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## **2009 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2009 tax return.**

**To save you time, selected information from your 2008 tax return has been entered within this organizer. Please line through any information which does not apply to your 2009 tax return.**

**In some cases, 2008 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

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## 2009 TAX ORGANIZER

**T  
O**

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>

<b>Primary E-mail Address</b>	<b>Home Phone</b>	<b>Fax Number</b>
<b>Secondary E-mail Address</b>	<b>Taxpayer's Business Phone</b>	<b>Spouse's Business Phone</b>
<b>Preferred Method of Contact (i.e., cell phone, e-mail, etc.)</b>		

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**Tax Organizer Legend:**

Throughout the tax organizer, you will find columns with the heading "TSJ".  
 TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.



For any question answered Yes, please attach supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change during 2009? .....		
If married, do you and your spouse want to file separate returns? .....		
Did your address change during 2009? .....		
Can you or your spouse be claimed as a dependent by another taxpayer? .....		

Dependents:

Were there any changes in dependents from the prior year? .....		
Did you pay for child care while you worked or looked for work? .....		
Do you have any children under age 18 with unearned income more than \$950? .....		
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$950? .....		
Did you adopt a child or begin adoption proceedings during 2009? .....		

Purchases, Sales and Debt:

Did you have any debts canceled, forgiven or refinanced during 2009? .....		
Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2009? .....		
Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2009? .....		
Did you sell, exchange or purchase any real estate in 2009? If so, please attach closing statements. ....		
Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? .....		
Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? .....		
Did you pay any student loan interest in 2009? .....		
Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year. ....		
Did you have an outstanding home equity loan at the end of 2009? If so, please provide the principal balance and interest rate at the beginning and end of the year. ....		
Did you take out a home equity loan in 2009? .....		
Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098? .....		
Did you engage in any put or call transactions? If Yes, please provide details. ....		
Did you close any open short sales during 2009? .....		
Did you sell any securities not reported on your Form 1099-B? .....		



Itemized Deductions:

	Yes	No
Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or theft losses during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any large purchases, such as motor vehicles and boats? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or loss attributable to a federally declared disaster? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or loss attributable to the Midwestern disaster area? .....	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous:

Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
If you received a distribution from an MSA, please include Form 1099-SA.		
Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
If you received a distribution from an HSA, please include Form 1099-SA.		
Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity, or deferred compensation plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q. ....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your dependents incur any post-secondary education expenses, such as tuition? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? .....	<input type="checkbox"/>	<input type="checkbox"/>
Months <input type="text"/>		
Did you move to a different home because of a change in the location of your job? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay in excess of \$1,000 in any quarter, or \$1,700 during the year for domestic services performed in or around your home to individuals who could be considered household employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive unreported tip income of \$20 or more in any month of 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive distributions from long-term care insurance contracts? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please include Form 1099-LTC.		
Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you create or transfer money or property to a foreign trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new "hybrid", or alternative technology vehicle, including a qualified plug-in electric drive motor vehicle in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a punitive damage award or an award for damages other than for physical injuries or illness? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were you notified by the IRS or other taxing authority of any changes in prior year returns? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you lose your job during 2009 because of foreign competition and pay for your own health insurance? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? .....	<input type="checkbox"/>	<input type="checkbox"/>
Were any distributions from your IRA and/or Roth IRA account(s) distributed to a charitable organization? .....	<input type="checkbox"/>	<input type="checkbox"/>



Miscellaneous: (continued)

Did you engage in any bartering transaction? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$13,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>

Severance/Retirement:

Did you retire or change jobs in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive deferred, retirement or severance compensation? .....	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the date received (Mo/Da/Yr).

Date

Sale of Your Home:

Did you sell your home in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever rent out this property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the:	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse <input type="checkbox"/> Both

Additional Information:

With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2009 Amount Contributed



# Personal Information, Dependent(s) and Wages

**Taxpayer:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Daytime/Work Telephone Number \_\_\_\_\_

Evening/Home Telephone Number \_\_\_\_\_ Primary Email Address \_\_\_\_\_ Secondary Email Address \_\_\_\_\_

**Spouse:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_

**Present Mailing Address:**

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Foreign Country \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Yes  No

**Dependent Information:**

Did dependent have income over \$3,650?  Yes  No

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return \_\_\_\_\_

Please list the years for which a release of claim to exemption is given for a dependent child not living with you . . . . \_\_\_\_\_

**Wages and Salaries:** Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local



# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns to be filed electronically, the IRS and many states allow the entire amount due to be paid using electronic withdrawal. If you would like to have your refund deposited directly into your account or pay a balance due by using an electronic withdrawal, please complete the following information.

(To properly file your return, please attach a voided check or a copy of a monthly statement for your account.)

Owner of account .....  Taxpayer       Spouse       Joint

Select type of account .....  Checking       Trad. Savings       IRA Savings       HSA Savings  
 Archer MSA Savings       Coverdell Ed.Savings

Name of financial institution .....

Financial Institution Routing Transit Number (if known) .....

(Use the routing number from a check, NOT a deposit slip. They can be different.  
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number .....

	Yes	No
Do you want your refund deposited directly into your financial institution account? .....		
Do you want to use any of your refund to purchase any Series I U.S. Savings Bonds? .....		
If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal? .....		
What amount of your refund, if not the entire refund, do you want to use to purchase Series I U.S. Savings Bonds? ..		
What amount do you want withdrawn if not the entire balance due? .....		

What date do you want the withdrawal done? ..... (Mo/Da/Yr) \_\_\_\_\_

Owner of account .....  Taxpayer       Spouse       Joint

Select type of account .....  Checking       Trad. Savings       IRA Savings       HSA Savings  
 Archer MSA Savings       Coverdell Ed.Savings

Name of financial institution .....

Financial Institution Routing Transit Number (if known) .....

(Use the routing number from a check, NOT a deposit slip. They can be different.  
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number .....

	Yes	No
Do you want your refund deposited directly into your financial institution account? .....		
Do you want to use any of your refund to purchase any Series I U.S. Savings Bonds? .....		
If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal? .....		
What amount of your refund, if not the entire refund, do you want to use to purchase Series I U.S. Savings Bonds? ..		
What amount do you want withdrawn if not the entire balance due? .....		

What date do you want the withdrawal done? ..... (Mo/Da/Yr) \_\_\_\_\_







# Foreign Bank and Financial Accounts

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

## General Information:

TSJ \_\_\_\_\_  
 Title of filer \_\_\_\_\_  
 Enter all countries in which you have foreign bank accounts \_\_\_\_\_

## Foreign Identification:

Passport \_\_\_\_\_  Yes  No  
 If not passport, enter description \_\_\_\_\_  
 Number \_\_\_\_\_  
 Country of issue \_\_\_\_\_

## Information on Foreign Financial Accounts:

Select Account Type	
1	Bank Account
2	Securities Account
3	Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name	Country in Which Account is Held
A					
B					

Street Address	City	State	ZIP/Postal Code
A			
B			

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Last Name or Organization Name	First Name	Middle Initial	Taxpayer ID Number	# of Joint Owners
A				
B				

1 No financial interest    2A Joint ownership - spouse is joint owner    2B Joint ownership - other joint owner

Street Address	City	State	ZIP/Postal Code	Country	Ownership Code
A					
B					

## Foreign Bank Accounts and Trusts:

At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?  Yes  No  
 If Yes, enter name of foreign country \_\_\_\_\_  
 Were you the grantor of, or transferor to, a foreign trust that existed during 2009, whether or not you had any beneficial interest in it?



# Brokerage Statement Details

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Savings & Loans, Bank and Other	U.S. Bonds and Obligations	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
P							
Q							
R							
S							
T							

Note: For other amounts not listed, please attach a copy of your brokerage statement.



# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state and ZIP code \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2009:

Did you dispose of this business?  Yes  No  
 If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)  
 Was there a change in determining quantities, costs or valuations between opening and closing inventory?    
 Were you involved in the operations of this business on a regular, continuous and substantial basis?

	2009 Amount	2008 Amount
Health insurance premiums paid for yourself and your dependents		

### Income:

	2009 Amount	2008 Amount
Gross receipts or sales		
Less returns and allowances		

### Cost of Goods Sold:

	2009 Amount	2008 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other Costs of Cost of Goods Sold:

Description	2009 Amount	2008 Amount
Ending inventory		

### Other Income:

Description	2009 Amount	2008 Amount



# Business Expenses - Vehicle Information

6B

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Vehicle Questions for 2009:

Do you have evidence to support your deduction?  Yes  No  
 If Yes, is the evidence written?  Yes  No

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Yes  No  
 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Yes  No  
 Do you treat all use of vehicles by employees as personal use?  Yes  No  
 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?  Yes  No  
 Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?  Yes  No

### Vehicle:

Description of vehicle \_\_\_\_\_  
 Date placed in service \_\_\_\_\_ (Mo/Da/Yr)  
 Do you (or your spouse) have another vehicle available for your personal use?  Yes  No  
 Was your vehicle available for use during off-duty hours?  Yes  No

### Mileage:

Total miles \_\_\_\_\_  
 Total business miles \_\_\_\_\_  
 Total commuting miles for the year \_\_\_\_\_

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc . . .  
 Interest . . . . .  
 Taxes . . . . .  
 Fair market value of leased vehicle . . .  
 Vehicle rentals/leases . . . . .

Vehicle 1		Vehicle 2	
Description of vehicle _____		Description of vehicle _____	
Date placed in service _____ (Mo/Da/Yr)		Date placed in service _____ (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2009 Miles	2008 Miles	2009 Miles	2008 Miles
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
2009 Amount	2008 Amount	2009 Amount	2008 Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____





# Business Expenses - Vehicle Information

6B

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Vehicle Questions for 2009:

Do you have evidence to support your deduction?  Yes  No  
 If Yes, is the evidence written?  Yes  No

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Yes  No  
 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Yes  No  
 Do you treat all use of vehicles by employees as personal use?  Yes  No  
 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?  Yes  No  
 Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?  Yes  No

### Vehicle:

Description of vehicle \_\_\_\_\_  
 Date placed in service \_\_\_\_\_ (Mo/Da/Yr)  
 Do you (or your spouse) have another vehicle available for your personal use?  Yes  No  
 Was your vehicle available for use during off-duty hours?  Yes  No

### Mileage:

Total miles \_\_\_\_\_  
 Total business miles \_\_\_\_\_  
 Total commuting miles for the year \_\_\_\_\_

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc . . .  
 Interest . . . . .  
 Taxes . . . . .  
 Fair market value of leased vehicle . . .  
 Vehicle rentals/leases . . . . .

Vehicle 1		Vehicle 2	
Description of vehicle _____		Description of vehicle _____	
Date placed in service _____ (Mo/Da/Yr)		Date placed in service _____ (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2009 Miles	2008 Miles	2009 Miles	2008 Miles
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
2009 Amount	2008 Amount	2009 Amount	2008 Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____









# Business Use of Home

6E

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2009	2008

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





**Sale or Exchange of Your Home:**

**Please attach the closing statements from the purchase and sale of your former and new homes**

**Former Home Information:**

TSJ .....

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date sold ..... (Mo/Da/Yr) \_\_\_\_\_

Selling price .....

**Original Cost and Cost of Improvements:**

Description	Amount

**Sale Expenses:**

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

**Moving Expenses:**

TSJ .....

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2

**Mileage:**

Number of miles from old home to new workplace .....

Number of miles from old home to old workplace .....

Number of automobile miles in move .....

Miles

**Transportation Expenses:**

Costs of transportation of household goods and personal effects .....

Costs of travel and lodging (do not include meals or automobile expenses) .....

Automobile expenses (gasoline, oil, etc.) .....

Meals (Pennsylvania only) .....

Amount



Individual Retirement Account (IRA):

TS \_\_\_\_\_
Name of payer \_\_\_\_\_

IRA Questions for 2009:

- Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you receive distributions in 2009 from a traditional IRA, Roth IRA or Qualified Education Account?
Did you convert a traditional IRA to a Roth IRA in 2009?
Did you use your IRA as security for a loan this year?
Did you have any transactions with your IRA during the year?
If Yes, please explain.

Table with 2 columns: Yes, No. Rows for each question.

IRA Values, Rollovers, and Distributions: Please enclose copies of all Forms 1099-R

Total value of all traditional IRAs on December 31, 2009
Outstanding rollovers on December 31, 2009
IRA distributions received during 2009
Total distributions converted to Roth IRAs
Amount of Qualified Disaster Recovery Assistance distributions

Contributions: Please enclose copies of all Forms 5498

IRA:
Contributions in 2009 for the 2009 tax return
Contributions in 2010 for the 2009 tax return
Amount for 2009 you choose to be treated as nondeductible
Roth IRA:
Contributions made for the 2009 tax year

Pensions and Annuities: Please enclose all Forms 1099-R and any nontaxable distribution details

Table with columns: TSJ, Name of Payer, 2009 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, IRA?, 2008 Gross Distributions

Self-Employed Retirement Plan: Please enclose copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
Do you wish to contribute the maximum amount allowed?
Taxpayer (Yes/No)
Spouse (Yes/No)

Contributions to:

Simplified employee pension
Defined benefit plan
Defined contribution plan
SIMPLE plan
2009 Amount (Taxpayer/Spouse)





# Rental and Royalty Property and Equipment & Depletion

10A

Location of Property: \_\_\_\_\_

Property and Equipment: Please attach a list if more space is needed

**Acquisitions:**

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

**Dispositions:**

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2009 Amount	2008 Amount



Location of Property: \_\_\_\_\_

Vehicle Questions for 2009:

Do you have evidence to support your deduction?
If Yes, is the evidence written? Yes No

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?
Do you treat all use of vehicles by employees as personal use?
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?

Vehicle:

Description of vehicle
Date placed in service (Mo/Da/Yr)
Do you (or your spouse) have another vehicle available for your personal use?
Was your vehicle available for use during off-duty hours?

Table for Vehicle 1 with columns for 2009 Miles, 2008 Miles, 2009 Amount, and 2008 Amount.

Table for Vehicle 2 with columns for 2009 Miles, 2008 Miles, 2009 Amount, and 2008 Amount.





# Rental and Royalty Business Expenses

Location of Property: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . . \_\_\_\_\_ %

	2009 Amount	2008 Amount
Parking fees and tolls . . . . .		
Local transportation . . . . .		
Travel expenses . . . . .		
Meals and entertainment . . . . .		
Other Business Expenses:		

Description	2009 Amount	2008 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses . . . . .  
Amount received for meals and entertainment . . . . .

2009 Amount	2008 Amount

### Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle . . . . . \_\_\_\_\_  
Date vehicle was placed in service . . . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
Was your vehicle available for personal use during off-duty hours?  Yes  No

	2009	2008
Total miles . . . . .		
Total business miles . . . . .		
Average daily commuting miles . . . . .		
Total commuting miles for the year . . . . .		
Gasoline and oil . . . . .		
Repairs . . . . .		
Insurance . . . . .		
Interest . . . . .		
Taxes . . . . .		
Value of employer provided vehicle . . . . .		
Temporary vehicle rentals . . . . .		
Fair market value of leased vehicle . . . . .		
Vehicle leases . . . . .		

Other Vehicle Expenses:

Description	2009 Amount	2008 Amount



Location of Property: \_\_\_\_\_

Questions About Listed Property for 2009:

Examples of Listed Property:

- Automobiles
- Cellular phones
- Property that can be used for entertainment
- Property that can be used for amusement
- Property that can be used for transportation
- Computers and related peripheral equipment
- Property that can be used for recreation

Do you have evidence to support the business use percentage claimed on listed property? .....

Is the evidence to support the business use written? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle .....

Date placed in service . . . . (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal use? ..

Was your vehicle available for personal use during off-duty hours? .....

Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business? .....

Vehicle 1	
Description of vehicle .....	
Date placed in service . . . . (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for personal use? ..	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your vehicle available for personal use during off-duty hours? .....	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business? .....	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2009 Miles	2008 Miles
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Vehicle 2	
Description of vehicle .....	
Date placed in service . . . . (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for personal use? ..	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your vehicle available for personal use during off-duty hours? .....	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business? .....	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2009 Miles	2008 Miles
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Mileage:

Total miles .....

Total miles applicable to business ..

Total commuting miles for the year ..



Location of Property: \_\_\_\_\_

Partial Use of Your Home for Business:

2009

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? . . .  Yes  No

Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home. Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home. Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2009 Amount	2009 Amount	2009 Amount	2008 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





Activity Name: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . \_\_\_\_\_ %

	2009 Amount	2008 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2009 Amount	2008 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2009 Amount	2008 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service (Mo/Da/Yr) .....

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

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

	2009	2008
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2009 Amount	2008 Amount



**Activity Name:** \_\_\_\_\_

**Partial Use of Your Home for Business:**

2009

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? . . .  Yes  No

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Farm Income

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
Method of accounting \_\_\_\_\_

### Farm Questions for 2009:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did you dispose of this farm? \_\_\_\_\_  
If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)

2009 Amount	2008 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

### Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2009		2008	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

### Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

### Income:

Sales of livestock, produce, grains, etc. you raised \_\_\_\_\_  
 Total cooperative distributions (Forms 1099-PATR) \_\_\_\_\_  
 Taxable cooperative distributions \_\_\_\_\_  
 Total agricultural program payments \_\_\_\_\_  
 Taxable agriculture program payments \_\_\_\_\_  
 Total Commodity Credit Corporation (CCC) loans \_\_\_\_\_  
 Total crop insurance proceeds and certain disaster payments received in 2009 \_\_\_\_\_  
 Taxable crop insurance proceeds received \_\_\_\_\_  
 Crop insurance proceeds deferred from prior year \_\_\_\_\_  
 Custom hire (machine work) income \_\_\_\_\_  
 Federal gasoline tax or fuel tax credit or refund \_\_\_\_\_  
 State gasoline tax or fuel tax credit or refund \_\_\_\_\_

2009 Amount	2008 Amount

### Other Income:

Description	2009 Amount	2008 Amount





# Farm Vehicle Information

12B

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

### Vehicle Questions for 2009:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

Vehicle 1	
Description of vehicle .....	
Date placed in service . . . (Mo/Da/Yr) _____	
Do you (or your spouse) have another vehicle available for your personal use? .....	
Was your vehicle available for use during off-duty hours? .....	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2009 Miles	2008 Miles
2009 Amount	2008 Amount

Vehicle 2	
Description of vehicle .....	
Date placed in service . . . (Mo/Da/Yr) _____	
Do you (or your spouse) have another vehicle available for your personal use? .....	
Was your vehicle available for use during off-duty hours? .....	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2009 Miles	2008 Miles
2009 Amount	2008 Amount

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year ..

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc . .

Interest .....

Taxes .....

Fair market value of leased vehicle . .

Vehicle rentals/leases .....





# Farm Business Expenses

12C

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . . . %

	2009 Amount	2008 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		

Other Business Expenses:

Description	2009 Amount	2008 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2009 Amount	2008 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

**Vehicle:**  
 If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %  
 Description of vehicle \_\_\_\_\_  
 Date vehicle was placed in service \_\_\_\_\_ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
 Was your vehicle available for personal use during off-duty hours?  Yes  No

	2009	2008
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2009 Amount	2008 Amount



Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

Questions About Listed Property for 2009:

Examples of Listed Property:

- Automobiles
• Cellular phones
• Property that can be used for entertainment
• Property that can be used for amusement
• Property that can be used for transportation
• Computers and related peripheral equipment
• Property that can be used for recreation

Do you have evidence to support the business use percentage claimed on listed property?
Is the evidence to support the business use written?
Yes No

Vehicle Questions for Employers Who Provide Vehicles for Employee Use:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?
Do you treat all use of vehicles by employees as personal use?
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?

Vehicle:

Description of vehicle
Date placed in service (Mo/Da/Yr)
Do you (or your spouse) have another vehicle available for your personal use?
Was your vehicle available for personal use during off-duty hours?
Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business?

Vehicle 1
2009 Miles 2008 Miles
Total miles
Total miles applicable to business
Total commuting miles for the year

Vehicle 2
2009 Miles 2008 Miles
Total miles
Total miles applicable to business
Total commuting miles for the year



Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

Partial Use of Your Home for Business:

2009

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? . . .  Yes  No

Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

	TSJ ____		TSJ ____	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2009				
Social security benefits received				
Social security benefits repaid in 2009				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2009				
Economic recovery payment received in 2009				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2009 Amount	2008 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2009 Amount	2008 Amount



# Miscellaneous Adjustments

13A

**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2009 Amount	2008 Amount

## Health Savings Accounts (HSAs)

TS	Description	2009 Amount	2008 Amount
	Contributions made for 2009		
	Distributions received from all HSAs in 2009		

Did you or your spouse enroll in Medicare? .....  Yes  No

If yes, what month did you enroll? .....

What month did your spouse enroll? .....

**Other Adjustments to Income:** Please enclose all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2009 Amount	2008 Amount



# Itemized Deductions - Medical and Taxes

Itemize real estate taxes by state.

### Medical and Dental Expenses:

- Prescription medicines and drugs .....
- Total medical insurance premiums paid (Do not include medicare premiums paid) .....
- Long-term care expenses .....
- Total insurance reimbursement .....
- Number of miles traveled for medical care .....
- Lodging .....
- Doctors, dentists, etc. ....
- Hospitals .....
- Lab fees .....
- Eyeglasses and contacts .....

TSJ	2009 Amount	2008 Amount

- Taxpayer long-term care insurance premiums paid .....
- Spouse long-term care insurance premiums paid .....

2009 Amount	2008 Amount

### Other Medical Expenses:

TSJ	Description	2009 Amount	2008 Amount

### Taxes Paid: Please include copies of your tax bills

- Personal property taxes paid (include vehicle taxes) .....
- General sales taxes paid on specified items .....
- State and local sales or excise taxes paid on a new vehicle, motorcycle, or mobile home purchased after 2/16/2009 .....
- Purchase price before taxes of new motor vehicle, motorcycle, or mobile home purchased after 2/16/2009 .....
- Real estate taxes paid on U.S. properties are deductible for taxpayers not itemizing in 2009

TSJ	2009 Amount	2008 Amount

TSJ	Real Estate Taxes	2009 Amount	2008 Amount

### Other Taxes Paid:

TSJ	Description	2009 Amount	2008 Amount

If you purchased or sold your home in 2009, did you include any taxes from your closing statement in the amounts above?  Yes  No



Mortgage Questions for 2009:

	<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, please enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____		
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Has the taxpayer (or spouse, if married) owned a residence within the last three years from the date of purchase? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2009 Amount	2008 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2009 Amount	2008 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2009 Amount	2008 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2009 Amount	2008 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2009 Amount	2008 Amount



Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2009 Amount, 2008 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2009 Amount, 2008 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2009 Miles, 2008 Miles. Row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling Less Than or Equal to \$500:

Table with 4 columns: TSJ, Description of Donated Property, 2009 Amount, 2008 Amount

Noncash Contributions Totaling More Than \$500:

TSJ \_\_\_\_\_
Description of the donated property \_\_\_\_\_

Donee organization name \_\_\_\_\_

Donee organization address \_\_\_\_\_

Date the property was acquired by the taxpayer (Mo/Da/Yr) \_\_\_\_\_

Date the property was donated (Mo/Da/Yr) \_\_\_\_\_

Cost or basis of the donated property [ ]

Fair market value of the donated property [ ]

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain \_\_\_\_\_

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange



Miscellaneous Itemized Deductions:

Union and professional dues
Tax preparation fee
Professional subscriptions
Hobby expense (To extent of income)
Safe deposit box
Uniforms and protective clothing
Work tools
Gambling losses
Estate taxes

Table with 3 columns: TSJ, 2009 Amount, 2008 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
Investment expenses
Custodial fees
Employment agency fees
Certain educational expenses

Table with 4 columns: TSJ, Description, 2009 Amount, 2008 Amount

Casualty or Theft Loss:

TSJ
Property description

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use, Business use, Income producing, Employee Use, Personal use due to Hurricane Katrina, Personal use attributable to a federally declared disaster, Personal use attributable to Midwestern disaster area, Personal use attributable to Kansas disaster area

Date acquired (Mo/Da/Yr)
Date damaged or lost (Mo/Da/Yr)

Original cost or other basis
Fair market value before casualty
Fair market value after casualty
Cost of replacement
Insurance reimbursement





# Itemized Deduction - Business Use of Home

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2009	2008

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Employee Business Expenses

TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Business Expenses:** Enter all expenses at 100 percent

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

	2009 Amount	2008 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2009 Amount	2008 Amount

**Reimbursements:** Please list only reimbursements NOT reported in Box 1 of your Form W-2

	2009 Amount	2008 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

### Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr) \_\_\_\_\_

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

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

	2009	2008
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2009 Amount	2008 Amount



# Employee Business Expenses- Business Use of Home

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### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2009	2008

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2008 but paid in 2009 .....  
Employer-provided dependent care benefits that were forfeited in 2009 .....  
2008 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....  
Street address .....  
City, state and ZIP code .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

	2009 Amount	2008 Amount
Expenses incurred and paid in 2009 .....		
Expenses incurred and not paid in 2009 .....		

**Provider 2:**

Name .....  
Street address .....  
City, state and ZIP code .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

	2009 Amount	2008 Amount
Expenses incurred and paid in 2009 .....		
Expenses incurred and not paid in 2009 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2009 Expenses Incurred	2008 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

**Please enclose copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	Grade	2009 Qualified Expenses



General Information:

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$1,700 or more in 2009? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes .....

Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....

Federal income tax withheld .....

Advance earned income credit (EIC) payments .....

State disability plan payments subject to social security taxes .....

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....

Table with 2 columns: 2009 Amount, 2008 Amount. Rows correspond to Social Security, Medicare, and Income Taxes items.

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Table with 2 columns: 2009 Amount, 2008 Amount. Row for Total cash wages subject to FUTA tax.

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2010

Table with 6 columns: Name of State, State Reporting Number, Taxable Wages, Contribution Paid to Unemployment Fund, X, 2008 Amount.



Refund Application:

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

Refunded .....  Yes  No  
 Applied to your 2010 estimated tax liability .....  Yes  No

Federal Estimated Tax Payments:

2009 1st Quarter Estimate ..... (Due 04-15-2009)  
 2009 2nd Quarter Estimate ..... (Due 06-15-2009)  
 2009 3rd Quarter Estimate ..... (Due 09-15-2009)  
 2009 4th Quarter Estimate ..... (Due 01-15-2010)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2008 overpayment applied to 2009 estimate .....

Tax Planning Information for Tax Year 2010:

Do you expect any of the following to occur in 2010?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, please provide details.




State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 1st Quarter Estimate .....

2009 2nd Quarter Estimate .....

2009 3rd Quarter Estimate .....

2009 4th Quarter Estimate .....

2008 overpayment applied to 2009 estimate .....

Balance of prior year(s)' tax paid in 2009 plus  
amount paid with 2008 extensions .....

Estimated tax payments for 2008 paid in 2009 .....

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 1st Quarter Estimate .....

2009 2nd Quarter Estimate .....

2009 3rd Quarter Estimate .....

2009 4th Quarter Estimate .....

2008 overpayment applied to 2009 estimate .....

Balance of prior year(s)' tax paid in 2009 plus  
amount paid with 2008 extensions .....

Estimated tax payments for 2008 paid in 2009 .....

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 1st Quarter Estimate .....

2009 2nd Quarter Estimate .....

2009 3rd Quarter Estimate .....

2009 4th Quarter Estimate .....

2008 overpayment applied to 2009 estimate .....

Balance of prior year(s)' tax paid in 2009 plus  
amount paid with 2008 extensions .....

Estimated tax payments for 2008 paid in 2009 .....





Foreign Employment Information  
(Page 1 of 3)

General Information:

TS ..... \_\_\_\_\_  
Foreign address .....

Name of employer .....  
Employer's U.S. address .....

Employer's foreign address .....

Employer type: Foreign entity, U.S. company,  
Foreign affiliate of a U.S. company, Self .....

Enter the last year (after 1981) that Form 2555 was  
filed to claim either of the exclusions .....

Type of exclusions revoked in prior years .....

If a separate foreign residence was maintained for your  
family due to adverse living conditions, please provide  
the city, country, and number of days maintained .....

List tax home(s) during tax year and dates established .....

Country of citizenry or nationality .....

Qualified housing expenses for the tax year .....

Adjustment to employer provided amounts for qualified  
housing expense .....



# Foreign Employment Information

## (Page 2 of 3)

30A

**Bona Fide Residence Test Information:**

Beginning date for foreign residence ..... (Mo/Da/Yr) \_\_\_\_\_

Ending date for foreign residence ..... (Mo/Da/Yr) \_\_\_\_\_

Kind of foreign living quarters:

Purchased house, Rented house or apartment, Rented room,

Quarters furnished by employer .....

If any family members lived abroad with you during any part of the tax year, enter their names. Include the dates when the family members lived with you

Relationship	First Name	MI	Last Name	Date Arrived	Date Left

Was a statement made to foreign country authorities declaring you were not a resident of their country? 

Yes

 

No

Were you required to pay income tax in that country? 

--

 

--

Does the foreign country have an income tax? 

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--

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

What type of visa was used to enter the foreign country? .....

Explain any limitations of the visa as to length of stay or employment in a foreign country .....

If a home was maintained in U.S. while residing abroad, show address, whether rented, names and relationships of occupants

Address

Street address .....

City .....

State .....

ZIP Code .....

X if rented .....

Occupants			
First Name	MI	Last Name	Relationship





# Foreign Housing Expenses Worksheet

Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, please indicate dates of payment to the left of the amount boxes and enter type of currency.

Type of currency . . . . .	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Rent . . . . .			
Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge) . . . . .			
Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet) . . . . .			
Utilities (but not telephone charges) . . . . .			
Real and personal property insurance . . . . .			
"Key money" or other similar nonrefundable deposits paid to secure a lease . . . . .			
Repairs and maintenance . . . . .			
Furniture rental . . . . .			
Lodging portion of temporary living expenses (Do not include on Moving Expenses page) . . . . .			

Other Expenses:

Description	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses

Total expenses . . . . .			
--------------------------	--	--	--

Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises: (If you resided in a camp, you are considered to be on the business premises of your employer.)

To you . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
To your family members . . . . .	<input type="checkbox"/>	<input type="checkbox"/>



Complete for every month even if this may have been your first or last year in the U.S.

Table with columns: Travel To/From the U.S. (Left Foreign Country, Arrived U.S., Left U.S., Arrived Foreign Country), Days in Month, Days Worked In and Outside U.S. (Days Not Worked\* (U.S., Foreign), Days Worked\*\* (U.S., Foreign)). Rows for months January to December and a Total row.

\* Weekends, holidays, vacation, sick, etc.

\*\* Include weekends and holidays if you worked on these days.

During 2009, in which state(s)/city(ies) did you work? Please list the dates

Table with columns: State/City, From (Mo/Da/Yr), To (Mo/Da/Yr), Days Worked

Total (must agree with U.S. days worked shown above)

Days in U.S. for any reason in 2008 2007







You may skip this page if company statements for this information are provided.

NOTE: If you received income in 2009 for services performed in prior years, (bonus, separation payments, etc.) provide us with a copy of your tax return for these years unless we have them in our possession. If expenses are listed in foreign currency, please indicate dates of payment and type of currency to the left of the amount boxes.

Compensation: You must provide the originals of Form W-2

Table with columns for Taxpayer and Spouse, listing various compensation items like Gross base salary, Tax deferred savings, Bonus, Education, etc.

Table with columns for Taxpayer and Spouse, titled 'Other Allowances - Description'.

Table with columns for Taxpayer and Spouse, listing non-cash remuneration items like Home (lodging), Meals, Car.

For additional employers, please provide details on a continuation sheet.





2008

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5						1	2							1			1	2	3	4	5
6	7	8	9	10	11	12	3	4	5	6	7	8	9	2	3	4	5	6	7	8	6	7	8	9	10	11	12
13	14	15	16	17	18	19	10	11	12	13	14	15	16	9	10	11	12	13	14	15	13	14	15	16	17	18	19
20	21	22	23	24	25	26	17	18	19	20	21	22	23	16	17	18	19	20	21	22	20	21	22	23	24	25	26
27	28	29	30	31			24	25	26	27	28	29	23	24	25	26	27	28	29	27	28	29	30				
														30	31												

2009

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7				1	2	3	4
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14	5	6	7	8	9	10	11
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21	12	13	14	15	16	17	18
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28	19	20	21	22	23	24	25
25	26	27	28	29	30	31								29	30	31					26	27	28	29	30		

2010

JANUARY							FEBRUARY							MARCH							APRIL								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
					1	2			1	2	3	4	5	6			1	2	3	4	5	6					1	2	3
3	4	5	6	7	8	9	7	8	9	10	11	12	13	7	8	9	10	11	12	13	4	5	6	7	8	9	10		
10	11	12	13	14	15	16	14	15	16	17	18	19	20	14	15	16	17	18	19	20	11	12	13	14	15	16	17		
17	18	19	20	21	22	23	21	22	23	24	25	26	27	21	22	23	24	25	26	27	18	19	20	21	22	23	24		
24	25	26	27	28	29	30	28							28	29	30	31				25	26	27	28	29	30			
31																													