	

SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace

Number of miles from your old home to old workplace

Are you a member of the armed forces? Yes No

If **Yes**, did you move due to a permanent change of station? Yes No

If **Yes**, enter the allowances or reimbursements received from the government

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses	
Storage expenses	
Expenses of moving from old to new home:	
Travel not including meals	
Lodging not including meals	

Employee Business Expenses

ORG17

Occupation in which expenses were incurred

Check box if spouse's employee expenses. If blank, taxpayer assumed

Check box if a fee-basis state or local government official

Check box if subject to Department of Transportation (DOT) hours of service limits

Treat all MACRS assets for activity as qualified Indian reservation property? Yes No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No

Was this activity located in a Qualified Disaster Area Yes No

EXPENSES	2009	2008
1 Parking fees, tolls, and local transportation		
2 Travel expenses while away from home (excluding meals/entertainment expenses)		
3 Meals and entertainment expenses		
4 Business gifts		
5 Education		
6 Home office expenses (Preparer Use Only – complete ORG17A)		
7 Trade publications		
8 Depreciation expense other than vehicle (Preparer Use Only)		
9 Carryover of Section 179 expense from prior year		
10 Other:		

EMPLOYER REIMBURSEMENTS	2009	2008
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals and entertainment		
12 Reimbursements for meals and entertainment		

QUALIFIED PERFORMING ARTIST	2009	2008
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2009	2008
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any property or equipment other than a vehicle was acquired during 2009, please complete ORG51— Additional Assets. For vehicles, see page 2.

If any property or equipment other than a vehicle was disposed of during 2009, please complete the disposition information on ORG50 – Existing Assets. For vehicles, see page 2.

Employee Business Expenses (continued)

ORG17

GENERAL VEHICLE INFORMATION	Vehicle 1	Vehicle 2
15 Description of vehicle		
16 Date placed in service		
17 Enter detail on lines 17a and 17b, or total on line 17c:		
a Ending mileage reading		
b Beginning mileage reading		
c Total miles for the year (line 17a less line 17b)		
18 Business miles		
19 Total commuting miles		
20 Average daily commuting miles		
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2
21 Do you qualify for standard mileage? (Preparer Use Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2
23 Gasoline, oil, repairs, insurance, etc		
24 Vehicle registration fee (excluding property tax)		
25 Vehicle lease or rental fee		
26 Inclusion amount (Preparer Use Only)		
27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2)		
28 Depreciation (Preparer Use Only)		
VEHICLE DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2
29 Cost or basis		
30 Is this an electric vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31 Is this qualified Indian reservation property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Type of vehicle (Preparer Use Only)		
33 Section 179 expense (Preparer Use Only)		
34 Qualified Property for Economic Stimulus? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Qualified Property for Qualified Disaster Area? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Qualified Property for Kansas Disaster Zone (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Qualified property for GO Zone? (Preparer Use Only)	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
38 Percentage for Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
39 Elect OUT of Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40 Elect 30% in place of 50% Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41 Date sold		
42 Date acquired, if different from line 16		
43 Sales price		
44 Expense of sale		
45 Gain/loss basis, if different (Preparer Use Only)		
46 AMT gain/loss basis, if different (Preparer Use Only)		
VEHICLE QUESTIONS		
47 Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
48 Is another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
49 Do you have evidence to support the business use claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
50 If yes , is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Home Office Expense

ORG17A

for:
copy:

GENERAL INFORMATION	2009	2008
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage)		
2 Area used only partly for day care (square footage)		
3 Total area of home (square footage)		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year		
b Number of days used for day care each week		
c Number of days closed for holidays, vacations, etc		
d Number of hours used for daycare each day		
5 Total wages from this business		
6 Enter the percent of wages above that are from the business use of this home		
7 Gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) ..		
8 Any losses from this business shown on Schedule D or Form 4797 (Preparer Use Only)		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2009		2008	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only)				
10 Mortgage interest/points on Form 1098				
11 Interest not on Form 1098				
12 Points not of Form 1098				
13 Real estate taxes				
14 Qualified mortgage insurance				
15 Other insurance				
16 Rent				
17 Repairs and maintenance				
18 Utilities				
19 Other expenses (e.g., rent)				
20 Carryover of operating expenses				
21 Excess casualty losses (Preparer Use Only)				
22 Depreciation of your home (Preparer Use Only)				
23 Carryover of excess casualty losses and depreciation				

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

24	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
25	Enter the land value included in cost for residence			

Car And Truck Expenses
(Employees use ORG17 – Employee Business Expenses)

ORG18

for:

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle			
2 Date placed in service			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading			
b Beginning mileage reading			
c Total miles for the year (line 3a less line 3b)			
4 Business miles			
5 Total commuting miles			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc			
9 Vehicle registration fee (excluding property tax)			
10 Vehicle lease or rental fee			
11 Inclusion amount (Preparer Use Only)			
12 Depreciation (Preparer Use Only)			
13 Parking fees, tolls, and local transportation			
14 Portion of vehicle registration fee based on value			
15 Interest on vehicle			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis			
17 Is this an electric vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle (Preparer Use)			
20 Section 179 expense (Preparer Use)			
21 Qualified Property for Economic Stimulus? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property (Preparer Use)	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Qualified Property for SDA? (Preparer Use)	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold			
29 Date acquired, if different from line 2			
30 Sales price			
31 Expense of sale			
32 Gain/loss basis, if different (Preparer Use)			
33 AMT gain/loss basis, if different (Preparer Use)			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle available during off duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Was vehicle used primarily by a greater than 5% owner or related person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Do you have evidence to support the business use claimed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If yes , is the evidence written?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Income and Expenses

ORG19

GENERAL INFORMATION

1 Check ownership Taxpayer Spouse Joint

2 Business name

3a Business street address

 b 1 City, State and Zip Code, or

 2 Foreign country

4 Principal business/profession

5 Employer ID number

6 Business code (Preparer Use Only)

7 Was this business fully disposed of in a fully taxable transaction during 2009? Yes No

8 Accounting method:
 Cash Accrual Other (specify)

9 Method used to value closing inventory:
 Cost Lower of Other (explain)

Yes No

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?
 (If yes, attach explanation)

11 Did you materially participate in the operation of this business during 2009?

12 Did you start or acquire this business during 2009?

13 At-risk determination:

 a Is all of the investment in this activity at risk?

 b Is some of the investment in this activity not at risk?

14 Did you have unallowed passive losses in 2008?

15a Treat all MACRS assets for this activity as qualified Indian reservation property?

 b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No

 c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?

 d Was this business located in a Qualified Disaster Area?

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2009	2008
16 Gross receipts or sales		
17 Returns and allowances		
18 Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE	2009	2008
19 Inventory at beginning of year		
20 Purchases		
21 Items withdrawn for personal use		
22 Cost of labor (do not include your salary)		
23 Materials and supplies		
24 Other costs		
25 Inventory at end of year		

Business Income and Expenses (continued)

ORG19

EXPENSES	2009	2008
Business name _____		
26 Advertising		
27 Car and truck expenses (complete ORG18)		
28 Commissions and fees		
29 Contract labor		
30 Depletion		
31 Depreciation and Section 179 deduction (Preparer Use Only)		
32 Employee benefit programs		
33 Insurance (other than health)		
34 Self-employed health insurance attributable to this business		
35 Interest:		
a Mortgage (paid to banks, etc)		
b Other		
36 Legal and professional services		
37 Office expenses		
38 Pension and profit-sharing plans		
39 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property		
40 Repairs and maintenance		
41 Supplies (not included in cost of goods sold)		
42 Taxes and licenses		
43 Travel, meals, and entertainment:		
a Travel		
b Meals and entertainment subject to 50% limit		
c Meals subject to 80% limit		
d Meals and entertainment not subject to limit		
44 Utilities		
45 Gross wages		
46 Other expenses:		

47 Expenses for business use of your home (Preparer Use Only)		
Complete ORG20 for Business Use of Home.		
48 Qualified pension plan start-up costs		

Business Use of Home

ORG20

for:
copy:

GENERAL INFORMATION	2009	2008
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage)		
2 Area used only partly for day care (square footage)		
3 Total area of home (square footage)		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year		
b Number of days used for day care each week		
c Number of days closed for holidays, vacations, etc		
d Number of hours used for daycare each day		
5 If part of your income is from a place of business other than this home, enter % of gross income from business use of this home		
6 Gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) ..		
7 Any losses from this business shown on Schedule D or Form 4797 (Preparer Use Only)		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2009		2008	
	Direct	Indirect	Direct	Indirect
8 Casualty losses (Preparer Use Only)				
9 Total mortgage interest/points				
10 Mortgage interest/points on Form 1098				
11 Interest not on Form 1098				
12 Points not of Form 1098				
13 Real estate taxes				
14 Excess mortgage interest (Preparer Use)				
15 Qualified mortgage insurance				
16 Other insurance				
17 Rent				
18 Repairs and maintenance				
19 Utilities				
20 Other expenses (e.g., rent)				
21 Carryover of operating expenses				
22 Excess casualty losses (Preparer Use Only)				
23 Depreciation of your home (Preparer Use Only)				
24 Carryover of excess casualty losses and depreciation				

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

25	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
26	Enter the land value included in cost for residence			

Sales of Stocks and Securities

ORG21

Attach all copies of Forms 1099-B and/or 1099-S here.

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1 Did you exchange any securities for other securities or any other property held for investment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you engage in any transactions involving traded options? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did you engage in any transactions involving commodity future contracts and straddle positions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you engage in any transactions involving <i>employee</i> stock options? | <input type="checkbox"/> | <input type="checkbox"/> |

Do not include installment sales transactions here. Complete information on Installment Sales Income (ORG23) instead.

FORMS 1099-B, 1099-S – SALES OF STOCKS, BONDS, REAL ESTATE, ETC.

TSJ	Type*	Description of Property				Federal Withholding	Short/Long Term
		Date Acquired	Date Sold	Sales Price	Cost Basis		

***Type**

A = Stocks, bonds, etc	E = Stock sales to ESOP's or EWOC's
M = Collectible (28% Rate)	X = Expired (options, etc)
N = Nonbusiness Bad Debt	K = Bankrupt
P = Personal Loss on Noninvestment Property	O = Worthless
W = Wash Sale	

Sale of Your Home

ORG22

GENERAL INFORMATION

Attach copies of your original purchase and the current sale settlement sheets here.

Complete if the sale of your home occurred in the current year (2009).

	Yes	No
1 a Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it?	<input type="checkbox"/>	<input type="checkbox"/>
c Did you use this home partially or completely in a trade or business or hold it for investment AND dispose of it in a like-kind (Section 1031) exchange?	<input type="checkbox"/>	<input type="checkbox"/>
2 a Did you live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, did your spouse live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you receive a Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
4 a Have you sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, has your spouse sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.)		
a You	<input type="checkbox"/>	<input type="checkbox"/>
b Your spouse	<input type="checkbox"/>	<input type="checkbox"/>
6 a Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997?	<input type="checkbox"/>	<input type="checkbox"/>
b Was the home used as investment or rental property after December 31, 2008?	<input type="checkbox"/>	<input type="checkbox"/>
7 a Will you be receiving periodic payments of principal or interest from this sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If Yes , what is the amount of the financial instrument?		

8 Address of former home sold _____

9 a Date former home was sold _____

 b Date former home was bought _____

10 Sales price of the home sold _____

COST BASIS OF HOME SOLD

Description	Amount
Original cost of home sold:	
11 a Purchase price of home sold	
b Postponed gain on the sale of your previous home (from Form 2119 for the year this home was bought)	
Additions and increases to basis:	
12 a Settlement fees or closing costs when home was purchased. Do not include amounts previously deducted as moving expenses	
b Cost of capital improvements	
c Additions, including costs of materials and labor	
d Other additions and increases to basis	
Decreases to basis:	
13 a Seller-paid points (for old home bought after 1990)	
b Other decreases to basis	

COMMISSIONS AND OTHER EXPENSES OF SALE

Description	Amount
14 a _____	
b _____	
c _____	
d _____	

Installment Sale Income

ORG23

Attach all closing documents if this is the year of sale.

Was the property sold in this installment sale a rental or used in a trade or business? Yes No
Was the final installment received this year? Yes No

1 Description of property _____
2a Date acquired _____ 2b Date sold _____
c Check this box if ordinary gain from non-capital asset

GROSS PROFIT INFORMATION (Complete for year of sale only.)

3 Selling price, including mortgages and other debts _____
4 Mortgages and other debts buyer assumed or took property subject to _____
5 Cost or other basis of property sold _____
6 Depreciation allowed or allowable _____
7 Commissions and other expenses of sale _____
8 Was this property your main home? Yes No

CURRENT TAXABLE PORTION

9 Gross profit percentage _____
10a Payments received in current year _____
b Interest received in current year _____

Seller Financed Mortgage Information

11	Payer's Name	Address	SSN or EIN
	-----	-----	-----

12 Payments received in prior years (do not include interest) _____

SALES TO RELATED PARTIES

13a Was the property sold to a related party after May 14, 1980? Yes No
b If **yes**, was the property a marketable security? Yes No
*If yes, complete the rest of this form. If no, complete for year of sale and for 2 years after the sale.
If you received the final installment payment this year, do not complete the rest of this form.*
c Give the name, address, and taxpayer identification number of related party _____

14 Did the related party, during this tax year, resell or dispose of the property? Yes No
If no, do not complete the rest of this form.

Answer **yes** to no more than one of the following questions.

15a Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)? Yes No
If **yes**, give date of disposition _____
b Was the first disposition a sale or exchange of stock to the issuing corporation? Yes No
c Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition? Yes No
d Did the second disposition occur after the death of the original seller or buyer? Yes No
e Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition? Yes No
If **yes**, give explanation _____

16 If you answered **no** to all questions 15a through 15e, enter sales price of the property sold by related party (attach Form 6252 for year of first sale) _____

Sales of Business Property

ORG24

T = Taxpayer, S = Spouse, J = Joint

Attach all copies of 1099-S and 1099-B forms here.

Note: Enter asset dispositions here or on ORG50 (Transferred Assets), but not both.

SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD MORE THAN 1 YEAR
(Generally, report sales where you incurred a loss in this section except sale of raised cattle, horses and livestock sold at a gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD 1 YEAR OR LESS
(Ordinary gains and losses)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

GAIN FROM THE SALE OF PROPERTY HELD MORE THAN 1 YEAR
(Depreciable property used in trade/business or residential rental)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property type: _____
 Location (street address): _____
 City: _____ State: _____ Zip: _____
 Foreign Country: _____

1 Check property owner Taxpayer Spouse Joint Yes No

2 Enter the ownership percentage (if not 100%) _____
 If not 100%, are you reporting 100% of the income and expenses? Yes No

3 Check this box if some of this investment was **not** at-risk Yes No

4 Is this a rental property? (If **yes**, answer questions 5 through 7; if **no**, skip to question 8.) Yes No

5 Did you have personal use of this rental property? Yes No
 If **yes**, enter number of days: Rented _____ Personal use _____ Owned _____

6 Does this rental have multiple living units and you live in one of the units? Yes No
 If **yes**, enter percentage of rental use _____

7 Did you actively participate in this property's management during 2009? Yes No

8 Did you materially participate in this property's management during 2009? Yes No

9 Do you want to treat this property as non-passive? Yes No

10 Did you dispose of this property in a fully taxable transaction? Yes No

11 Did this property have unallowed passive losses in 2008? Yes No

12 Do you want to treat this property as commercial property? Yes No

13a Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No

d Was this activity located in a Qualified Disaster Area? Yes No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2009	2008
14 Rents received		
15 Royalties received		

EXPENSES	2009	2008
16 Advertising		
17a Automobile (complete ORG18 for autos)		
b Travel		
18 Cleaning and maintenance		
19 Commissions		
20a Mortgage insurance premiums — qualified		
b Other insurance		
21 Legal and professional fees		
22 Management fees		
23a Mortgage interest paid to banks — qualified		
b Mortgage interest paid to banks — other		
24 Other interest		
25 Repairs		
26 Supplies		
27a Real estate taxes		
b Other taxes		
28 Utilities		
29 Other expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
30a Depreciation and Section 179 deduction (Preparer Use Only)		
b Depletion (Preparer Use Only)		

Farm Rental Income and Expenses

ORG26

GENERAL INFORMATION

Name of this activity

1 Check ownership **Taxpayer** **Spouse** **Joint**

2 Employer identification number

3 Was this farm fully disposed of in a fully taxable transaction during 2009? **Yes** **No**

4 Did you actively participate in the operation of this business during 2009? **Yes** **No**

5 Real estate professionals:
Did you materially participate in the operation of this business during 2009? **Yes** **No**

6 At-risk determination:
a Is all of the investment in this activity at risk? **Yes** **No**
b Is some of the investment in this activity not at risk? **Yes** **No**

7 Did you have unallowed passive losses in 2008? **Yes** **No**

8a Treat all MACRS assets for this activity as qualified Indian reservation property? **Yes** **No**
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** **Extension** **No**
c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? **Yes** **No**
d Was this farm rental located in a Qualified Disaster Area? **Yes** **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

FARM RENTAL INCOME – BASED ON PRODUCTION	2009	2008
9 Income from production of livestock, produce, grains and crops		
10 Total distributions received from cooperatives		
11 Taxable amount of distributions from cooperatives		
12 Total agricultural program payments		
13 Taxable amount of agricultural program payments		
14 Commodity Credit Corporation (CCC) loans under election		
15 CCC loans forfeited/repaid with certificates		
16 Taxable amount of CCC loans forfeited/repaid		
17 Crop insurance proceeds/federal crop disaster payments received in 2009		
18 Taxable crop insurance proceeds/federal crop disaster payments		
19 Crop insurance proceeds/federal crop disaster deferred from 2008		
20 Other income – include federal/state gas tax credit/refund		

Farm Rental Income and Expenses (continued)

ORG26

EXPENSES – FARM RENTAL PROPERTY	2009	2008
Name of this activity		
21 Car and truck expense (complete ORG18)		
22 Chemicals		
23 Conservation expenses		
24 Custom hire (machine work)		
25 Depreciation and Section 179 deduction (Preparer Use Only)		
26 Employee benefit programs other than pension and profit-sharing plans		
27 Feed		
28 Fertilizers and lime		
29 Freight and trucking		
30 Gasoline, fuel, and oil		
31 Insurance (other than health)		
32 Interest:		
a Mortgage (paid to banks, etc)		
b Other		
33 Gross wages		
34 Pension and profit-sharing plans		
35 Rent or lease:		
a Machinery, equipment, etc (for vehicle rent or lease, see ORG18)		
b Other (land, animals, etc)		
36 Repairs and maintenance		
37 Seeds and plants		
38 Storage and warehousing		
39 Supplies		
40 Taxes		
41 Utilities		
42 Veterinary fees and medicine		
43 Other expenses (specify):		
_____		
_____		
_____		
_____		
_____		
_____		
44 Qualified pension plan start-up costs		

Farm Income and Expenses

ORG27

GENERAL INFORMATION

Name of this farm

1 Check ownership Taxpayer Spouse Joint

2 Principal product

3 Employer identification number

4 Agricultural activity code **(Preparer Use Only)**

5 Accounting method Cash Accrual

	Yes	No
6 Was this farm fully disposed of in a fully taxable transaction during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you materially participate in the operation of this business during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
8 At-risk determination:		
a Is all of the investment in this activity at risk?	<input type="checkbox"/>	<input type="checkbox"/>
b Is some of the investment in this activity not at risk?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you have unallowed passive losses in 2008?	<input type="checkbox"/>	<input type="checkbox"/>
10a Treat all MACRS assets for this activity as qualified Indian reservation property?	<input type="checkbox"/>	<input type="checkbox"/>
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?	Regular <input type="checkbox"/>	Extension <input type="checkbox"/> No <input type="checkbox"/>
c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input type="checkbox"/>	<input type="checkbox"/>
d Was this farm located in a Qualified Disaster Area?	<input type="checkbox"/>	<input type="checkbox"/>

FARM INCOME – CASH METHOD	2009	2008
11 Sales of livestock, etc purchased for resale		
12 Cost/Basis of livestock, etc purchased for resale		
13 Sales of livestock, produce, grains, etc raised		
14a Total distributions received from cooperatives		
b Taxable amount of distributions from cooperatives		
15a Total agricultural program payments		
b Taxable amount of agricultural program payments		
c If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15b		
16a Commodity Credit Corporation (CCC) loans under election		
b CCC loans forfeited/repaid with certificates		
c Taxable amount of CCC loans forfeited/repaid		
17a Crop insurance proceeds/federal crop disaster payments received in 2009		
b Taxable crop insurance proceeds/federal crop disaster payments		
c Crop insurance proceeds/federal crop disaster payments deferred from 2008		
18 Custom hire (machine work) income		
19 Other income – include federal/state gas tax credit/refund		

FARM INCOME – ACCRUAL METHOD	2009	2008
20 Sales – livestock, produce, grain, other products		
21a Total distributions received from cooperatives		
b Taxable amount of distributions from cooperatives		
22a Total agricultural program payments		
b Taxable amount of agricultural program payments		
23a Commodity Credit Corporation (CCC) loans under election		
b CCC loans forfeited/repaid with certificates		
c Taxable amount of CCC loans forfeited/repaid		
24 Crop insurance proceeds and certain disaster payments		
25 Custom hire (machine work) income		
26 Other income include federal/state gas tax credit/refund		
27 Cost of Goods Sold:		
a Beginning inventory – livestock, produce, etc		
b Cost of livestock, produce, etc purchased		
c Ending inventory – livestock, produce, etc		
28 Check if you used the unit-livestock price method or farm-price method to value inventory	<input type="checkbox"/>	<input type="checkbox"/>

Farm Income and Expenses (continued)

ORG27

Complete ORG51 for acquisitions and ORG50 for dispositions.

FARM EXPENSES – CASH AND ACCRUAL METHODS	2009	2008
Name of this farm		
29 Car and truck expense (complete ORG18)		
30 Chemicals		
31 Conservation expenses		
32 Custom hire (machine work)		
33 Depreciation and Section 179 deduction (Preparer Use Only)		
34 Employee benefit programs other than pension and profit-sharing plans		
35 Feed		
36 Fertilizers and lime		
37 Freight and trucking		
38 Gasoline, fuel and oil		
39a Insurance (other than health)		
b Self-employed health insurance attributable to this farm business		
40 Interest:		
a Mortgage (paid to banks, etc)		
b Other		
41 Gross wages		
42 Pension and profit-sharing plans		
43 Rent or lease:		
a Machinery, equipment, etc (for vehicle rent or lease, see ORG18)		
b Other (land, animals, etc)		
44 Repairs and maintenance		
45 Seeds and plants purchased		
46 Storage and warehousing		
47 Supplies purchased		
48 Taxes		
49 Utilities		
50 Veterinary, breeding and medicine		
51 Other expenses (specify):		
_____		
_____		
_____		
_____		
_____		
52 Qualified pension plan start-up costs		

Adjustments to Income

ORG28

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2009		
2 Check if you were covered by a retirement plan at work	<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return	<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount	<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute		
If you (a) received traditional IRA distributions during 2009 and you have made nondeductible IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, OR (b) choose to make any nondeductible traditional IRA contributions for 2009, please provide this information:		
6 Enter the value of all of your IRAs on 12/31/2009		
7 Enter the value of all recharacterizations after 12/31/2009		
8 Enter the amount of any outstanding rollovers as of 1/1/2010		
If you received IRA distributions during 2009, please complete ORG7.		
ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2009		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return	<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount	<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute		
SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
Money Purchase Plan Keogh and Multiple Plans:		
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2009		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2009	<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing Plan Keogh:		
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2009		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2009	<input type="checkbox"/>	<input type="checkbox"/>
Defined Benefit Plan Keogh:		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2009		
SEP:		
4 a Payments made and/or expected to be made to a SEP for 2009		
b Check this box if you wish to contribute the maximum amount to your SEP for 2009	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed SIMPLE Plan:		
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2009		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2009		
Individual 401(k):		
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2009		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2009		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2009		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2009	<input type="checkbox"/>	<input type="checkbox"/>
Roth 401(k):		
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2009		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2009		
ALIMONY PAID		
1 Recipient's social security number	Alimony paid	
2 Recipient's social security number	Alimony paid	

Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES			
Enter below the persons or organizations who provided the child and dependent care.			
Name	Address	ID Number	Amount Paid
1 _____	_____		
2 _____	_____		
3 _____	_____		
4 _____	_____		
EXPENSES		2009	2008
1 Total employment taxes paid on wages for child care expenses			
2 Total expenses paid in 2009 but not incurred in 2009			
3 Total expenses incurred in 2009 but not paid in 2009			
4 Medical expenses paid for qualifying persons unable to care for themselves			
STUDENT/DISABLED PERSON INFORMATION		Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled, answer the following questions:			
a Enter the number of months that taxpayer/spouse did not work and was a full-time student or disabled			
b Enter earned income if the taxpayer/spouse who was a student or disabled did work			

Education Information

ORG36

EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified education expense.

Student's First Name Student's Last Name Social Security Number	Middle Initial Suffix	Student is qualified for:	
		Yes	No
-----	-----	American Opportunity Credit ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	Hope Credit ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	Lifetime Learning Credit ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	Tuition and Fees Deduction . ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	Midwest Disaster Area ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	American Opportunity Credit ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	Hope Credit ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	Lifetime Learning Credit ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	Tuition and Fees Deduction . ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	Midwest Disaster Area ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	American Opportunity Credit ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	Hope Credit ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	Lifetime Learning Credit ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	Tuition and Fees Deduction . ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>
-----	-----	Midwest Disaster Area ▶ Yes <input type="checkbox"/>	No <input type="checkbox"/>

EDUCATOR EXPENSES	2009	2008
1 a Taxpayer educator expenses		
b Spouse educator expenses		

STUDENT LOAN INTEREST PAID	2009	2008
2 Enter the total interest you paid in 2009 on qualified student loans		

FORM 1099-Q

State Code	Name of Payer or Program	Check if Spouse	Gross Distribution Box 1	Earnings Box 2	Type Box 5
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

Tax Payments

ORG40

2009 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/15/09								
2 Qtr 2 due by 06/15/09								
3 Qtr 3 due by 09/15/09								
4 Qtr 4 due by 01/15/10								
5a Additional payments ..								
b Additional payments ..								
c Additional payments ..								
d Additional payments ..								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2008 overpayment applied to 2009			
7 Balance due paid with 2008 return			
8a 2008 Quarter 4 payments paid in 2009			
b 2008 extension payments paid in 2009			
9 Other taxes paid in 2009 for prior years (include explanation)			

2010 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2010, please enter the increase or decrease below.

Income

10 Wages	Taxpayer	
	Spouse	
11 Self-Employment Income	Taxpayer	
	Spouse	
12 Capital Gains (sale of stock, real estate, etc)		
13 Other Income:		
Description		

Deductions

14 Allowable Itemized Deductions	
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	
16 Federal Withholding	
17 Number of personal exemptions expected for 2010	

ADDITIONAL INFORMATION

18 Check to use your 2009 tax amount for your 2010 estimate	<input type="checkbox"/>
19 If you have an overpayment of 2009 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20 Amount to apply if not entire overpayment	
21 Number of installments for estimated tax (1 - 4)	

Household Employment Taxes

ORG41

GENERAL INFORMATION

Attach copies of your state payroll returns and other payroll forms.

- 1 Enter your employer identification number _____
- Yes No
- 2 Did you pay **any one** household employee cash wages of \$1,700 or more in 2009?
- 3 Did you withhold federal income tax during 2009 for any household employee?
- 4 Did you pay total cash wages of \$1,000 or more to household employees **in any calendar quarter** of 2008 or 2009?

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE	2009	2008
5 Enter total cash wages paid during 2009 that were:		
a Subject to social security taxes		
b Subject to Medicare taxes		
c Subject to FUTA taxes		
6 Enter federal income tax withheld during 2009		
7 Enter any advance earned income credit (EIC) payments		

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

Federal Unemployment Tax (FUTA) Questions:

Yes No

- 8 Did you pay unemployment contributions to only one state?
- 9 Did you pay all state unemployment contributions for 2009 by April 15, 2010?
- 10 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?
- 11 Enter any unemployment compensation you paid for 2009:

State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
		2009	2008	2009	2008
a _____					
b _____					

12 Complete the following if you know your state experience rate:

- a State experience rate (e.g., enter 5.5 for 5.5%)
- b State experience rate period — starting date (e.g., 01/01/09)
- c State experience rate period — ending date (e.g., 12/31/09)

State A	State B
_____	_____

K-1 Partnership – Partner's Questions

ORG45

Attach all copies of K-1s from partnerships.

1	Name of partnership _____ Partnership identification number _____ Tax shelter registration number _____ 1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of partnership _____ Partnership identification number _____ Tax shelter registration number _____ 1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name of partnership _____ Partnership identification number _____ Tax shelter registration number _____ 1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of partnership _____ Partnership identification number _____ Tax shelter registration number _____ 1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name of partnership _____ Partnership identification number _____ Tax shelter registration number _____ 1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Name of partnership _____ Partnership identification number _____ Tax shelter registration number _____ 1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No

K-1 Partner's Share of Income, Credits, Deductions, Etc

ORG45A

Name of Partnership	Partnership ID	Tax Shelter Reg No.
---------------------	----------------	---------------------

Ownership Taxpayer Spouse Joint **Yes No**
 Is this the final K-1 for this Partnership?

GENERAL QUESTIONS

	Yes	No
1 Was all of the investment in this activity at-risk	<input type="checkbox"/>	<input type="checkbox"/>
2 Trade or business activities (Schedule K-1, line 1):		
a Did you materially participate in this activity during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
3 Rental real estate activities (Schedule K-1, line 2):		
a Did you materially participate in this activity during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you actively participate in this activity during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
4 Are there suspended passive losses carried over from 2008?	<input type="checkbox"/>	<input type="checkbox"/>
5 Is this a publicly traded partnership?	<input type="checkbox"/>	<input type="checkbox"/>
6 Is this a foreign partnership?	<input type="checkbox"/>	<input type="checkbox"/>
7 Are you a general partner (or managing member, if limited liability company)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Enter health insurance paid by you personally and related to this activity		

K-1 LINE ITEMS

1 Ordinary business income (loss)	
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	
4 Guaranteed payments	
5 Interest income	
a Income from U.S. Bonds (nontaxable to states) included in line 5	
6a Ordinary dividends	
b Qualified dividends	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
b Collectibles (28%) gain (loss)	
c Unrecaptured Section 1250 gain	
10 Net Section 1231 gain (loss)	
12 Section 179 expense deduction	

K-1 S Corporation – Shareholder's Questions

ORG46

Attach all copies of K-1s from S Corporations.

1	Name of S Corporation _____ S Corporation identification number _____ Tax shelter registration number .. _____ 1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of S Corporation _____ S Corporation identification number _____ Tax shelter registration number .. _____ 1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name of S Corporation _____ S Corporation identification number _____ Tax shelter registration number .. _____ 1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of S Corporation _____ S Corporation identification number _____ Tax shelter registration number .. _____ 1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name of S Corporation _____ S Corporation identification number _____ Tax shelter registration number .. _____ 1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Name of S Corporation _____ S Corporation identification number _____ Tax shelter registration number .. _____ 1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No

K-1 Shareholder's Share of Income, Credits, Deductions, Etc

ORG46A

Name of S Corporation	S Corporation ID	Tax Shelter Reg No.
-----------------------	------------------	---------------------

Ownership Taxpayer Spouse Joint **Yes No**

Is this the final K-1 for this S Corporation?

GENERAL QUESTIONS

		Yes	No
1 Was all of the investment in this activity at-risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Trade or business activities (Schedule K-1, line 1):			
a Did you materially participate in this activity during 2009?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Rental real estate activities (Schedule K-1, line 2):			
a Did you materially participate in this activity during 2009?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you actively participate in this activity during 2009?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Are there suspended passive losses carried over from 2008?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter health insurance paid by you personally and related to this activity			

K-1 LINE ITEMS

1 Ordinary business income (loss)		
2 Net rental real estate income (loss)		
3 Other net income (loss)		
4 Interest income		
a Income from U.S. Bonds (nontaxable to states) included in line 4		
5a Ordinary dividends		
b Qualified dividends		
7 Net short-term capital gain (loss)		
8a Net long-term capital gain (loss)		
b Collectibles (28%) gain (loss)		
c Unrecaptured section 1250 gain		
9 Net section 1231 gain (loss)		
10 Section 179 expense deduction		

K-1 Estate & Trust – Beneficiary's Questions

ORG47

▶	<input checked="" type="checkbox"/>	Attach all copies of K-1's from estates and trusts.
1	Name of estate or trust _____ <hr/> Estate or trust identification no. . . _____ Tax shelter registration number _____ <hr/> 1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Name of estate or trust _____ <hr/> Estate or trust identification no. . . _____ Tax shelter registration number _____ <hr/> 1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Name of estate or trust _____ <hr/> Estate or trust identification no. . . _____ Tax shelter registration number _____ <hr/> 1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Name of estate or trust _____ <hr/> Estate or trust identification no. . . _____ Tax shelter registration number _____ <hr/> 1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Name of estate or trust _____ <hr/> Estate or trust identification no. . . _____ Tax shelter registration number _____ <hr/> 1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Name of estate or trust _____ <hr/> Estate or trust identification no. . . _____ Tax shelter registration number _____ <hr/> 1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	

K-1 Beneficiary's Share of Income, Deductions, Credits, Etc

ORG47A

Name of Estate or Trust	Estate or Trust ID	Tax Shelter Reg No.
-------------------------	--------------------	---------------------

Ownership Taxpayer Spouse Joint

Check one: Domestic Beneficiary Foreign Beneficiary **Yes No**

Is this the final K-1 for this Estate or Trust?

GENERAL QUESTIONS

		Yes	No
1 Rental real estate activities:			
a Is this a qualifying estate for material participation?	<input type="checkbox"/>		<input type="checkbox"/>
b Is this a qualifying estate for active participation?	<input type="checkbox"/>		<input type="checkbox"/>
2 Are there suspended passive losses carried over from 2008?	<input type="checkbox"/>		<input type="checkbox"/>

K-1 LINE ITEMS

1a Interest	
b U.S. Bonds (nontaxable to states) included in line 1a	
2a Total ordinary dividends	
b Qualified dividends	
3 Net short-term capital gain	
4a Net long-term capital gain	
b 28% rate gain included in net long-term capital gain	
c Unrecaptured Section 1250 included in net long-term capital gain	

K-1 Supplemental Business Expenses

ORG48

Partnership		
EXPENSES	2009	2008
Use ORG18 to enter vehicle expenses.		
1 Vehicle expenses		
2 Vehicle rentals		
3 Travel expenses while away from home (excluding meals/entertainment expenses)		
4 Business gifts		
5 Education		
6 Office supplies and expenses		
7 Telephone, fax, pager, etc		
8 Trade publications		
9 Depreciation and amortization (Preparer Use Only)		
Use ORG50 to record dispositions. Use ORG51 to enter additional assets.		
Treat all MACRS assets for activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this activity located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10 Carryover of Section 179 expense from prior year		
11 Meals and entertainment expenses		
12 Other: 		
REIMBURSEMENTS	2009	2008
13 Reimbursements for other than meals and entertainment		
14 Reimbursements for meals and entertainment		

Depreciation Entry Worksheet

ORG51A

for:

ASSET INFORMATION
Enter vehicles on ORG17 for employees, ORG18 for all others

Description of asset	Percentage of business use	%
Date placed in service	Section 179 deduction	
Cost or basis	Land included in cost	
Type of asset		

Note: Assets placed in service after 1998 use the same recovery period for both regular tax and AMT.

Economic Stimulus – Qualified Property	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cellulosic Biomass Ethanol Plant Property (CBEPP) – Qualified Property	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Qualified Disaster Area – Qualified Property	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Kansas Disaster Zone – Qualified Property	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Gulf Opportunity Zone – Qualified Property	<input type="checkbox"/>	Regular	<input type="checkbox"/>	Extension
In service in GO Zone Extension building within 90 days of building	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Percentage for Special Depreciation Allowance	<input type="checkbox"/>	50%	<input type="checkbox"/>	30%
Elect OUT of Special Depreciation Allowance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Elect 30% in place of 50% Special Depreciation Allowance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Special Depreciation Allowance ...				
AMT Special Depreciation Allowance				

Enter the IRC section under which you amortize the cost of intangibles

Type F: Check if a prior year return amended or Form 3115 filed to change recovery period to 5 years

Check if General Asset Account

Prior depreciation

AMT prior depreciation

Info on state depreciation and like-kind exchange property may be entered after transfer to ProSeries 1040.

DISPOSITIONS
Enter business portion only for sales price and expense of sale

Date of disposition	Date acquired (if different from Date in service)		
Report land separately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asset	Land
Sales price			
Expense of sale			
Property type			
Section 179 deduction allowed			
If Section 1250:	Additional depreciation after 1975		
	Applicable percentage		%
	Additional depreciation after 1969 and before 1976		
Sale may be linked to Form 6252 or the Home Sale Worksheet after transfer to ProSeries 1040.			
Gain/loss basis, if different		AMT gain/loss basis, if different	
Check to compute personal residence depreciation after May 6, 1997			<input type="checkbox"/>

DETAIL ASSET INFORMATION
This section is calculated for most assets from the data entered above.

Listed property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Subject to auto limitations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Truck or van?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Electric passenger vehicle?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If General Asset Account, number of autos for current year limitation				
Heavy SUV?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eligible Section 179 property (current year assets only)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Use IRS tables for MACRS property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Qualified Indian reservation property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Depreciation type		AMT basis, if different		
Asset class		Type for pre-'87 assets		
Depreciation method		AMT depreciation method		
MACRS convention				
Year of depreciation				
Recovery period		AMT recovery period		
Depreciable basis		AMT depreciable basis		

Federal Carryover Data

ORG55

2008 STATE AND LOCAL TAX INFORMATION

Table with 8 columns: 1, State or Local Identification, Paid With Extension, Estimates Paid After 12/31/08, Total Withheld/ Payments, Paid With Return, Total Overpayment, Applied Amount

OTHER TAX AND INCOME INFORMATION

2 2008 filing status: [] Single, [] Married filing jointly, [] Married filing separately, [] Head of household, [] Qualifying widow(er)
3 Number of blind/elderly boxes checked for 2008 (Form 1040, line 39a)
4a Total itemized deductions allowed in 2008 (Schedule A, line 29)
b Check this box if you were required to itemize in 2008
5 Adjusted gross income in 2008 (Form 1040, line 37)
6 Total tax for Form 2210 or 2210-F in 2008 (Form 2210, line 4 or 2210-F, line 13)
7 Alternative minimum tax in 2008 (Form 1040, line 45)
8 2008 federal overpayment applied to 2009 (Form 1040, line 74)

IRA INFORMATION

9a Basis of taxpayer's IRA(s) as of 12/31/08 (Form 8606, line 14)
b Basis of spouse's IRA(s) as of 12/31/08 (Form 8606, line 14)
c Taxpayer's excess IRA contributions as of 12/31/08 (Form 5329, line 16)
d Spouse's excess IRA contributions as of 12/31/08 (Form 5329, line 16)
e Taxpayer's excess Archer MSA contributions as of 12/31/08 (Form 5329, line 40)
f Spouse's excess Archer MSA contributions as of 12/31/08 (Form 5329, line 40)
g Taxpayer's excess Roth IRA contributions as of 12/31/08 (Form 5329, line 24)
h Spouse's excess Roth IRA contributions as of 12/31/08 (Form 5329, line 24)
i Taxpayer's excess Coverdell ESA contributions as of 12/31/08 (Form 5329, line 32)
j Spouse's excess Coverdell ESA contributions as of 12/31/08 (Form 5329, line 32)
k Taxpayer's excess HSA contributions as of 12/31/08 (Form 5329, line 48)
l Spouse's excess HSA contributions as of 12/31/08 (Form 5329, line 48)

LOSS AND EXPENSE CARRYOVERS

10a Short-term capital loss carryover from 2008 (Schedule D)
b Long-term capital loss carryover from 2008 (Schedule D)
c AMT Short-term capital loss carryover from 2008 (Schedule D)
d AMT Long-term capital loss carryover from 2008 (Schedule D)
11a Net operating loss carryforward to 2009 - regular tax
b Net operating loss carryforward to 2009 - AMT
12a Disallowed investment interest expense (Form 4952, line 7)
b Disallowed AMT investment interest expense (Form 4952-AMT, line 7)
13a Nonrecaptured net Section 1231 loss from 2008
b Nonrecaptured net Section 1231 loss from 2007
c Nonrecaptured net Section 1231 loss from 2006
d Nonrecaptured net Section 1231 loss from 2005
e Nonrecaptured net Section 1231 loss from 2004
f AMT Nonrecaptured net Section 1231 loss from 2008
g AMT Nonrecaptured net Section 1231 loss from 2007
h AMT Nonrecaptured net Section 1231 loss from 2006
i AMT Nonrecaptured net Section 1231 loss from 2005
j AMT Nonrecaptured net Section 1231 loss from 2004

Federal Carryover Data (continued)

ORG55

CREDIT CARRYOVERS	
14 General business credit	
15a Qualified adoption expenses carryforward from 2008	
b Qualified adoption expenses carryforward from 2007	
c Qualified adoption expenses carryforward from 2006	
d Qualified adoption expenses carryforward from 2005	
e Qualified adoption expenses carryforward from 2004	
16a Mortgage interest credit from 2008 (Form 8396, line 19)	
b Mortgage interest credit from 2007 (Form 8396, line 16)	
c Mortgage interest credit from 2006 (Form 8396, line 18)	
d Certificate credit rate (Form 8396, line 2)	%
e Address of home claiming mortgage interest credit on Form 8396 if different from your personal address: _____ _____	
17 District of Columbia first-time homebuyer credit from 2008 (Form 8859, line 12)	
18 Minimum tax credit carryforward to 2009 (Form 8801, line 31)	
19 Residential energy efficient property credit from 2008 (Form 5695, line 28)	

OTHER CARRYOVERS	
20 Section 179 carryover from 2008 (Form 4562, line 13)	
21 Excess 2008 foreign housing deduction carryover:	
a Amount from Form 2555, Taxpayer's copy – line 46	
b Amount from Form 2555, Taxpayer's copy – line 48	
c Amount from Form 2555, Spouse's copy – line 46	
d Amount from Form 2555, Spouse's copy – line 48	

CHARITABLE CONTRIBUTION CARRYOVERS				
22 Carryover of charitable contributions from:	Cash and Other Property		Capital Gain	
	(a) 50%	(b) 30%	(c) 30%	(d) 20%
a 2008				
b 2007				
c 2006				
d 2005				
e 2004				

Foreign Tax Credit Carryovers from 2008

ORG56

FIRST FORM 1116				
<input type="checkbox"/> Passive category income <input type="checkbox"/> General category income <input type="checkbox"/> Re-sourced by treaty <input type="checkbox"/> Lump-sum distributions				
Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
1999				
2000				
2001				
2002				
2003				
2004				
2005				
2006				
2007				
2008				
Carryover to 2009				
Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
1999				
2000				
2001				
2002				
2003				
2004				
2005				
2006				
2007				
2008				
Carryover to 2009				
SECOND FORM 1116				
<input type="checkbox"/> Passive category income <input type="checkbox"/> General category income <input type="checkbox"/> Re-sourced by treaty <input type="checkbox"/> Lump-sum distributions				
Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
1999				
2000				
2001				
2002				
2003				
2004				
2005				
2006				
2007				
2008				
Carryover to 2009				
Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
1999				
2000				
2001				
2002				
2003				
2004				
2005				
2006				
2007				
2008				
Carryover to 2009				

Tax History

ORG57

	2005	2006	2007	2008
Filing status				
Total income				
Adjustments to income				
Adjusted gross income				
Tax expense				
Interest expense				
Contributions				
Miscellaneous deductions				
Other itemized deductions				
Total itemized/standard deduction				
Exemption amount				
Taxable income				
Tax				
Alternative minimum tax				
Total credits				
Other taxes				
Payments				
Form 2210 penalty				
Amount owed				
Applied to next year's estimated tax				
Refund				
Effective tax rate %				
Tax bracket %				

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence		
2 Check the appropriate box if:	Taxpayer	Spouse
a Full year resident	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____ School district: _____ School district number: _____		
5 Check if disabled	<input type="checkbox"/>	<input type="checkbox"/>

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

		Yes	No
8 Did you file a state return for 2008?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded	<input type="checkbox"/>	b Apply to 2010 estimates	<input type="checkbox"/>
		c Apply to 2010 taxes	<input type="checkbox"/>
12 Additional state information: _____			

Firm Information

Firm Name	_____	Firm #	_____
Address	_____		
City	_____	State	_____ ZIP Code _____

Employer ID# (EIN) _____ Foreign Country _____
Phone _____ Print phone number on return? Yes No
Fax _____ Firm E-mail _____
For MN, NM, OR Firms Only: State ID# _____
Electronic Filing Only: Electronic Filing Identification # (EFIN) _____ (See Help)
Efile Contact Name (First) _____ (Last) _____

Preparer / Electronic Return Originator (ERO) Information

► Preparer Code _____ Associated with Firm # _____ Print name in signature area?
Preparer Name _____ Self-employed?
Social Security # _____ Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____
Preparer E-mail _____ Print date on return?
Preparer Phone _____ CAF # _____
Electronic Filing Only: (See Help for additional details) ERO Practitioner PIN _____
Electronic Filing Identification # (EFIN) _____ Enter EFIN if not using Firm EFIN.
Efile Contact Name (First) _____ (Last) _____

► Preparer Code _____ Associated with Firm # _____ Print name in signature area?
Preparer Name _____ Self-employed?
Social Security # _____ Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____
Preparer E-mail _____ Print date on return?
Preparer Phone _____ CAF # _____
Electronic Filing Only: (See Help for additional details) ERO Practitioner PIN _____
Electronic Filing Identification # (EFIN) _____ Enter EFIN if not using Firm EFIN.
Efile Contact Name (First) _____ (Last) _____

Additional Firm Information

ProSeries allows you to enter additional firms in specific circumstances. You must call Customer Service at 1-800-374-7317 during business hours to enter additional firms.

Firm Name	_____	Firm #	_____
Address	_____		
City	_____	State	_____ ZIP Code _____

Employer ID# (EIN) _____ Foreign Country _____
Phone _____ Print phone number on return? Yes No
Fax _____ Firm E-mail _____
For MN, NM, OR Firms Only: State ID# _____
Electronic Filing Only: Electronic Filing Identification # (EFIN) _____ (See Help)
Efile Contact Name (First) _____ (Last) _____

Firm Name	_____	Firm #	_____
Address	_____		
City	_____	State	_____ ZIP Code _____

Employer ID# (EIN) _____ Foreign Country _____
Phone _____ Print phone number on return? Yes No
Fax _____ Firm E-mail _____
For MN, NM, OR Firms Only: State ID# _____
Electronic Filing Only: Electronic Filing Identification # (EFIN) _____ (See Help)
Efile Contact Name (First) _____ (Last) _____

Client Status

2009

Name	Social Security Number
------	------------------------

Client Status ▶ _____ **Status Date** ▶ _____
Client Number ▶ _____

Check the appropriate box or enter a date below to indicate the current client's status: **Date**
The last box checked will be the current status.

<input type="checkbox"/>	Client information transferred to current year organizer	_____
<input type="checkbox"/>	Organizer sent to client	_____
<input type="checkbox"/>	Organizer returned by client	_____
<input type="checkbox"/>	Appointment scheduled for (time and date) ▶ _____	_____
<input type="checkbox"/>	Client data reviewed	_____
<input type="checkbox"/>	Organizer transferred to 1040	_____
<input type="checkbox"/>	Specify other status	_____

Current Year Comments (See Help):

Permanent Comments (See Help):

Use this form to select the billing option(s) you would like to have available for all of your clients. You may add or change this information for any client by accessing Client-Specific Billing Options from within the client's file. See Help for additional information.

1 Tax Preparation Fees

Federal Tax Preparation Fees: Amount

<input type="checkbox"/>	Flat fee description: _____	_____
<input type="checkbox"/>	Preparer electronic filing fee	_____
<input type="checkbox"/>	Preparer RAL/RT application preparation fee (max \$40)	_____

State Tax Preparation Fees: Amount

State ID _____		
<input type="checkbox"/>	Flat fee description: _____	_____
<input type="checkbox"/>	Preparer electronic filing fee	_____
<input type="checkbox"/>	Misc. description: _____	_____
State ID _____		
<input type="checkbox"/>	Flat fee description: _____	_____
<input type="checkbox"/>	Preparer electronic filing fee	_____
<input type="checkbox"/>	Misc. description: _____	_____

2 Hourly Charges

Hourly rate

	Description	Hourly Rate
Rate 1	_____	_____
Rate 2	_____	_____
Rate 3	_____	_____
Rate 4	_____	_____

3 Per Form Charges

Per Form Charge
 To assign form rates, first open a return. Then select Rates per Form option under Billing from the Tools menu and enter your rates. You will need to do this in every product.

- a Do **not** list forms on invoice.
- b List **all** forms in return *and* include the charges.
- c List **all** forms in return *but* do **not** include the charges.
- d List **only** forms charged for in return *and* include the charges.
- e List **only** forms charged for in return *but* do **not** include the charges.

Check to include a page break on the final invoice. This break will appear between the invoice amounts and the listing of forms/charges.

4 Miscellaneous Fees and Adjustments (Enter as a positive or negative amount.)

<input type="checkbox"/>	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

5 Discount (Enter as a postive number.)

Discount is applied to total fees. Enter either a percentage or an actual amount.
 Description for invoice: _____
 Discount percentage %
 Or
 Discount amount

6 Sales Tax

Sales tax charged on total fees
 Sales tax rate %

7 Standard Paragraph (Enter text to appear on the invoice.)

