Personal Data

Taxpayer Name		SSN	
Spouse's Name		SSN	
Address		Apt no.	
Foreign Address			
City	State	ZIP	
County	School District		

Taxpayer phone Daytime:	Ext:	Evening:	Ext:	Cell:
Spouse phone Daytime:	Ext:	Evening:	Ext:	Cell:

Taxpayer email	Spouse email
Taxpayer occupation	Spouse occupation

Taxpayer Date of Birth	☐ Blind	☐ Active military	Do you want $3 to go to the Presidential Election Campaign Fund?	☐
Spouse's Date of Birth	☐ Blind	☐ Active military	Does your spouse want $3 to go to the Presidential Election Campaign Fund?	☐

Date and time of this year's appointment	Economic Recovery Payment Amount

Income Taxes Paid

Federal

		2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund		April 15, 2009				
2008 Refund applied to 2009		June 15, 2009				
2008 Balance Due		Sept. 15, 2009				
		Jan. 15, 2010				

	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made									

Resident State

		2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund		April 15, 2009				
2008 Refund applied to 2009		June 15, 2009				
2008 Balance Due		Sept. 15, 2009				
		Jan. 15, 2010				

	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made									

Local

		2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund		April 15, 2009				
2008 Refund applied to 2009		June 15, 2009				
2008 Balance Due		Sept. 15, 2009				
		Jan. 15, 2010				

	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made									

Dependents

Name: **SSN:**

First name		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
Age/DOB		Is this dependent a minor child with income over $950? ☐		**2009**	**2008**
Qualifying child care expense incurred and paid in 2009					
Portion of qualifying expenses provided by employer					
American Opportunity qualified expenses paid					
Lifetime Learning Credit qualified expenses paid					
Hope Credit qualified expenses paid					
Tuition and fees deduction					
First name		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
Age/DOB		Is this dependent a minor child with income over $950? ☐		**2009**	**2008**
Qualifying child care expense incurred and paid in 2009					
Portion of qualifying expenses provided by employer					
American Opportunity qualified expenses paid					
Lifetime Learning Credit qualified expenses paid					
Hope Credit qualified expenses paid					
Tuition and fees deduction					
First name		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
Age/DOB		Is this dependent a minor child with income over $950? ☐		**2009**	**2008**
Qualifying child care expense incurred and paid in 2009					
Portion of qualifying expenses provided by employer					
American Opportunity qualified expenses paid					
Lifetime Learning Credit qualified expenses paid					
Hope Credit qualified expenses paid					
Tuition and fees deduction					
First name		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
Age/DOB		Is this dependent a minor child with income over $950? ☐		**2009**	**2008**
Qualifying child care expense incurred and paid in 2009					
Portion of qualifying expenses provided by employer					
American Opportunity qualified expenses paid					
Lifetime Learning Credit qualified expenses paid					
Hope Credit qualified expenses paid					
Tuition and fees deduction					

Miscellaneous Information

Name: **SSN:**

General Information

Yes	No	
		1. Were there any changes to your filing status or number of dependents during 2009?
		2. Can you or your spouse be claimed as a dependent by someone else?
		3. Did you incur any childcare expenses?
		4. Did you have a change in residence or job location during the year?
		5. Did you move during 2009? From where? ____________ Date of move ____________
		6. Did you reside in more than one state during 2009? If yes, which states? ____________
		7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
		8. Would you like a copy of your tax return sent to you via email?
		9. Did you receive an Economic Recovery Payment in 2009 from social security benefits, supplemental security income, or pension benefits?

Income Information

Yes	No	
		1. Have you received all W-2s from all employers? How many W-2s are attached? ________
		2. Did you use your vehicle on the job other than for commuting to work?
		3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. $____________
		4. Did you work out of town at any time during the year?
		5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? ____________
		6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
		7. Did you receive any disability income during the year? $____________. Attach 1099-R.
		8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
		9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
		10. Did you have any income from, or pay taxes to, a foreign country?
		11. Did you engage in any bartering transactions during 2009?
		12. Did you surrender any U.S. Savings Bonds during 2009?
		13. Did you receive any state or local income tax refunds from prior years?
		14. Do you or your spouse have any IRA accounts?
		15. Did you recharacterize any IRAs this year?
		16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
		17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
		18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
		19. Did you receive any type of prize, award, or gambling winnings during 2009?
		20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? ____________
		21. Did you receive any income not shown in this organizer? If so, please list. ____________
		22. Does anyone owe you money that has become uncollectible?

Comments: ____

____

Miscellaneous Information

Name: **SSN:**

Business Information

Yes	No	
		1. Did you start a new business or purchase any rental property during 2009?
		2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
		3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
		4. Did you own rental property? What percentage of time did you spend managing your rentals? ________________
		5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Other Information

Yes	No	
		1. Were any tuition costs paid during 2009 (even if classes were attended in another year)?
		2. Did anyone in your household attend higher education classes in 2009?
		3. Did you incur a loss due to damaged or stolen property?
		4. Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
		5. If yes to question 4, was the First-Time Homebuyer Credit taken on the home?
		6. Did you purchase a home, for the first time, as a principal residence between April 8, 2008 and April 30, 2010? If yes, please provide closing documentation.
		7. Did you purchase a new vehicle between February 18, 2009 and January 1, 2010?
		8. Did you make any gifts to any one person in 2009 in excess of $13,000? If so, are you splitting this gift with your spouse?
		9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

To itemize deductions, bring receipts and documentation for these types of expenses:

	Prescriptions, first-aid
	State/local income taxes
	Mortgage interest
	Tax preparation fees
	Gambling losses (up to amount of winnings)
	Cash donations to charity (provide all receipts)
	Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
	Real estate and personal property taxes paid in 2009
	Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
	Fair market value of property donated to charity
	Purchase price of new goods donated or used in volunteer work

Comments: ____

Miscellaneous Information

Name: **SSN:**

Information to bring to your appointment:

- [ ] Driver's license & social security card (for identity verification)
- [ ] Copy of your 2008 income tax return (for comparison and review for all includible information)
- [ ] Preprinted IRS label received
- [ ] Original W-2s and other statements of income received from employers
- [ ] 1099s and other statements reporting interest/dividend/miscellaneous income
- [ ] Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- [ ] Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: ______________________________

Preparer Notes

Miscellaneous Notes (These will update to next year.)

Child & Dependent Care

Name: **SSN:**

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2009		Amount Paid in 2008	

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2009		Amount Paid in 2008	

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2009		Amount Paid in 2008	

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2009		Amount Paid in 2008	

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2009		Amount Paid in 2008	

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2009		Amount Paid in 2008	

Wages and Salaries

Please attach all W-2(s).

Name: **SSN:**

TS		Federal I.D. No.		Company Name			
		State I.D. No.					
Federal wages	**2009**		**2008**	Federal tax	**2009**		**2008**
State wages	**2009**		**2008**	State tax	**2009**		**2008**
Locality	**2009**		**2008**	Local tax	**2009**		**2008**

TS		Federal I.D. No.		Company Name			
		State I.D. No.					
Federal wages	**2009**		**2008**	Federal tax	**2009**		**2008**
State wages	**2009**		**2008**	State tax	**2009**		**2008**
Locality	**2009**		**2008**	Local tax	**2009**		**2008**

TS		Federal I.D. No.		Company Name			
		State I.D. No.					
Federal wages	**2009**		**2008**	Federal tax	**2009**		**2008**
State wages	**2009**		**2008**	State tax	**2009**		**2008**
Locality	**2009**		**2008**	Local tax	**2009**		**2008**

TS		Federal I.D. No.		Company Name			
		State I.D. No.					
Federal wages	**2009**		**2008**	Federal tax	**2009**		**2008**
State wages	**2009**		**2008**	State tax	**2009**		**2008**
Locality	**2009**		**2008**	Local tax	**2009**		**2008**

TS		Federal I.D. No.		Company Name			
		State I.D. No.					
Federal wages	**2009**		**2008**	Federal tax	**2009**		**2008**
State wages	**2009**		**2008**	State tax	**2009**		**2008**
Locality	**2009**		**2008**	Local tax	**2009**		**2008**

TS		Federal I.D. No.		Company Name			
		State I.D. No.					
Federal wages	**2009**		**2008**	Federal tax	**2009**		**2008**
State wages	**2009**		**2008**	State tax	**2009**		**2008**
Locality	**2009**		**2008**	Local tax	**2009**		**2008**

Wages and Salaries

Please attach all W-2(s).

Name: **SSN:**

TS		Employer's name and address:	Federal EIN

	2009	2008		2009	2008
Wages, tips, other compensation			State / State I.D.		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State / State I.D.		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	☐	☐	Local wages		
Are you covered by a retirement plan?	☐	☐	Local income tax		
Did you receive third-party sick pay?	☐	☐			

TS		Employer's name and address:	Federal EIN

	2009	2008		2009	2008
Wages, tips, other compensation			State / State I.D.		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State / State I.D.		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	☐	☐	Local wages		
Are you covered by a retirement plan?	☐	☐	Local income tax		
Did you receive third-party sick pay?	☐	☐			

Interest Income

Please attach all 1099(s) relating to interest income.

Name: **SSN:**

TSJ	Name and SSN of payer Address of payer	2009	2008

Please attach additional sheets if necessary.

Dividend Income

Please attach all 1099(s) relating to dividend income.

Name: **SSN:**

TSJ	Name of payer	Ordinary	Qualified	Capital Gains	Federal Income Tax	Foreign Tax	Other: Description	Other: Amount

Please attach additional sheets if necessary.

Profit or Loss From Business
Schedule C

Name: **SSN:**

TS		Principal business or profession	Business code	
Business name			Employer I.D. number	
Business address				

Accounting method, if not cash ☐ Accrual ☐ Other

Did you "materially participate" in the operation of this business? ☐ Yes ☐ No

You started or acquired this business during 2009 ☐ Statutory employee wages ☐

Income

	2009	2008		2009	2008
Gross receipts or sales			Other income		
Returns and allowances					

Expenses

	2009	2008		2009	2008
Advertising			Taxes and licenses		
Car and truck expenses			Travel		
Commissions and fees			Total meals and entertainment		
Contract labor			Utilities		
Depletion			Wages		
Employee benefit programs			Other expenses (list):		
Insurance (other than health)					
Mortgage interest (paid to banks etc.)					
Other interest					
Legal & professional services					
Office expenses					
Pension and profit sharing plans					
Rent or lease (vehicles, machinery, and equipment)					
Rent (other business property)					
Repairs and maintenance					
Supplies			Family Health Coverage		

Cost of goods sold

	2009	2008		2009	2008
Inventory at beginning of the year			Materials and supplies		
Purchases (less cost of items withdrawn for personal use)			Other costs		
Cost of labor			Inventory at end of year		

Inventory method, if not Cost ☐ Lower of Cost or Market ☐ Other There was a change of inventory method ☐

Information on your vehicle

	2009	2008			
Date placed in service			Available when off duty	☐ Yes	☐ No
Business miles			Another vehicle available	☐ Yes	☐ No
Commuting miles			You have evidence	☐ Yes	☐ No
Other miles			It is written	☐ Yes	☐ No

Sale of Capital Assets
(Stocks, Bonds, etc.)

Name: **SSN:**

TSJ	Description	Date purchased	Date sold	Sales price	Cost	Misc. (see below)

Misc codes: WS = Wash Sales (no loss), PL = Personal Loss, 28 = Force a sale into the 28% bracket

Sale of Home

Name: **SSN:**

Enter the date you purchased the home	
Enter the date you sold the home	
Enter the purchase price of your old home	
Seller-paid points for old home if bought after 1990	
Enter the selling price of the old home	
Enter any expenses from the sale of the old home	
Settlement fees or closing costs for old home.	
Abstract and recording fees	
Legal fees	
Surveys	
Title insurance	
Transfer or stamp taxes	
Amounts the seller owed that you agreed to pay	
Other fees or closing cost	
Cost of capital improvements to old home	
Special tax assessments paid on old home for local improvements, such as streets	
Other increases to basis:	
Describe:	
If home was used for business, enter any depreciation claimed	
Other decreases to basis:	
Describe:	

Information on time lived in the home sold	**You**	**Spouse**
Enter the date that you first used the property as a main home		
Enter the date that you first owned the property as a main home		
Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?	☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**
If YES, answer the following: Enter date of most recent sale of another home on which you excluded the gain		

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

- ☐ I sold the home to an unrelated person and had a gain on the sale
- ☐ I sold the home to an unrelated person and did not have a gain on the sale
- ☐ I sold the home to a related person
- ☐ I converted the home to a rental or business or I still own the home but it is no longer my main home
- ☐ I transferred the home to my ex-spouse as part of my divorce settlement (Ex-spouse's Name) ______________________
- ☐ My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years
- ☐ My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years
- ☐ The taxpayer who claimed the credit died in 2009.

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

Supplemental Income and Loss

Part I - Income or Loss From Rental Real Estate and Royalties

Name: **SSN:**

TS ☐ Property address

Property type: Activity type:

Some investment is not at risk ☐ Property was 100% disposed of in 2009 ☐ Yes ☐ No

If property is used for personal purposes at least 10% or 14 days, enter personal %

If multi-dwelling unit and taxpayer occupies part, enter % occupied by taxpayer

If yes, was this your main home or second home? ☐ Yes ☐ No

Income:	**2009**	**2008**
Rental income		
Royalties from oil, gas mineral, copyright or patent		

Expenses:	**2009 Direct Expenses**	**2009 Indirect Expenses**	**2008**
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance			
☐ Above amount includes Private Mortgage Insurance			
Legal and professional fees			
Management fees			
Interest - mortgage			
Interest - other			
Repairs			
Supplies			
Taxes			
Utilities			
Other expenses: (list)			

Other Information:			
Ownership percentage			

Form 1099-MISC

Please attach all 1099-M(s)

Name: **SSN:**

TS		For		Payer's FEIN:

Payer's name:

Address:

City, State, Zip

	2009	2008		2009	2008
Rents			State	State I.D.	
Royalties			State tax withheld		
Other income			State income		
description			Name of locality		
Federal tax withheld			Local tax withheld		
Fishing boat proceeds			Local income		
Medical & health care payments			State	State I.D.	
Non-employee compensation			State tax withheld		
Substitute payments			State income		
☐ Payer made direct sales			Name of locality		
Crop insurance proceeds			Local tax withheld		
Excess golden parachute			Local income		
Gross attorney proceeds					

TS		For		Payer's FEIN:

Payer's name:

Address:

City, State, Zip

	2009	2008		2009	2008
Rents			State	State I.D.	
Royalties			State tax withheld		
Other income			State income		
description			Name of locality		
Federal tax withheld			Local tax withheld		
Fishing boat proceeds			Local income		
Medical & health care payments			State	State I.D.	
Non-employee compensation			State tax withheld		
Substitute payments			State income		
☐ Payer made direct sales			Name of locality		
Crop insurance proceeds			Local tax withheld		
Excess golden parachute			Local income		
Gross attorney proceeds					

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name: **SSN:**

TS		Payer's name:			Payer's FEIN:	
Address:						
City, State, Zip					**2009**	**2008**
	2009	**2008**	State	State I.D.		
Disability indicator	☐	☐	State income tax withheld			
Report as wages on 1040	☐	☐	State distribution			
Gross distribution			Local income tax withheld			
Taxable amount			Name of locality			
Total distribution			Local distribution			
Capital gain			State	State I.D.		
Federal income tax withheld			State income tax withheld			
Employee contributions or insurance premiums			State distribution			
Distribution code(s)			Local income tax withheld			
IRA/SEP/SIMPLE Roth: Y/N __	☐	☐	Name of locality			
Your percentage of total distribution			Local distribution			

TS		Payer's name:			Payer's FEIN:	
Address:						
City, State, Zip					**2009**	**2008**
	2009	**2008**	State	State I.D.		
Disability indicator	☐	☐	State income tax withheld			
Report as wages on 1040	☐	☐	State distribution			
Gross distribution			Local income tax withheld			
Taxable amount			Name of locality			
Total distribution			Local distribution			
Capital gain			State	State I.D.		
Federal income tax withheld			State income tax withheld			
Employee contributions or insurance premiums			State distribution			
Distribution code(s)			Local income tax withheld			
IRA/SEP/SIMPLE Roth: Y/N __	☐	☐	Name of locality			
Your percentage of total distribution			Local distribution			

Social Security Benefit Statement

			2009	**2008**		**2009**	**2008**		**2009**	**2008**
TS		Net benefits			Medicare premiums			Income tax withheld		
TS		Net benefits			Medicare premiums			Income tax withheld		

Moving Expenses

Name: **SSN:**

TSJ [ ] Military move [ ]	2009	2008
Enter the number of miles from your OLD home to your NEW workplace		
Enter the number of miles from your OLD home to your OLD workplace		
Transportation and storage of household goods and personal effects		
Travel and lodging incurred during move (do NOT include cost of meals)		
Amount of moving expenses reimbursed by your employer		

Foreign Moving Expenses

If you moved to a foreign country:	2009	2008
City and country in which your **old** workplace was located		
City and country in which your **new** workplace is located		

Self-Employed Health Insurance and SE Pensions

TSJ [ ]	2009	2008
Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents		
Qualified long term care amount		
Enter your wages from an S corporation		
Plan contribution rate as a decimal		
Enter your net profit from line 31, Schedule C; line 36, Schedule F; or box 14, code A, Schedule K-1		
Enter your allowable elective deferrals made during 2009		
Enter your catch-up contributions		

Noncash Charitable Contributions

TSJ [ ] Donee I.D.

Name of donee organization

Address of donee organization

City, State, & ZIP of donee organization

Description of donated property		**PROPERTY TYPE (if over $5,000)**
Physical condition of donated property		Art valued more than $20,000
Valuation method used		Art valued less than $20,000
How was it acquired?		Collectibles
Date acquired		Qualified Conservation Contribution
Date contributed		Other Real Estate
Donor's cost or adjusted basis		Intellectual Property
Fair market value		Equipment
Bargain sale price		Securities
Average security price		Other

Other Income and Adjustments

Name: **SSN:**

Income

	Taxpayer		Spouse	
	2009	**2008**	**2009**	**2008**
Taxable scholarships received				
Interest income (If over $1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over $1,500 report only on Interest and Dividend sheet)				
Dividend income (If over $1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? ☐ Yes ☐ No				
Pension distributions				
Unemployment compensation received				
Unemployment repaid in 2009				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employment health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2009				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				

Itemized Deductions

Name: **SSN:**

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

Mortgage Interest

Name: **SSN:**

TSJ		For		Business name	Product		
Federal ID #						**2009**	**2008**
Recipient/Lender:					Mortgage interest		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		
TSJ		For		Business name	Product		
Federal ID #						**2009**	**2008**
Recipient/Lender:					Mortgage interest		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		
TSJ		For		Business name	Product		
Federal ID #						**2009**	**2008**
Recipient/Lender:					Mortgage interest		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		
TSJ		For		Business name	Product		
Federal ID #						**2009**	**2008**
Recipient/Lender:					Mortgage interest		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		
TSJ		For		Business name	Product		
Federal ID #						**2009**	**2008**
Recipient/Lender:					Mortgage interest		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		

Expenses for Business Use of Your Home

Name: **SSN:**

TS		For		

Business Use of Home	2009	2008
Area used regularly and exclusively for business		
Total area of home		

Use of Home for Daycare		2009	2008
Total hours used for daycare			
Did you live in the home all year?		☐ Yes ☐ No	
If not, enter the dates you lived in the home	from	to	

Expenses

	Expenses directly related to business use **only**		Total Household expenses	
Did you claim office in home expenses last year? ☐ Yes ☐ No	**2009**	**2008**	**2009**	**2008**
Deductible mortgage interest				
Real estate taxes				
Excess mortgage interest				
Insurance				
Rent				
Repairs and maintenance				
Utilities				
Other expenses				

Cost of Home	2009	2008
Enter the **smaller** of your home's adjusted basis or its fair market value		
Does this include the value of the land?	☐ Yes ☐ No	
Date placed in service		
Value of land		

Employee Business Expense

Name: **SSN:**

TS		Occupation override	

Part I - Employee Business Expense and Reimbursements

	2009	2008
Rural mail carrier		
Parking fees, tolls, and local transportation, including train, bus, etc.		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment		
Other business expenses		
Meals and entertainment expenses		
DOT meals		
Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2		
Portion of total expenses that is for impairment-related work expenses of disabled employee		
Portion of total expenses that is for Armed Forces reservist		

☐ Qualifying performing artist

☐ Fee-based state or local government official

Business Vehicle Expenses

Vehicle Description	Vehicle 1		Vehicle 2	
	2009	2008	2009	2008
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2009				
Business miles included above				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation method and percentage				

If an employer provided vehicle, is personal use during off duty hours permitted?	☐ Yes	☐ No
Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
Do you have evidence to support your deduction?	☐ Yes	☐ No
If "Yes", is the evidence written?	☐ Yes	☐ No

First-Time Homebuyer Credit

Name: **SSN:**

Form 5405 - First-Time Homebuyer Credit

	TSJ

Address of home qualifying for the credit

Street	City	State	ZIP

Date qualified		

Purchase price of the home (The software will calculate the 10% limitation based on the purchase price)	
If someone other than a spouse held an interest in the home, enter only the taxpayer's share of the credit	
Date the home ceased to be your main home	

Select the box below that applies to you

	I sold the home to an unrelated person and had a gain on the sale
	I sold the home to an unrelated person and did not have a gain on the sale
	I sold the home to a related person
	I converted the home to a rental or business or I still own the home but it is no longer my main home
	I transferred the home to my ex-spouse as part of my divorce settlement
	Ex-spouse's name
	My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years
	My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years
	The taxpayer who claimed the credit died in 2009

Amount of the credit you claimed on line 6 of your 2008 Form 5405	
Gain on the sale of your main home	

Energy Credits

Name: **SSN:**

8834 - Qualified Electric Vehicle Credit

TSJ	Vehicle 1	Vehicle 2	Vehicle 3
Year of vehicle			
Make of vehicle			
Model of vehicle			
Date vehicle was placed in service			
Cost of vehicle			
Business/investment use percentage			
Section 179 expense deduction			
Qualified plug-in electric vehicle from pass-through entities			
Credits from passive activities			

8909 - Energy Efficient Appliance Credit

TSJ

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

Current Year Energy Appliance Credit

Average annual gross receipts	
Amount from 2008 Form 8909, line 19	
Amount from 2008 Form 8909, line 21b	
Amount from 2008 Form 8909, line 21c	
Amount from 2008 Form 8909, line 20	
Energy-efficient appliance credits from partnerships, S corporations, estates, trusts, and cooperatives	

Energy Credits (continued)

Name: **SSN:**

Form 8910 - Alternative Motor Vehicle Credit

TSJ	Vehicle 1	Vehicle 2	Vehicle 3
Year of vehicle			
Make of vehicle			
Model of vehicle			
Date vehicle was placed in service			
Maximum credit allowable			
Cost of converting vehicle to plug-in electric drive motor			
Section 179 expense deduction			
Business/investment use percentage			
Alternative motor vehicle credits from partnerships and S corporations			

Auto Expense Worksheet

Name: **SSN:**

For	
Profession/Product	
Business name	
Description	
Date placed in service	
Do you have another vehicle available for personal use?	☐ Yes ☐ No
Was your vehicle available for use during off hours?	☐ Yes ☐ No
Do you have evidence to support your deduction?	☐ Yes ☐ No
If "Yes", is the evidence written?	☐ Yes ☐ No

Enter the number of miles your vehicle was used for:	2009	2008
a Business miles		
b Commuting		
c Other		

Expenses:	2009	2008
Garage rent		
Gas		
Insurance		
Licenses		
Oil		
Parking fees		
Lease payments		
Interest		
Property tax		
Repairs		
Tires		
Tolls		
Other expenses (list): Apply Business %		
☐		
☐		
☐		