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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>		



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

Personal Information:

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

Dependents:

- Were there any changes in dependents from the prior year?  Yes  No
- Did you pay for child care while you worked or looked for work?  Yes  No
- Do you have any children under age 18 with unearned income more than \$950?  Yes  No
- 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?  Yes  No
- Did you adopt a child or begin adoption proceedings during 2009?  Yes  No

Purchases, Sales and Debt:

- Did you have any debts canceled, forgiven or refinanced during 2009?  Yes  No
- 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?  Yes  No
- Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2009?  Yes  No
- Did you sell, exchange or purchase any real estate in 2009? If so, please attach closing statements.  Yes  No
- Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?  Yes  No
- 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?  Yes  No
- Did you pay any student loan interest in 2009?  Yes  No
- 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.  Yes  No
- 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.  Yes  No
- Did you take out a home equity loan in 2009?  Yes  No
- Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098?  Yes  No
- Did you engage in any put or call transactions? If Yes, please provide details.  Yes  No
- Did you close any open short sales during 2009?  Yes  No
- Did you sell any securities not reported on your Form 1099-B?  Yes  No





Miscellaneous: (continued)

	Yes	No
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"/>

Date

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

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? .....

Is the taxpayer claimed as a dependent on someone else's tax return? .....

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>		
		<b>Taxpayer</b>	<b>Spouse</b>
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations? .....

Do you want to contribute to the Presidential Election Campaign Fund? .....

**Dependent Information:**

Did dependent have income over \$3,650?

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



# Electronic Filing

**Electronic Filing:** Please enclose all copies of your current year Forms W-2

Electronic filing is the means by which your return is transmitted directly to the IRS. Electronic filing is the only filing method that provides you with acknowledgement that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 2 weeks.

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

If you qualify for electronic filing, would you like to file the return electronically with the IRS?  Yes  No

Would you like your return prepared and filed electronically when you have a balance due?

Would you like your federal return filed electronically only if your refund is greater than a certain minimum dollar amount?

If Yes, enter the amount here.

If you qualify, would you like to file your state return electronically?

If you file more than one state, do you want to file all of them electronically?

**The IRS has implemented a program to allow taxpayers to e-file without mailing a signature document. In order to participate, please provide a 5-digit self-selected Personal Identification Number (PIN).**

Self-selected PIN:

Taxpayer PIN .....

Spouse PIN .....



# 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 .....

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? .....

Yes	No

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 .....

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? .....

Yes	No

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







**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	
Description of vehicle _____	
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	
Was your vehicle available for use during off-duty hours? <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? <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 Amount	2008 Amount





**Name of Business:** .....

**Principal Business or Profession:** .....

**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?  Yes  No

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?  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 used 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 personal use?  Yes  No

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

Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business?  Yes  No

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2009 Miles	2008 Miles

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2009 Miles	2008 Miles

**Mileage:**

Total miles .....

Total miles applicable to business .....

Total commuting miles for the year .....



# 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:

Table with 2 columns: Description, Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Table with 2 columns: Description, Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?
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?
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?
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

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)



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

Table with 1 column and 5 rows for inputting values.

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

Table with 1 column and 4 rows for inputting contribution amounts.

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?

Table for Taxpayer and Spouse with Yes/No columns for the two questions.

Contributions to:

Simplified employee pension
Defined benefit plan
Defined contribution plan
SIMPLE plan

Table with 2 columns: 2009 Amount, 2009 Amount. Rows for each plan type.





# Rental and Royalty Property and Equipment & Depletion

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





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



# 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:

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

TSJ	2009 Amount	2008 Amount

Other Itemized Deductions:

Examples:

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

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 .....



# 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



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 .....

