

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____	_____
Mark if legally blind	_____	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer between 19 and 23 and full-time student? (1 = Yes, 2 = No)	_____	_____
Mark if member of U.S. Armed Forces in 2008	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Home/evening telephone number	_____	_____
Do you authorize us to discuss your return with the IRS? (1 = Yes, 2 = No)	_____	_____

Present Mailing Address

Address _____

Apartment number _____

City, state postal code, zip code _____

In care of addressee _____

Dependent Information

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

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

Name of child who lived with you but is not your dependent _____

Social security number of qualifying person _____

Dependent Codes

- | | |
|---|---|
| <p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you 3 = Other dependent 4 = Claimed under pre-1985 agreement 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit 9 = Qualifying child for Child Tax Credit only, who is not a dependent 10 = Qualifying child for Earned Income Credit and Child Tax Credit only, who is not a dependent | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|---|---|

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter the following information:

Primary account:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Secondary account #1:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Secondary account #2:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

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

Client Contact Information

Preparer - Enter on Screen Contact

Taxpayer email address _____
 Spouse email address _____

	Taxpayer	Spouse
Car telephone number	_____	_____
Fax telephone number	_____	_____
Mobile telephone number	_____	_____
Pager number	_____	_____
Other:	_____	_____
Telephone number	_____	_____
Extension	_____	_____

NOTES/QUESTIONS:

Individuals may claim an additional exemption deduction of \$500 for providing at least 60 days of temporary rent-free housing in your main home to a person dislocated by the midwestern disasters. Enter only those individuals who meet the 60 consecutive days within the 2008 tax year. The additional exemption is per person and limited to a maximum of \$2,000 (\$1,000 if married filing separately).

1st displaced individual information:

Taxpayer/Spouse (T, S) _____
 Social security number _____
 First name/Last name _____
 Former address in disaster area:
 Street Address/Apartment number _____
 City/State/Zip code _____
 Number of consecutive days housed in taxpayer's main home _____

2nd displaced individual information:

Taxpayer/Spouse (T, S) _____
 Social security number _____
 First name/Last name _____
 Former address in disaster area:
 Street Address/Apartment number _____
 City/State/Zip code _____
 Number of consecutive days housed in taxpayer's main home _____

3rd displaced individual information:

Taxpayer/Spouse (T, S) _____
 Social security number _____
 First name/Last name _____
 Former address in disaster area:
 Street Address/Apartment number _____
 City/State/Zip code _____
 Number of consecutive days housed in taxpayer's main home _____

4th displaced individual information:

Taxpayer/Spouse (T, S) _____
 Social security number _____
 First name/Last name _____
 Former address in disaster area:
 Street Address/Apartment number _____
 City/State/Zip code _____
 Number of consecutive days housed in taxpayer's main home _____

NOTES/QUESTIONS:

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

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

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

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

Enter the minimum refund amount here _____

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

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

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

Taxpayer self-selected Personal Identification Number (PIN) _____

Spouse self-selected Personal Identification Number (PIN) _____

NOTES/QUESTIONS:

If you have an overpayment of 2008 taxes, do you want the excess:

Refunded _____

Applied to 2009 estimated tax liability _____

Do you expect a considerable change in your 2009 income? (1 = Yes, 2 = No) _____

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2009? (1 = Yes, 2 = No) _____

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2009 withholding? (1 = Yes, 2 = No) _____

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2009? (1 = Yes, 2 = No) _____

If yes, please explain any differences:

2008 Federal Estimated Tax Payments

2007 overpayment applied to 2008 estimates

+ _____

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

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

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/08	_____	+ _____	_____
2nd quarter payment	6/16/08	_____	+ _____	_____
3rd quarter payment	9/15/08	_____	+ _____	_____
4th quarter payment	1/15/09	_____	+ _____	_____
Additional payment		_____	+ _____	_____

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____

State postal code _____

Amount paid with 2007 return + _____
 2007 overpayment applied to '08 estimates + _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid	Calculated Amount					
1st quarter payment	_____	+ _____	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	_____	_____	_____	_____	_____

2nd quarter payment	_____	+ _____						
3rd quarter payment	_____	+ _____						
4th quarter payment	_____	+ _____						
Additional payment	_____	+ _____						

2008 City Estimated Tax Payments

City #1
 City name _____
 Amount paid with 2007 return + _____
 2007 overpayment applied to '08 estimates + _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

Calculated Amount

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

City #2
 City name _____
 Amount paid with 2007 return + _____
 2007 overpayment applied to '08 estimates + _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

Calculated Amount

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

City #3
 City name _____
 Amount paid with 2007 return + _____
 2007 overpayment applied to '08 estimates + _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

Calculated Amount

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

City #4
 City name _____
 Amount paid with 2007 return + _____
 2007 overpayment applied to '08 estimates + _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

Calculated Amount

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

Wages and Salaries #1

Please provide all copies of Form W-2.

2008 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Employer name _____

Were these wages earned for service as: (1 = Minister, 2 = Military, 4 = National Guard) _____

Mark if this is your current employer _____

Federal wages and salaries **(Box 1)** + _____

Federal tax withheld **(Box 2)** + _____

Social security wages **(Box 3)** (If different than federal wages) + _____

Social security tax withheld **(Box 4)** + _____

Medicare wages **(Box 5)** (If different than federal wages) + _____

Medicare tax withheld **(Box 6)** + _____

SS tips **(Box 7)** + _____

Allocated tips **(Box 8)** + _____

Advanced EIC **(Box 9)** + _____

Dependent care benefits **(Box 10)** + _____

Box 13 -

Statutory employee _____

Retirement plan _____

Third-party sick pay _____

State postal code **(Box 15)** _____

State wages **(Box 16)** (If different than federal wages) + _____

State tax withheld **(Box 17)** + _____

Local wages **(Box 18)** + _____

Local tax withheld **(Box 19)** _____

Name of locality **(Box 20)** _____

Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2.

2008 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Employer name _____

Were these wages earned for service as: (1 = Minister, 2 = Military, 4 = National Guard) _____

Mark if this your current employer _____

Federal wages and salaries **(Box 1)** + _____

Federal tax withheld **(Box 2)** + _____

Social security wages **(Box 3)** (If different than federal wages) + _____

Social security tax withheld **(Box 4)** + _____

Medicare wages **(Box 5)** (If different than federal wages) + _____

Medicare tax withheld **(Box 6)** + _____

SS tips **(Box 7)** + _____

Allocated tips **(Box 8)** + _____

Advanced EIC **(Box 9)** + _____

Dependent care benefits **(Box 10)** + _____

Box 13 -

Statutory employee _____

Retirement plan _____

Third-party sick pay _____

State postal code **(Box 15)** _____

State wages **(Box 16)** (If different than federal wages) + _____

State tax withheld **(Box 17)** + _____

Local wages **(Box 18)** + _____

Local tax withheld **(Box 19)** _____

Name of locality **(Box 20)** _____

Control Totals +

Interest Income

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

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

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

Dividend Income

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

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

*Dividend Codes	
Blank = Other	3 = Nominee

Seller Financed Mortgage Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

2008 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2008 + _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2008 + _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2008 + _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2008 + _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2008 + _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2008 + _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2008 + _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2008 + _____

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2008 + _____

Income from REMICs

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J) _____
Name of activity _____
Employer identification number _____
State postal code _____

Taxpayer/Spouse/Joint (T, S, J) _____
Name of activity _____
Employer identification number _____
State postal code _____

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) _____

State postal code _____

Social Security Benefits

If you received a Form SSA - 1099, please complete the following information:

	2008 Information	Prior Year Information
Net Benefits for 2008 (Box 3 minus Box 4) (Box 5)	+ _____	<div style="border: 1px solid black; background-color: #cccccc; width: 100%; height: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099: Medicare premiums	+ _____	

Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

	2008 Information	Prior Year Information
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; background-color: #cccccc; width: 100%; height: 100%;"></div>
Portion of Tier 1 Paid in 2008 (Box 5)	+ _____	
Federal Income Tax Withheld (Box 10)	+ _____	
Medicare Premium Total (Box 11)	+ _____	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2008 or receive any prior year benefits in 2008. This information will be reported in the SSA-1099 "Description of Amount in Box 3" area or in the RRB-1099 Boxes 7 through 9.

NOTES/QUESTIONS:

Please provide all Forms 1099 showing miscellaneous income and any IRS Notice received such as Notice 1378

The Economic Stimulus Act of 2008 provided for economic stimulus payments (rebates) to be distributed to eligible individuals who filed a 2007 tax return. The stimulus payment you received is not taxable income to you. Since the economic stimulus payment was based upon your 2007 tax return, you may be entitled to a recovery rebate credit on your 2008 return. Enter the amount of the stimulus payment (before offset) you received below. If you filed a joint return in 2007, and your filing status did not change in 2008, fill in only the Taxpayer/Joint column. However, if your filing status changed to married filing joint in 2008 and your spouse received a separate stimulus payment, enter the amount in the Spouse column. If you did not receive a stimulus payment (before offset), indicate by checking the box provided below.

	Taxpayer/Joint	Spouse
Economic stimulus payment (rebate) received in 2008	+ _____	+ _____
Mark if you did not receive an economic stimulus payment (rebate)	_____	_____

	2008 Information		Prior Year Information
State and local income tax refunds	+ _____	+ _____	<div style="text-align: center;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>
	Taxpayer	Spouse	
Alimony received	+ _____	+ _____	
Unemployment compensation	+ _____	+ _____	
Unemployment compensation federal withholding	+ _____	+ _____	
Unemployment compensation state withholding	+ _____	+ _____	
Unemployment compensation repaid	+ _____	+ _____	
Veterans' disability or death benefits	+ _____	+ _____	
Alaska Permanent Fund dividends	+ _____	+ _____	

Self-Employment Income ?			2008 Information	Prior Year Information
T/S/J	1 = Yes, 2 = No			
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____	<div style="text-align: center;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>
—	—	_____	+ _____	
—	—	_____	+ _____	
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—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	

Miscellaneous Income #1

Please provide all Forms 1099-MISC

If the miscellaneous income on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)	—
Name of payer	_____
State postal code	_____
Form 1099-MISC Activity (C = Schedule C, E = Schedule E page 1, F = Farm, 4835 = Form 4835)	_____
Rents (Box 1)	+ _____
Royalties (Box 2)	+ _____
Other income (Box 3)	+ _____
Federal income tax withheld (Box 4)	+ _____
Fishing boat proceeds (Box 5)	+ _____
Medical and health care payments (Box 6)	+ _____
Nonemployee compensation (Box 7)	+ _____
Substitute payments in lieu of dividends or interest (Box 8)	+ _____
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____
Crop Insurance proceeds (Box 10)	+ _____
Excess golden parachute payments (Box 13)	+ _____
Gross proceeds paid to an attorney (Box 14)	+ _____
Section 409A deferrals (Box 15a)	+ _____
Section 409A income (Box 15b)	+ _____
State tax withheld (Box 16)	+ _____
State/Payer's state no. (Box 17)	_____
State income (Box 18)	+ _____

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

Miscellaneous Income #2

Please provide all Forms 1099-MISC

If the miscellaneous income on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)	—
Name of payer	_____
State postal code	_____
Form 1099-MISC Activity (C = Schedule C, E = Schedule E page 1, F = Farm, 4835 = Form 4835)	_____
Rents (Box 1)	+ _____
Royalties (Box 2)	+ _____
Other income (Box 3)	+ _____
Federal income tax withheld (Box 4)	+ _____
Fishing boat proceeds (Box 5)	+ _____
Medical and health care payments (Box 6)	+ _____
Nonemployee compensation (Box 7)	+ _____
Substitute payments in lieu of dividends or interest (Box 8)	+ _____
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____
Crop Insurance proceeds (Box 10)	+ _____
Excess golden parachute payments (Box 13)	+ _____
Gross proceeds paid to an attorney (Box 14)	+ _____
Section 409A deferrals (Box 15a)	+ _____
Section 409A income (Box 15b)	+ _____
State tax withheld (Box 16)	+ _____
State/Payer's state no. (Box 17)	_____
State income (Box 18)	+ _____

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

Cancellation of Debt #1

Please provide all Forms 1099-C

If the debt cancelled on Form 1099-C is related to a business, rental, farm or farm rental, enter the Form 1099-C Activity below

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

 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Name of creditor _____
 Form 1099-C Activity (C = Schedule C, E = Schedule E page 1, F = Farm, 4835 = Form 4835) _____
 Date canceled (Box 1) _____
 Amount of debt canceled (Box 2) + _____
 Interest if included in box 2 (Box 3) + _____
 Bankruptcy (if checked) (Box 6) _____
 Fair market value of property (Box 7) + _____

Control Totals +

Cancellation of Debt #2

Please provide all Forms 1099-C

If the debt cancelled on Form 1099-C is related to a business, rental, farm or farm rental, enter the Form 1099-C Activity below

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

 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Name of creditor _____
 Form 1099-C Activity (C = Schedule C, E = Schedule E page 1, F = Farm, 4835 = Form 4835) _____
 Date canceled (Box 1) _____
 Amount of debt canceled (Box 2) + _____
 Interest if included in box 2 (Box 3) + _____
 Bankruptcy (if checked) (Box 6) _____
 Fair market value of property (Box 7) + _____

Control Totals +

Cancellation of Debt #3

Please provide all Forms 1099-C

If the debt cancelled on Form 1099-C is related to a business, rental, farm or farm rental, enter the Form 1099-C Activity below

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

 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Name of creditor _____
 Form 1099-C Activity (C = Schedule C, E = Schedule E page 1, F = Farm, 4835 = Form 4835) _____
 Date canceled (Box 1) _____
 Amount of debt canceled (Box 2) + _____
 Interest if included in box 2 (Box 3) + _____
 Bankruptcy (if checked) (Box 6) _____
 Fair market value of property (Box 7) + _____

Control Totals +

Gambling Winnings #1

Please provide all copies of Form W-2G.

2008 Information

Prior Year Information

Taxpayer/Spouse (T, S)	—	
Payer name		_____
State postal code		_____
Mark if professional gambler	—	
Gross winnings (Box 1)	+ _____	
Federal withholding (Box 2)	+ _____	
Type of wager (Box 3)		_____
Date won (Box 4)		_____
Transaction (Box 5)		_____
Race (Box 6)		_____
Identical wager winnings (Box 7)	+ _____	
Cashier (Box 8)		_____
Taxpayer identification number (Box 9)		_____
Window (Box 10)		_____
First ID (Box 11)		_____
Second ID (Box 12)		_____
Payer's state ID no. (Box 13)		_____
State withholding (Box 14)	+ _____	
Name of locality		_____
Local withholding		_____

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

Gambling Winnings #2

Please provide all copies of Form W-2G.

2008 Information

Prior Year Information

Taxpayer/Spouse (T, S)	—	
Payer name		_____
State postal code		_____
Mark if professional gambler	—	
Gross winnings (Box 1)	+ _____	
Federal withholding (Box 2)	+ _____	
Type of wager (Box 3)		_____
Date won (Box 4)		_____
Transaction (Box 5)		_____
Race (Box 6)		_____
Identical wager winnings (Box 7)	+ _____	
Cashier (Box 8)		_____
Taxpayer identification number (Box 9)		_____
Window (Box 10)		_____
First ID (Box 11)		_____
Second ID (Box 12)		_____
Payer's state ID no. (Box 13)		_____
State withholding (Box 14)	+ _____	
Name of locality		_____
Local withholding		_____

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

NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2008 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
RIC or REIT name	_____	
State postal code	_____	
Total undistributed long-term capital gains (Box 1a)	+ _____	
Unrecaptured section 1250 gain (Box 1b)	+ _____	
Section 1202 gain (Box 1c)	+ _____	
Qualifies for 60% exclusion	_____	
Collectibles (28%) gain (Box 1d)	+ _____	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____	
Control Totals +		

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2008 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
RIC or REIT name	_____	
State postal code	_____	
Total undistributed long-term capital gains (Box 1a)	+ _____	
Unrecaptured section 1250 gain (Box 1b)	+ _____	
Section 1202 gain (Box 1c)	+ _____	
Qualifies for 60% exclusion	_____	
Collectibles (28%) gain (Box 1d)	+ _____	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____	
Control Totals +		

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2008 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
RIC or REIT name	_____	
State postal code	_____	
Total undistributed long-term capital gains (Box 1a)	+ _____	
Unrecaptured section 1250 gain (Box 1b)	+ _____	
Section 1202 gain (Box 1c)	+ _____	
Qualifies for 60% exclusion	_____	
Collectibles (28%) gain (Box 1d)	+ _____	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____	
Control Totals +		

NOTES/QUESTIONS:

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) _____

Mark to indicate all the elections that apply:

Mixed straddle election	_____	Mixed straddle account election	_____
Straddle-by-straddle identification election	_____	Net section 1256 contracts loss election	_____

Section 1256 Contracts Marked to Market

Identification of Account A _____
 Identification of Account B _____
 Identification of Account C _____

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
State postal code	_____	_____	_____
-Loss/Gain for entire year (Enter losses as a negative amount)	+ _____	+ _____	+ _____
Total Form 1099-B adjustment	+ _____	+ _____	+ _____
Total net 1256 contract loss carryback	+ _____	+ _____	+ _____

Gains and Losses From Straddles

Description of Property A _____
 Description of Property B _____
 Description of Property C _____
 Description of Property D _____

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____	_____
State postal code	_____	_____	_____	_____
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Force period	_____	_____	_____	_____
Gross sales price	+ _____	+ _____	+ _____	+ _____
Cost plus expense of sale	+ _____	+ _____	+ _____	+ _____
Unrecognized gain	+ _____	+ _____	+ _____	+ _____

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A _____
 Description of Property B _____
 Description of Property C _____

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	+ _____	+ _____	+ _____
Cost or other basis as adjusted	+ _____	+ _____	+ _____

NOTES/QUESTIONS:

Schedule C - Expenses

Preparer use only

Principal business or profession _____

2008 Information

Prior Year Information

Advertising	+	_____
Car and truck expenses	+	_____
Commissions and fees	+	_____
Contract labor	+	_____
Depletion	+	_____
Depreciation	+	_____
Employee benefit programs:		
_____	+	_____
_____	+	_____
Insurance (Other than health):		
_____	+	_____
_____	+	_____
Interest:		
Mortgage (Paid to banks, etc.)	+	_____
Other:		
_____	+	_____
_____	+	_____
Legal and professional services	+	_____
Office expense	+	_____
Pension and profit sharing:		
_____	+	_____
_____	+	_____
Rent or lease:		
Vehicles, machinery, and equipment	+	_____
Other business property	+	_____
Repairs and maintenance	+	_____
Supplies	+	_____
Taxes and licenses:		
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
Travel, meals, and entertainment:		
Travel	+	_____
Meals and entertainment	+	_____
Meals (Enter 100% subject to DOT 80% limit)	+	_____
Utilities	+	_____
Wages (Less employment credit):		
_____	+	_____
_____	+	_____
Other expenses:		
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Preparer use only		
Carryovers	Regular	AMT
Operating	+	+
Schedule D - Short-term	+	+
Schedule D - Long-term	+	+
Schedule D - 28% rate	+	+
Form 4797 - Part I	+	+
Form 4797 - Part II	+	+
Section 179	+	

Control Totals +

Preparer use only

2008 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____
 Description: _____

 State postal code _____
 Type of activity (1 = Rental real estate, 2 = Substantially nondepreciable property, 3 = Royalty) _____
 Percentage of ownership if not 100% _____
 Business use percentage, if not 100% (Not vacation home percentage) _____

Rent and Royalty Income

2008 Information

Prior Year Information

Gross rents received + _____
 Gross royalties received + _____

Rent and Royalty Expenses

2008 Information

Percent if not 100%

Prior Year Information

Advertising + _____
 Auto and travel + _____
 Cleaning and maintenance + _____
 Commissions: _____
 _____ + _____
 _____ + _____
 Insurance: _____
 _____ + _____
 _____ + _____
 Legal and professional fees + _____
 Management fees _____
 _____ + _____
 _____ + _____
 Mortgage interest + _____
 Qualified mortgage insurance premiums + _____
 Other interest: _____
 _____ + _____
 _____ + _____
 Repairs + _____
 Supplies + _____
 Taxes: _____
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____
 Utilities + _____
 Depreciation + _____
 Depletion + _____
 Other expenses: _____
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____
 Refinancing points paid this year:
 Description _____
 Total points paid/Current amort (**Prep use only**) _____ + _____
 Date of Refinance _____ Total # Payments _____ Reported on 1098 in 2008 _____

Control Totals +

Form ID: Rent

Preparer use only
 Description _____

Vacation Home Information

Preparer - Enter on Screen Rent

	2008 Information	Prior Year Information
Number of days home was used personally	_____	_____
Number of days home was rented	_____	_____
Number of day home owned, if not 365	_____	_____
Carryover of disallowed operating expenses into 2008	+ _____	_____
Carryover of disallowed depreciation expenses into 2008	+ _____	_____

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	+	+
Schedule D - Short-term	+	+
Schedule D - Long-term	+	+
Schedule D - 28% rate	+	+
Form 4797 - Part I	+	+
Form 4797 - Part II	+	+
Comm revitalization	+	+
Section 179	+	_____

NOTES/QUESTIONS:

Preparer use only

	2008 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	
Employer identification number	_____	
Description	_____	
Principal Product	_____	
State postal code	_____	
Accounting method (1 = Cash, 2 = Accrual)	_____	
Agricultural activity code	_____	
Did you "materially participate" in this business? (1 = Yes, 2 = No)	_____	
Mark if Schedule F net income or loss should be excluded from self employment income	_____	
Medical insurance premiums paid by this activity	+ _____	
Long-term care premiums paid by this activity	+ _____	

Cash or Accrual Income Items

	2008 Information	Prior Year Information
Sales of livestock and other items you bought for resale:		
_____	+ _____	
_____	+ _____	
_____	+ _____	
Cost or other basis of livestock and other items you bought for resale	+ _____	
Sale of livestock, produce, grains, other products you raised:		
_____	+ _____	
_____	+ _____	
_____	+ _____	
Taxable crop insurance proceeds received in 2008	+ _____	
Mark if electing to defer crop insurance proceeds to 2009	_____	
Crop insurance proceeds deferred from 2007	+ _____	
Accrual sales of livestock, produce, grains, and other products:		
_____	+ _____	
_____	+ _____	
_____	+ _____	
Beginning inventory of livestock and other items	+ _____	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____	
Ending Inventory of livestock and other items	+ _____	

Cash and Accrual Income Items

	2008 Information	Prior Year Information
Total cooperative distributions you received	+ _____	
Taxable cooperative distributions you received	+ _____	
Total agricultural program payments	+ _____	
Taxable agricultural program payments	+ _____	
CRP payments received while enrolled to receive social security or disability benefits	_____	
Commodity credit loans reported under election:		
_____	+ _____	
_____	+ _____	
Total commodity credit loans forfeited	+ _____	
Taxable commodity credit loans forfeited	+ _____	
Total crop insurance proceeds you received in 2008	+ _____	
Custom hire (machine work) income	+ _____	
Other income:		
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Control Totals +

Partnerships and S Corporations

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

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

	Preparer use only		
	Carryovers	Regular	AMT
Enter on K1-3	Operating		
	Schedule D - Short-term		
	Schedule D - Long-term		
	Schedule D - 28% rate		
	Form 4797 - Part I		
	Form 4797 - Part II		
	Other losses - 1040 pg.1		
	Comm revitalization		
	Section 179		

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

	Preparer use only		
	Carryovers	Regular	AMT
Enter on K1-3	Operating		
	Schedule D - Short-term		
	Schedule D - Long-term		
	Schedule D - 28% rate		
	Form 4797 - Part I		
	Form 4797 - Part II		
	Other losses - 1040 pg.1		
	Comm revitalization		
	Section 179		

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

	Preparer use only		
	Carryovers	Regular	AMT
Enter on K1-3	Operating		
	Schedule D - Short-term		
	Schedule D - Long-term		
	Schedule D - 28% rate		
	Form 4797 - Part I		
	Form 4797 - Part II		
	Other losses - 1040 pg.1		
	Comm revitalization		
	Section 179		

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

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating		
	Schedule D - Short-term		
	Schedule D - Long-term		
	Schedule D - 28% rate		
	Form 4797 - Part I		
	Form 4797 - Part II		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating		
	Schedule D - Short-term		
	Schedule D - Long-term		
	Schedule D - 28% rate		
	Form 4797 - Part I		
	Form 4797 - Part II		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating		
	Schedule D - Short-term		
	Schedule D - Long-term		
	Schedule D - 28% rate		
	Form 4797 - Part I		
	Form 4797 - Part II		
	Comm revitalization		

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating		
	Schedule D - Short-term		
	Schedule D - Long-term		
	Schedule D - 28% rate		
	Form 4797 - Part I		
	Form 4797 - Part II		
	Comm revitalization		

Sale of Principal Residence

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

Exclusion Information

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

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

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____
 Total current year payments received + _____

Form 6252 - Related Party Installment Sale Information

Related party name _____
 Address _____
 City, State and Zip _____
 Identifying number of related party _____
 Was the property sold as a marketable security? (1 = Yes, 2 = No) _____
 Enter date of second sale if more than 2 years after the first sale _____
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____
 Selling price of property sold by a related party + _____

NOTES/QUESTIONS:

Prior Year Installment Sale

Preparer use only

	2008 Information	Prior Year Information
Description _____		<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	_____	
State postal code _____	_____	
Date acquired _____	_____	
Date sold _____	_____	
Gross sales price of property sold _____	+ _____	
Mortgage and other debts the buyer assumed _____	+ _____	
Cost or other basis _____	+ _____	
Commissions and other expenses of the sale _____	+ _____	
Gross profit percentage _____	_____	
Total current year principal payments received _____	+ _____	
Prior year principal payments received _____	+ _____	
Total ordinary income to recapture _____	+ _____	
Total ordinary income previously recaptured _____	+ _____	
Control Totals +		

Prior Year Installment Sale

Preparer use only

	2008 Information	Prior Year Information
Description _____		<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	_____	
State postal code _____	_____	
Date acquired _____	_____	
Date sold _____	_____	
Gross sales price of property sold _____	+ _____	
Mortgage and other debts the buyer assumed _____	+ _____	
Cost or other basis _____	+ _____	
Commissions and other expenses of the sale _____	+ _____	
Gross profit percentage _____	_____	
Total current year principal payments received _____	+ _____	
Prior year principal payments received _____	+ _____	
Total ordinary income to recapture _____	+ _____	
Total ordinary income previously recaptured _____	+ _____	
Control Totals +		

NOTES/QUESTIONS:

Preparer use only

Description _____

Taxpayer/Spouse/Joint (T, S, J) _____

State postal code _____

Mark to include gross proceeds for 1099-S reporting on Form, line 1 _____

Mark if disposition is due to casualty or theft _____

Mark if disposition was to a related party _____

Sale Information

Date acquired _____

Date sold _____

Gross sales price or insurance proceeds received + _____

Cost or other basis + _____

Commissions and other expenses of sale + _____

Depreciation allowed or allowable + _____

Form 4797, Part III - RecaptureAdditional depreciation after 1975 **(Section 1250)** + _____Applicable percentage (if not 100%) **(Section 1250)** _____Additional depreciation after 1969 **(Section 1250)** + _____Soil, water and land clearing expenses **(Section 1252)** + _____Applicable percentage (if not 100%) **(Section 1252)** _____Intangible drilling and development costs **(Section 1254)** + _____Applicable payments excluded from income under sec. 126 **(Section 1255)** + _____**Form 6252 - Current Year Installment Sale**

Mortgage and other debts the buyer assumed + _____

Total current year payments received + _____

Form 6252 - Related Party Installment Sale Information

Related party name _____

Address _____

State, City and Zip _____

Identifying number of related party _____

Was the property sold as a marketable security? (1 = Yes, 2 = No) _____

Enter date of second sale _____

Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____

Selling price of property sold by a related party + _____

NOTES/QUESTIONS:

Like-Kind Exchange General Information

Preparer use only

Description of property given up _____

Taxpayer/Spouse/Joint (T, S, J) _____

State postal code _____

Description of property received _____

Date Information

Date the like-kind property given up was acquired _____

Date you transferred your property to the other party _____

Date the like-kind property received was identified _____

Date you received the like-kind property from the other party _____

Gain and Basis Information

Fair market value of other property given up + _____

Adjusted basis of other property given up + _____

Cash, and fair market value of other property received + _____

Fair market value of like-kind property you received + _____

Fair market value of non-section 1245 property you received + _____

Liabilities, including mortgages, assumed by you + _____

Cash paid + _____

Adjusted basis of like-kind property given up + _____

Liabilities, including mortgages, assumed by the other party + _____

Exchange expenses incurred by you + _____

Related Party Exchange Information

Name of related party _____

Address of related party _____

City _____

State _____

Zip code _____

Identifying number of related party _____

Relationship to you _____

During this tax year, did the related party sell or dispose of the property received? (1 = Yes, 2 = No) _____

During this tax year, did you sell or dispose of the like-kind property you received? (1 = Yes, 2 = No) _____

Indicate any special if conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) _____

Mark if this exchange is a prior year like-kind exchange _____

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S) _____ State postal code _____

Employer's name _____

Foreign street address _____ City _____

State/Province _____ Country code _____

Country _____ Postal code _____

U.S. address _____ City _____

State postal code _____ Zip code _____

Foreign street address _____ City _____

State/Province _____

Country _____ Postal code _____

Employer type (A = A foreign entity, B = A U.S. company, C = Self, D = A foreign affiliate of a U.S. company, E = Other) _____

If you marked employer as other, please specify type _____

Country of citizenship _____

If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:

City/Country _____ Days _____

City/Country _____ Days _____

List tax home(s) during the tax year and dates established:

Tax home _____ Date _____

Tax home _____ Date _____

Foreign Earned Income Allocation Information

***U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information:

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
Foreign days worked before and after foreign assignment _____		Total days worked before and after foreign assignment _____		_____
Total number of days worked during year (defaults to 240) _____				

Bona Fide Residence Test

Date foreign residence began _____ Date foreign residence ended _____

Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) _____

If any family members lived abroad with you during any part of tax year, list who and for what period:

Relationship _____	Period abroad _____
Relationship _____	Period abroad _____
Relationship _____	Period abroad _____
Relationship _____	Period abroad _____

Mark if you submitted a statement to foreign country authorities that you are not a resident of that country _____

Mark if required to pay income tax to that country _____

List any contractual terms or other conditions relating to length of employment abroad _____

Type of visa used to enter foreign country _____

Explanation if visa limited length of stay or employment _____

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:

Address _____

Rented _____ Occupant _____ Relationship _____

Address _____

Rented _____ Occupant _____ Relationship _____

Physical Presence Test

Principal country of employment _____

Foreign name _____
 Taxpayer/Spouse (T, S) _____
 State postal code _____

Foreign Earned Income

***Please use the Foreign Earned Income Allocation Codes located below**

	Allocation Code*	Amount
Noncash income:		
Home (lodging) _____	—	+ _____
Meals _____	—	+ _____
Car _____	—	+ _____
Other properties or facilities (Please enter code here and description and amount below):	—	+ _____
_____		+ _____
_____		+ _____
_____		+ _____
_____		+ _____
_____		+ _____
Allowances, reimbursements or expenses paid on behalf:		
Cost of living and overseas differential	—	+ _____
Family	—	+ _____
Education	—	+ _____
Home leave	—	+ _____
Quarters	—	+ _____
Other purposes (Please enter code here and description and amount below):	—	+ _____
_____		+ _____
_____		+ _____
_____		+ _____
_____		+ _____
_____		+ _____
Other foreign earned income (Please enter code here and description and amount below):	—	+ _____
_____		+ _____
_____		+ _____
_____		+ _____
_____		+ _____
_____		+ _____
Excludable meals and lodging under section 119		+ _____

***Foreign Earned Income Allocation Codes**

1 = 100% foreign during assignment
 2 = 100% U.S. during assignment
 3 = U.S. and foreign days worked during assignment
 4 = U.S. and foreign days before/after assignment
 5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

	Allocation Code*	Amount
Other allocable deductions	—	+ _____

Housing Exclusion/Deduction

Qualified housing expense _____ + _____

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (1 = Yes, 2 = No)	—	—
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	—	—
Enter the total traditional IRA contributions made for use in 2008	+ _____	+ _____
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2008	+ _____	+ _____
Enter the nondeductible contribution amount made in 2009 for use in 2008	+ _____	+ _____
Traditional IRA basis	+ _____	+ _____
Value of all your traditional IRA's on December 31, 2008:		
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

Roth IRA

Please provide copies of any 1998 through 2007 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	—	—
Enter the total Roth IRA contributions made for use in 2008	+ _____	+ _____
Enter the total amount of Roth IRA conversion recharacterizations for 2008	+ _____	+ _____
Enter the total contribution Roth IRA basis on December 31, 2007	+ _____	+ _____
Enter the total Roth IRA contribution recharacterizations for 2008	+ _____	+ _____
Enter the Roth conversion IRA basis on December 31, 2007	+ _____	+ _____
Value of all your Roth IRA's on December 31, 2008:		
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

NOTES/QUESTIONS:

Health Savings Account - General Information

Please provide all Forms 1099-R, 1099-SA, 5498-SA

Taxpayer/Spouse (T, S) _____
 State postal code _____
 Indicate taxpayer coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) _____

Health Savings Account Contributions and Deduction

Total Health Savings Account contributions made for 2008 (Including direct deposit of economic stimulus payments) + _____
 Number of months in high deductible health plan in 2008 _____
 High deductible health plan coverage in effect for the month of December 2008 (1 = Yes, 2 = No) _____
 Qualified HSA distribution from health flexible spending arrangement + _____
 Qualified HSA distribution from health reimbursement arrangement + _____
 Excess contributions for 2007 taken as constructive contributions for 2008 + _____

Health Savings Account Distributions

Enter total Health Savings Account (HSA) distributions received for 2008 + _____
 Amount of total HSA distributions that were rolled over, or were a withdrawal of excess or economic stimulus payments _____
 Enter the total unreimbursed qualified medical expenses for 2008 + _____

Maintenance of Coverage

High deductible health plan coverage started in 2007 and in effect for the month of December 2007 (1 = Yes, 2 = No) _____
 High deductible health plan coverage ended before 12/31/08 (1 = Yes, 2 = No) _____

Death of HSA Account Holder

Mark if acquired interest in HSA after death of account holder _____
 Fair market value of HSA at date of death + _____
 Qualified medical expenses of account holder paid by taxpayer + _____

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	
Taxpayer/Spouse/Joint (T, S, J)		—
Mark if the move was due to service in the armed forces		—
Number of miles from old home to new workplace		_____
Number of miles from old home to old workplace		_____
Mark if move is outside United States or its possessions		—
Transportation and storage expenses		+ _____
Travel and lodging (not including meals)		+ _____
Total amount reimbursed for moving expenses		+ _____
Number of miles traveled from January 1 through June 30, 2008		_____
Number of miles traveled from July 1 through December 31, 2008		_____

NOTES/QUESTIONS:

Preparer use only

Business activity or profession name _____

Taxpayer/Spouse (T, S) _____

State postal code _____

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____

Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____

Enter the total amount of contributions made to a Keogh plan in 2008 + _____

Enter the total amount of contributions made to a Solo 401(k) plan in 2008 + _____

Enter the total amount of contributions made to a SEP plan in 2008 + _____

Enter the total amount of contributions made to a SARSEP plan in 2008 + _____

Enter the total amount of contributions made to a defined benefit plan in 2008 + _____

Enter the total amount of contributions made to a profit-sharing plan in 2008 + _____

Enter the total amount of contributions made to a money purchase plan in 2008 + _____

Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2008 + _____

Enter the total amount of contributions to a SIMPLE IRA plan in 2008 + _____

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2008 + _____

Enter the amount of catch-up contributions made to a SIMPLE Plan in 2008 + _____

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2008 + _____

Enter the amount of elective deferrals designated as Roth contributions in 2008 + _____

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Did you or your employer establish a new Medical Savings Account (MSA) in 2008? (1 = Yes, 2 = No) _____
 If yes, were you a previously uninsured account holder? (1 = Yes, 2 = No) _____
 Indicate coverage under your high deductible health plan (1 = Self-Only, 2 = Family) _____
 If married, did spouse or employer make contributions to spouse's MSA for 2008? (1 = Yes, 2 = No) _____
 If yes, was your spouse a previously uninsured account holder? (1 = Yes, 2 = No) _____
 Indicate coverage under high deductible health plan (1 = Self-Only, 2 = Family) _____

Medical Savings Account Deduction

Total Medical Savings Account contributions made for 2008 (Including direct deposits of economic stimulus payments) _____
 Amount of annual deductible for the high deductible health plan + _____
 Number of months in high deductible health plan for 2008 _____
 Enter compensation from employer maintaining the high deductible plan + _____
 If self-employed, enter the earned income from business under which the high deductible plan was established + _____
 Excess contributions for 2007 taken as constructive contributions for 2008 + _____

Medical Savings Account Distributions

Enter total Medical Savings Account (MSA) distributions received for 2008 + _____
 Amount of total MSA distributions that were rolled over, or were a withdrawal of excess or economic stimulus payments _____
 Enter the total unreimbursed qualified medical expenses for 2008 + _____

Medicare Advantage MSA

Enter total Medicare Advantage MSA distributions received for 2008 + _____
 Enter the total unreimbursed qualified medical expenses for 2008 + _____
 Value of Medicare Advantage MSA account on 12/31/07 + _____

Death of MSA Account Holder

Mark if acquired interest in MSA after death of account holder _____
 Fair market value of MSA at date of death + _____
 Qualified medical expenses of account holder paid by taxpayer + _____

Long Term Care (LTC) Service and Contracts

Name of the insured chronically ill individual _____
 Social security number of insured _____
 Are there other individuals who received LTC payments during 2008? (1 = Yes, 2 = No) _____
 Is the insured individual considered terminally ill? (1 = Yes, 2 = No) _____
 If yes, were the payments received for the insured on account of them being terminally ill? (1 = Yes, 2 = No) _____
 Gross long-term care (LTC) benefits received for insured for 2008 + _____
 Qualified long-term care (LTC) benefits received for insured for 2008 + _____
 Accelerated death benefits received for 2008 + _____
 Number of days during the long-term care period _____
 Cost incurred for qualified long-term care services during the long-term care period + _____
 Total reimbursements received for qualified long-term services provided during 2008 + _____

NOTES/QUESTIONS:

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. savings bonds in 2008 that were issued after 1989, and you paid qualified higher education expenses in 2008 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) _____

Name of person who was enrolled at eligible educational institution _____

Name of eligible educational institution _____

Address of eligible educational institution _____

Qualified higher education expenses you paid in 2008 for person listed above + _____

Enter any nontaxable educational benefits received for 2008 for person listed above + _____

Taxpayer/Spouse/Joint (T, S, J) _____

Name of person who was enrolled at eligible educational institution _____

Name of eligible educational institution _____

Address of eligible educational institution _____

Qualified higher education expenses you paid in 2008 for person listed above + _____

Enter any nontaxable educational benefits received for 2008 for person listed above + _____

Taxpayer/Spouse/Joint (T, S, J) _____

Name of person who was enrolled at eligible educational institution _____

Name of eligible educational institution _____

Address of eligible educational institution _____

Qualified higher education expenses you paid in 2008 for person listed above + _____

Enter any nontaxable educational benefits received for 2008 for person listed above + _____

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2008 + _____

NOTES/QUESTIONS:

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2008 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

	Qualified loan interest you paid		2008 Information	Prior Year Information
—	_____	+	_____	_____ _____ _____
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2008.

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

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

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

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

To qualify for the Hope credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 2 years of post-secondary education
- have no drug convictions in 2008
- not have claimed the Hope credit in more than one prior tax year

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

NOTES/QUESTIONS:

Education Savings Account

Taxpayer

Spouse

Mark if you want to waive exclusion for qualified higher education expenses

—

—

Enter designated beneficiary information below for any child under age 18 for whom you made contributions to an ESA:

TSJ	Beneficiary SSN	Beneficiary First Name	Beneficiary Last Name	Current Year Contribution	Prior Year Basis
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____

State Qualified Tuition Program

TSJ	Beneficiary SSN	Beneficiary First Name	Beneficiary Last Name	Current Year Contribution	Prior Year Basis
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____

Private Qualified Tuition Program

TSJ	Beneficiary SSN	Beneficiary First Name	Beneficiary Last Name	Current Year Contribution	Prior Year Basis
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____

NOTES/QUESTIONS:

Payments from Qualified Education Programs #1

Please provide all copies of Form 1099Q

	2008 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____	<div style="border: 1px solid black; height: 100%;"></div>
Payer name	_____	
State postal code	_____	
Gross distribution (Box 1)	+ _____	
Earnings (Box 2)	+ _____	
Basis (Box 3)	+ _____	
Trustee-to-trustee rollover (Box 4)	_____	
Trustee-to-trustee rollover amount if different than Box 1	+ _____	
Box 5 -		
Private Section 529 program	_____	
State Section 529 program	_____	
Coverdell ESA	_____	
Check if the recipient is not the designated beneficiary (Box 6)	_____	
Control Totals +		

Payments from Qualified Education Programs #2

Please provide all copies of Form 1099Q

	2008 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____	<div style="border: 1px solid black; height: 100%;"></div>
Payer name	_____	
State postal code	_____	
Gross distribution (Box 1)	+ _____	
Earnings (Box 2)	+ _____	
Basis (Box 3)	+ _____	
Trustee-to-trustee rollover (Box 4)	_____	
Trustee-to-trustee rollover amount if different than Box 1	+ _____	
Box 5 -		
Private Section 529 program	_____	
State Section 529 program	_____	
Coverdell ESA	_____	
Check if the recipient is not the designated beneficiary (Box 6)	_____	
Control Totals +		

Payments from Qualified Education Programs #3

Please provide all copies of Form 1099Q

	2008 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____	<div style="border: 1px solid black; height: 100%;"></div>
Payer name	_____	
State postal code	_____	
Gross distribution (Box 1)	+ _____	
Earnings (Box 2)	+ _____	
Basis (Box 3)	+ _____	
Trustee-to-trustee rollover (Box 4)	_____	
Trustee-to-trustee rollover amount if different than Box 1	+ _____	
Box 5 -		
Private Section 529 program	_____	
State Section 529 program	_____	
Coverdell ESA	_____	
Check if the recipient is not the designated beneficiary (Box 6)	_____	
Control Totals +		

Schedule A - Medical and Dental Expenses

T/S/J	2008 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
Medical insurance premiums you paid*:	+	
_____	+	
_____	+	
_____	+	
_____	+	
Long-term care premiums you paid*:	+	
_____	+	
_____	+	
Prescription medicines and drugs:	+	
_____	+	
_____	+	
_____	+	
_____	+	
Miles driven for medical items (1/1/08 to 6/30/08) _____ (7/1/08 to 12/31/08) _____		
*Not entered elsewhere		

Schedule A - Tax Expenses

T/S/J	2008 Information	Prior Year Information
State/local income taxes paid:	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
2007 state and local income taxes paid in 2008:	+	
_____	+	
_____	+	
_____	+	
Real estate taxes paid on:	+	
_____	+	
_____	+	
_____	+	
Personal property taxes:	+	
_____	+	
_____	+	
_____	+	
Other taxes, such as: Intangible taxes and State disability taxes	+	
_____	+	
_____	+	
_____	+	
_____	+	
Sales tax paid on major purchases:	+	
_____	+	
_____	+	
Sales tax paid on actual expenses:	+	
_____	+	
_____	+	
_____	+	

Interest Expenses

T/S/J	2008 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098				
—	_____	—	_____	_____	
—	_____	—	_____	_____	
—	_____	—	_____	_____	
—	_____	—	_____	_____	
—	_____	—	_____	_____	
—	_____	—	_____	_____	
—	_____	—	_____	_____	
—	_____	—	_____	_____	
—	_____	—	_____	_____	
—	_____	—	_____	_____	

***Mortgage Types**

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

Other, such as: Home mortgage interest paid to individuals

T/S/J	Name	SSN	2008 Information	Prior Year Information
			+	
	Address _____		+	
	Address _____		+	
	Address _____		+	
	Address _____		+	
	Address _____		+	
	Address _____		+	

Refinancing Points paid in 2008:

Taxpayer/Spouse/Joint (T, S, J) _____

Description _____

Total points paid _____

Percentage of principal exceeding original mortgage (For AMT adjustment) _____

Points paid in 2008 (**Preparer use only**) _____

Date of refinance _____

Total number of payments _____

Reported on Form 1098 in 2008 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Description _____

Total points paid _____

Percentage of principal exceeding original mortgage (For AMT adjustment) _____

Points paid in 2008 (**Preparer use only**) _____

Date of refinance _____

Total number of payments _____

Reported on Form 1098 in 2008 _____

T/S/J	2008 Information	Prior Year Information
	Investment interest expense, other than on K-1s:	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	

Home Mortgage Interest Subject To Limitations #1

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2008 Information	Prior Year Information
Description of loan/property _____		
Taxpayer/Spouse/Joint (T, S, J) _____	_____	
Loan origination date _____	_____	
Fair market value of home _____	+ _____	
Number of months loan was outstanding in 2008, if not 12 _____	_____	
Principal paid in 2008 _____	+ _____	
Interest paid during 2008 _____	+ _____	
Points reported on Form 1098 for 2008 _____	+ _____	
Grandfather debt as of 12/31/07 (or first day mortgage was outstanding) _____	+ _____	
Grandfather debt as of 12/31/08 (or last day mortgage was outstanding) _____	+ _____	
Home acquisition/improvement debt as of 12/31/07 (or first day mortgage was outstanding) _____	+ _____	
Home acquisition/improvement debt as of 12/31/08 (or last day mortgage was outstanding) _____	+ _____	
Home equity debt as of 12/31/07 (or first day mortgage was outstanding) _____	+ _____	
Home equity debt as of 12/31/08 (or last day mortgage was outstanding) _____	+ _____	
Average balance in 2008 of grandfather debt _____	+ _____	
Average balance in 2008 of home acquisition/improvement debt _____	+ _____	
Average balance for 2008 all types of debt _____	+ _____	
Control Totals +		

Home Mortgage Interest Subject To Limitations #2

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2008 Information	Prior Year Information
Description of loan/property _____		
Taxpayer/Spouse/Joint (T, S, J) _____	_____	
Loan origination date _____	_____	
Fair market value of home _____	+ _____	
Number of months loan was outstanding in 2008, if not 12 _____	_____	
Principal paid in 2008 _____	+ _____	
Interest paid during 2008 _____	+ _____	
Points reported on Form 1098 for 2008 _____	+ _____	
Grandfather debt as of 12/31/07 (or first day mortgage was outstanding) _____	+ _____	
Grandfather debt as of 12/31/08 (or last day mortgage was outstanding) _____	+ _____	
Home acquisition/improvement debt as of 12/31/07 (or first day mortgage was outstanding) _____	+ _____	
Home acquisition/improvement debt as of 12/31/08 (or last day mortgage was outstanding) _____	+ _____	
Home equity debt as of 12/31/07 (or first day mortgage was outstanding) _____	+ _____	
Home equity debt as of 12/31/08 (or last day mortgage was outstanding) _____	+ _____	
Average balance in 2008 of grandfather debt _____	+ _____	
Average balance in 2008 of home acquisition/improvement debt _____	+ _____	
Average balance for 2008 all types of debt _____	+ _____	

NOTES/QUESTIONS:

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

Employee Business Expenses

Preparer use only

2008 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Occupation in which expenses were incurred _____

State postal code _____

If the employee expenses were from an occupation listed below, enter the applicable code _____

1 = Qualified performing artist, 2 = Handicapped employee, 3 = Fee-basis official

Mark if these employee expenses are related to qualified services as a minister or religious worker

Parking fees and tolls + _____

Local transportation + _____

Travel expenses + _____

Other business expenses:

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

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_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Nonvehicle depreciation + _____

Meals and entertainment + _____

Meals for individuals subject to DOT hours of service limitation + _____

Employer Reimbursements

2008 Information

Prior Year Information

Reimbursements for other expenses not included on Form W-2 + _____

Reimbursements for meals and entertainment not included on Form W-2 + _____

Reimbursements for meals for DOT service limitation not included on Form W-2 + _____

Control Totals +

Preparer use only

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

Vehicle Questions

	2008 Information	Prior Year Information
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (1 = Yes, 2 = No, Blank = Not applicable)	—	—
Was another vehicle available for personal use? (1 = Yes, 2 = No)	—	—
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	—	—

Vehicles #1 and #2 Actual Expenses

Vehicle 1 description _____
 Comments _____
 Vehicle 2 description _____
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	_____	_____	_____	_____
Total mileage	_____	_____	_____	_____
Business mileage from 1/1/08 through 6/30/08	_____	_____	_____	_____
Business mileage from 7/1/08 through 12/31/08	_____	_____	_____	_____
Average daily round trip commuting mileage	_____	_____	_____	_____
Total commuting mileage	_____	_____	_____	_____
Gasoline, oil, repairs, insurance, etc.	+ _____	_____	+ _____	_____
Vehicle rentals	+ _____	_____	+ _____	_____
Inclusion amount (Preparer use only)	+ _____	_____	+ _____	_____
Value of employer-provided vehicle	+ _____	_____	+ _____	_____
Depreciation	+ _____	_____	+ _____	_____

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description _____
 Comments _____
 Vehicle 4 description _____
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	_____	_____	_____	_____
Total mileage	_____	_____	_____	_____
Business mileage from 1/1/08 through 6/30/08	_____	_____	_____	_____
Business mileage from 7/1/08 through 12/31/08	_____	_____	_____	_____
Average daily round trip commuting mileage	_____	_____	_____	_____
Total commuting mileage	_____	_____	_____	_____
Gasoline, oil, repairs, insurance, etc.	+ _____	_____	+ _____	_____
Vehicle rentals	+ _____	_____	+ _____	_____
Inclusion amount (Preparer use only)	+ _____	_____	+ _____	_____
Value of employer-provided vehicle	+ _____	_____	+ _____	_____
Depreciation	+ _____	_____	+ _____	_____

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis + _____

Fair market value + _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Control Totals +

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis + _____

Fair market value + _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Control Totals +

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis + _____

Fair market value + _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Control Totals +

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Date of casualty or theft _____

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A _____
 Description of casualty or theft - Property B _____
 Description of casualty or theft - Property C _____
 Description of casualty or theft - Property D _____

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop) __	__	__	__	__
Date acquired	_____	_____	_____	_____
Cost or other basis of property	+ _____	+ _____	+ _____	+ _____
Insurance or other reimbursement	+ _____	+ _____	+ _____	+ _____
Fair market value before casualty	+ _____	+ _____	+ _____	+ _____
Fair market value after casualty	+ _____	+ _____	+ _____	+ _____

Business/Income Use Replacement Information

Description of replacement property A _____
 Description of replacement property B _____
 Description of replacement property C _____
 Description of replacement property D _____

	A	B	C	D
Mark if property was acquired from a related party	__	__	__	__
Date acquired	_____	_____	_____	_____
Cost of replacement property	+ _____	+ _____	+ _____	+ _____

NOTES/QUESTIONS:

Casualty and Theft - Personal Use Properties

Preparer use only

Occurrence description _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Date of casualty or theft _____
 Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government _____
 Mark if the damaged property includes your principal residence and/or its contents _____

Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A _____
 Description of casualty or theft - Property B _____
 Description of casualty or theft - Property C _____
 Description of casualty or theft - Property D _____

	A	B	C	D
Date acquired	_____	_____	_____	_____
Cost or other basis of property	+ _____	+ _____	+ _____	+ _____
Insurance or other reimbursement	+ _____	+ _____	+ _____	+ _____
Fair market value before casualty	+ _____	+ _____	+ _____	+ _____
Fair market value after casualty	+ _____	+ _____	+ _____	+ _____

Personal Use Replacement Information

Description of replacement property A _____
 Description of replacement property B _____
 Description of replacement property C _____
 Description of replacement property D _____

	A	B	C	D
Mark if property was acquired from a related party	_____	_____	_____	_____
Date acquired	_____	_____	_____	_____
Cost of replacement property	+ _____	+ _____	+ _____	+ _____

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Date of casualty or theft _____

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A _____
 Description of casualty or theft - Property B _____
 Description of casualty or theft - Property C _____
 Description of casualty or theft - Property D _____

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop) __	__	__	__	__
Date acquired	_____	_____	_____	_____
Cost or other basis of property	+ _____	+ _____	+ _____	+ _____
Insurance or other reimbursement	+ _____	+ _____	+ _____	+ _____
Fair market value before casualty	+ _____	+ _____	+ _____	+ _____
Fair market value after casualty	+ _____	+ _____	+ _____	+ _____

Current Year Business/Income Use Replacement Information

Description of replacement property A _____
 Description of replacement property B _____
 Description of replacement property C _____
 Description of replacement property D _____

	A	B	C	D
Date acquired	_____	_____	_____	_____
Prior year cost of replacement property	+ _____	+ _____	+ _____	+ _____
Cost of replacement property	+ _____	+ _____	+ _____	+ _____
Postponed gain	+ _____	+ _____	+ _____	+ _____
Adjusted basis of replacement property	+ _____	+ _____	+ _____	+ _____

NOTES/QUESTIONS:

Occurrence description _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____
 Date of casualty or theft _____

Casualty and Theft - Personal Use Properties (Cont'd)

Description of casualty or theft - Property A _____
 Description of casualty or theft - Property B _____
 Description of casualty or theft - Property C _____
 Description of casualty or theft - Property D _____

	A	B	C	D
Date acquired	_____	_____	_____	_____
Cost or other basis of property	+ _____	+ _____	+ _____	+ _____
Insurance or other reimbursement	+ _____	+ _____	+ _____	+ _____
Fair market value before casualty	+ _____	+ _____	+ _____	+ _____
Fair market value after casualty	+ _____	+ _____	+ _____	+ _____

Personal Use Replacement Information

Description of replacement property A _____
 Description of replacement property B _____
 Description of replacement property C _____
 Description of replacement property D _____

	A	B	C	D
Date acquired	_____	_____	_____	_____
Prior year cost of replacement property	+ _____	+ _____	+ _____	+ _____
Cost of replacement property	+ _____	+ _____	+ _____	+ _____
Postponed gain	+ _____	+ _____	+ _____	+ _____
Adjusted basis of replacement property	+ _____	+ _____	+ _____	+ _____

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____

Business Use of Home

	2008 Information	Prior Year Information
Total area of home	_____	_____
Area used exclusively for business	_____	
Information for day-care facilities only:		
Total hours used for day-care during this year	_____	
Total hours used this year, if less than 8,784	_____	
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____	
Area used partly for day-care business	_____	

List as direct expenses any expenses which are attributable only to the business part of your home.

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

	2008 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Casualty losses	+ _____	+ _____	_____
Mortgage interest	+ _____	+ _____	
Mortgage insurance premiums	+ _____	+ _____	
Real estate taxes	+ _____	+ _____	
Excess mortgage interest and insurance premiums	+ _____	+ _____	
Insurance	+ _____	+ _____	
Rent	+ _____	+ _____	
Repairs & maintenance	+ _____	+ _____	
Utilities	+ _____	+ _____	
Other expenses, such as: Supplies & Security system	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Excess casualty losses		+ _____	
Carryovers:			
Operating expenses		+ _____	
Casualty losses		+ _____	
Depreciation		+ _____	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____	
Depreciation		+ _____	

NOTES/QUESTIONS:

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

Preparer use only

Description of business or profession _____

Vehicles 1 - 2

Vehicle 1 - Date placed in service _____
 Description _____
 Comments _____

Vehicle 2 - Date placed in service _____
 Description _____
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____	_____	_____	_____
Commuting miles	_____	_____	_____	_____
Business miles from 1/1/08 through 6/30/08	_____	_____	_____	_____
Business miles from 7/1/08 through 12/31/08	_____	_____	_____	_____
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (1 = Yes, 2 = No)	__	__	__	__
Was another vehicle available for personal use? (1 = Yes, 2 = No)	__	__	__	__
Do you have evidence to support your deduction? (1 = Yes, 2 = No)	__	__	__	__
Is this evidence written? (1 = Yes, 2 = No)	__	__	__	__
Parking, fees and tolls	+ _____	_____	+ _____	_____
Gasoline, oil, repairs, insurance, etc.	+ _____	_____	+ _____	_____
Interest	+ _____	_____	+ _____	_____
Registration	+ _____	_____	+ _____	_____
Property taxes	+ _____	_____	+ _____	_____
Vehicle rentals	+ _____	_____	+ _____	_____
Inclusion amount (Preparer use only)	+ _____	_____	+ _____	_____
Depreciation	+ _____	_____	+ _____	_____

Vehicles 3 - 4

Vehicle 3 - Date placed in service _____
 Description _____
 Comments _____

Vehicle 4 - Date placed in service _____
 Description _____
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____	_____	_____	_____
Commuting miles	_____	_____	_____	_____
Business miles from 1/1/08 through 6/30/08	_____	_____	_____	_____
Business miles from 7/1/08 through 12/31/08	_____	_____	_____	_____
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (1 = Yes, 2 = No)	__	__	__	__
Was another vehicle available for personal use? (1 = Yes, 2 = No)	__	__	__	__
Do you have evidence to support your deduction? (1 = Yes, 2 = No)	__	__	__	__
Is this evidence written? (1 = Yes, 2 = No)	__	__	__	__
Parking, fees and tolls	+ _____	_____	+ _____	_____
Gasoline, oil, repairs, insurance, etc.	+ _____	_____	+ _____	_____
Interest	+ _____	_____	+ _____	_____
Registration	+ _____	_____	+ _____	_____
Property taxes	+ _____	_____	+ _____	_____
Vehicle rentals	+ _____	_____	+ _____	_____
Inclusion amount (Preparer use only)	+ _____	_____	+ _____	_____
Depreciation	+ _____	_____	+ _____	_____

Control Totals +

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2008.

	2008 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under \$20 per month and not reported to employer	+ _____	+ _____	

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2008	Total tips reported in 2008
Taxpayer information	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

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

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	1099-MISC received (1=Yes, 2=No)	Total wages received with no social security or Medicare tax withheld
Taxpayer information	_____	_____	_____	_____	—	_____
	_____	_____	_____	_____	—	_____
	_____	_____	_____	_____	—	_____
	_____	_____	_____	_____	—	_____
Spouse information	_____	_____	_____	_____	—	_____
	_____	_____	_____	_____	—	_____
	_____	_____	_____	_____	—	_____
	_____	_____	_____	_____	—	_____

Reason Codes **

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
 B = I was designated as a "section 530 employee" by my employer or by the IRS prior to January 1, 1997.
 C = I received other correspondence from the IRS that states I am an employee.
 D = I was previously treated as an employee by this firm and am performing services in a substantially similar capacity and under substantially similar direction and control.
 E = My co-workers performing substantially similar services under substantially similar direction and control are treated as employees.
 F = My co-workers performing substantially similar services under substantially similar direction and control filed Form SS-8 for this firm and received a determination that they were employees.
 G = I filed Form SS-8 with the IRS and have not received a reply.

	Taxpayer	Spouse	Prior Year Information	
State postal code	_____	_____		
If you received a parsonage provided by the church, please complete the following information:				
Fair rental value of parsonage provided by church	+ _____	+ _____	_____ _____ _____ _____ _____ _____	
Utilities allowance provided in addition to parsonage	+ _____	+ _____		
Actual parsonage utilities expense	+ _____	+ _____		
If you received a rental or parsonage allowance provided by the church, please complete the following information:				
Utilities allowance, if separate from parsonage allowance	_____	+ _____		
Actual parsonage expense	+ _____	+ _____		
Fair rental value of home	+ _____	+ _____		
Actual utilities expense	+ _____	+ _____		
Mark if you have claimed exemption from self-employment tax				
by filing Form 4361 with the IRS	_____	_____		

NOTES/QUESTIONS:

Enter parent's information for children under age 19 on 1/1/2009 or a full-time student under age 24 who have investment income of more than \$1,800.

Parent's social security number (Enter the name and social security number of the parent listed first on the return) _____

Parent's first name _____

Parent's last name _____

Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) _____

All Other Children's Information

Enter information for each child with investment income of more than \$1,800.

Child #1 social security number _____

Child #1 first name _____

Child #1 last name _____

Child #1 birthdate (mm/dd/yyyy) _____

Child #2 social security number _____

Child #2 first name _____

Child #2 last name _____

Child #2 birthdate (mm/dd/yyyy) _____

Child #3 social security number _____

Child #3 first name _____

Child #3 last name _____

Child #3 birthdate (mm/dd/yyyy) _____

Child #4 social security number _____

Child #4 first name _____

Child #4 last name _____

Child #4 birthdate (mm/dd/yyyy) _____

Child #5 social security number _____

Child #5 first name _____

Child #5 last name _____

Child #5 birthdate (mm/dd/yyyy) _____

Child #6 social security number _____

Child #6 first name _____

Child #6 last name _____

Child #6 birthdate (mm/dd/yyyy) _____

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
Complete a separate Organizer Form ID:8814 for each child.

Child's social security number _____
 Child's date of birth _____
 Child's name _____
 Taxpayer/Spouse/Joint (T, S, J) _____

Type Code (**See codes below)	Payer		Interest Income	Tax Exempt Income	U.S. Obligations Percent	Tax Exempt Percent	Prior Year Information
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	

**Interest Codes
Blank = Regular Interest 3 = Nominee Distribution 4 = Accrued Interest 5 = OID Adjustment 6 = ABP Adjustment

Children's Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting child's dividend income.

Type Code (** See codes below)	Ordinary Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Sec. 1202 Exclusion	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations Percent	Tax Exempt Percent	Prior Year Information
1	Payer									
	Amounts +									
2	Payer									
	Amounts +									
3	Payer									
	Amounts +									
4	Payer									
	Amounts +									
5	Payer									
	Amounts +									
6	Payer									
	Amounts +									

**Dividend Codes
Blank = Other 3 = Nominee

Alaska Permanent Fund dividends:

	2008 Information	Prior Year Information
_____	+ _____	
_____	+ _____	

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S) _____

Employer identification number _____

Total cash wages subject to social security taxes + _____

Total cash wages subject to Medicare taxes + _____

Federal income tax withheld + _____

State disability plan social security & Medicare withheld + _____

Advance earned income credit (EIC) payments + _____

Did you:

(A) pay any household employee cash wages of \$1,600 or more in 2008? (1 = Yes, 2 = No) _____

(B) withhold Federal income tax for any household employee? (1 = Yes, 2 = No) _____

(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2007 or 2008? (1 = Yes, 2 = No) _____

Federal Unemployment (FUTA) Tax**If you answered "Yes" to question (C) above, complete the following information.****Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.**

Total cash wages subject to FUTA tax * + _____

Did you pay all state unemployment contributions for 2008 by 4/15/09? (1 = Yes, 2 = No) * _____

State #1 information

State postal code where you have to pay unemployment contributions * _____

State reporting number as shown on state unemployment tax return * _____

Taxable wages (as defined in state act) + _____

State experience rate period:

From _____

To _____

State experience rate (xxx.xx) _____

Contributions paid to state unemployment fund * + _____

State #2 information

State postal code where you have to pay unemployment contributions _____

State reporting number as shown on state unemployment tax return _____

Taxable wages (as defined in state act) + _____

State experience rate period:

From _____

To _____

State experience rate (xxx.xx) _____

Contributions paid to state unemployment fund + _____

NOTES/QUESTIONS:

Child and Dependent Care Expenses

**Please enter all amounts paid in 2008 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2007 employer-provided dependent care benefits used during 2008 grace period	+ _____	+ _____
Employer-provided dependent care benefits that were forfeited in 2008	+ _____	+ _____
Total qualified expenses incurred in 2008		_____
Were you or your spouse a full time student or disabled? (Yes or No)	_____	_____
Did you provide care expenses for any person(s) who is not listed as a dependent? (1 = Yes, 2 = No)		_____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2008 _____ + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2008 _____ + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2008 _____ + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2008 _____ + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2008 _____ + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2008 _____ + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2008 _____ + _____

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2008, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

Taxpayer

Spouse

Nontaxable disability/pension income received in 2008

+ _____

+ _____

Taxable disability income received in 2008

+ _____

+ _____

NOTES/QUESTIONS:

Residential Energy Credit

The Energy Tax Incentives Act of 2005 provides credits for energy efficient improvements made to personal residences beginning in 2006. There are certain restrictions and limits but some of the home improvements that may qualify include, solar electric, solar water heating and fuel cell property costs. Please provide copies of any 2006 and 2007 Form 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)

Enter the total amount of costs for qualified solar electric property + _____

Enter the total amount of costs for qualified solar water heating property + _____

Enter the total amount of costs for qualified fuel cell property + _____

Enter the total amount of kilowatt capacity of the qualified fuel cell property _____

NOTES/QUESTIONS:

If you or your spouse purchased a principal residence after April 8, 2008, and before December 1, 2009, you may qualify for the First-Time Homebuyer Credit. The home must be located within the United States and neither party may have owned, or held an ownership interest in, a home during the three year period prior to the home's purchase date. If your home was purchased before December 1, 2009, you may enter your information. There is a special rule that allows homes purchased after December 31, 2008, and before December 1, 2009, to be used for calculating the 2008 First-Time Homebuyer Credit.

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

Address _____

City/State/Zip code _____

Date home acquired (After 4/8/08 and before 12/1/09) _____

Purchase price of the home _____

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

Has the home been sold or is no longer being used as the principal residence? (1 = Yes, 2 = No) _____

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

Taxpayer owned a home or had ownership interest in a home? (1 = Yes, 2 = No) _____

Spouse owned a home or had ownership interest in a home? (1 = Yes, 2 = No) _____

Were you and your spouse married on the purchase date? (1 = Yes, 2 = No) _____

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

Other owner name _____

Allocation percentage _____

NOTES/QUESTIONS:

Adoption Credit

**Complete this form if you paid qualified adoption expenses in 2008 AND the adoption was final in or before 2008.
 Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.**

	Child 1	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '91 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total qualified adoption expenses paid in 2007 for this child	_____	_____	_____
Employer-provided benefits received in 2007 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2008 for this child	_____	_____	_____
Employer-provided benefits received in 2008 for this child	_____	_____	_____
Adoption final in (1 = '08, 2 = Pre '08)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '90 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total qualified adoption expenses paid in 2007 for this child	_____	_____	_____
Employer-provided benefits received in 2007 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2008 for this child	_____	_____	_____
Employer-provided benefits received in 2008 for this child	_____	_____	_____
Adoption final in (1 = '08, 2 = Pre '08)	_____	_____	_____

Adoption credit carryover from 2003	+	_____
Adoption credit carryover from 2004	+	_____
Adoption credit carryover from 2005	+	_____
Adoption credit carryover from 2006	+	_____
Adoption credit carryover from 2007	+	_____

If the adoption was incomplete or unsuccessful please provide information below:

NOTES/QUESTIONS:

Fuel Tax Credit

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of gasoline -			
Off-highway business use		\$0.183	+ _____
Use on a farm		0.183	+ _____
Other nontaxable use	_____	0.183	+ _____
Exported		0.184	+ _____
Nontaxable use of aviation gasoline -			
Commercial aviation		0.15	+ _____
Other nontaxable use	_____	0.193	+ _____
Exported		0.194	+ _____
Leaking underground storage tank (LUST) tax		0.001	+ _____
Nontaxable use of undyed diesel fuel -			
Explanation of evidence of dyes:			

Other nontaxable use	_____	0.243	+ _____
Use on a farm		0.243	+ _____
Trains		0.243	+ _____
Intercity / local bus		0.17	+ _____
Exported		0.244	+ _____
Nontaxable use of undyed kerosene (other than aviation) -			
Explanation of evidence of dyes:			

Other nontaxable use	_____	0.243	+ _____
Use on a farm		0.243	+ _____
Intercity / local buses		0.17	+ _____
Exported		0.244	+ _____
Other nontaxable use taxed at \$.044	_____	0.243	+ _____
Other nontaxable use taxed at \$.219	_____	0.243	+ _____
Kerosene used in aviation -			
Kerosene taxed at \$.244		0.17	+ _____
Kerosene taxed at \$.219		0.244	+ _____
Other nontaxable use taxed at \$.244	_____	0.243	+ _____
Other nontaxable use taxed at \$.219/.044	_____	0.243	+ _____
Leaking underground storage tank (LUST) tax		0.001	+ _____

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -		
Registration Number		_____
Explanation of evidence of dyes:		_____
_____		_____
_____		_____
State / local government	0.243	+ _____
Intercity / local buses	0.17	+ _____
Sales by registered ultimate vendors of undyed kerosene -		
Registration Number		_____
Explanation of evidence of dyes:		_____
_____		_____
_____		_____
Use by state/local government	0.243	+ _____
Sales from a blocked pump	0.243	+ _____
Intercity / local buses	0.17	+ _____
Sales by registered ultimate vendors of kerosene in aviation -		
Registration Number		_____
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	+ _____
Nonexempt use in noncommercial aviation	0.025	+ _____
Other nontaxable uses taxed at \$.244	0.243	+ _____
Other nontaxable uses taxed at \$.219/.044	0.218	+ _____
Leaking underground storage tank (LUST) tax	0.001	+ _____
Alcohol fuel mixture credit -		
Registration Number		_____
Mixtures containing ethanol	0.51	+ _____
Mixtures containing alcohol (Other than ethanol)	0.60	+ _____
Biodiesel or renewable diesel mixture credit -		
Registration Number		_____
Biodiesel mixtures	0.50	+ _____
Agri-biodiesel mixtures	1.00	+ _____
Renewable diesel mixtures	1.00	+ _____

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -			
Liquified petroleum gas (LPG)	___	0.183	+ _____
"P Series" fuels	___	0.183	+ _____
Compressed natural gas (CNG)	___	0.183	+ _____
Liquified hydrogen	___	0.183	+ _____
Any liquid fuel derived from coal through the Fischer-Tropsch process	___	0.243	+ _____
Liquid hydrocarbons derived from biomass	___	0.243	+ _____
Liquified natural gas (LNG)	___	0.243	+ _____
Liquified gas derived from biomass	___	0.243	+ _____
Alternative fuel credit and alternative fuel mixture credit -			
Registration Number			_____
Liquified petroleum gas (LPG)		0.50	+ _____
"P Series" fuels		0.50	+ _____
Compressed natural gas		0.50	+ _____
Liquified hydrogen		0.50	+ _____
Any liquid fuel derived from coal through the Fischer-Tropsch process		0.50	+ _____
Liquid hydrocarbons derived from biomass		0.50	+ _____
Liquified natural gas (LNG)		0.50	+ _____
Liquified gas derived from biomass		0.50	+ _____
Compressed gas derived from biomass		0.50	+ _____
Registered credit card users -			
Registration Number			_____
Diesel for state / local government		0.243	+ _____
Kerosene for state / local government		0.243	+ _____
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	+ _____
Nontaxable use of a diesel-water fuel emulsion -			
Other nontaxable use	___	0.197	+ _____
Exported		0.198	+ _____
Diesel-water fuel emulsion blending -			
Registration Number			_____
Blender credit		0.046	+ _____
Exported dyed fuels -			
Exported dyed diesel fuel		0.046	+ _____
Exported dyed kerosene		0.046	+ _____

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
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NOTES/QUESTIONS:

Foreign Tax Credit

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2008.

Preparer use only

Description _____
 Taxpayer/Spouse (T, S) _____
 Taxes claimed (1 = Paid, 2 = Accrued) _____
 Category of income* _____
 Country of residence _____
 Description of income _____

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

Foreign Income or Loss

	A	B	C
Name of country	_____	_____	_____
Foreign gross income	+ _____	+ _____	+ _____
Definitely related expenses:			
_____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____
Foreign source losses	+ _____	+ _____	+ _____

Foreign Taxes Paid or Accrued

	A	B	C
Foreign taxes paid or accrued:			
Date paid or accrued	_____	_____	_____
In foreign currency - taxes withheld on:			
Dividends	+ _____	+ _____	+ _____
Rents & royalties	+ _____	+ _____	+ _____
Interest	+ _____	+ _____	+ _____
Other foreign taxes	+ _____	+ _____	+ _____
In US dollars - taxes withheld on:			
Dividends	+ _____	+ _____	+ _____
Rents & Royalties	+ _____	+ _____	+ _____
Interest	+ _____	+ _____	+ _____
Other foreign taxes	+ _____	+ _____	+ _____

NOTES/QUESTIONS:

Preparer use only

Description _____
 Taxpayer/Spouse (T, S) _____
 Category of income* _____

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

AMT Foreign Income or Loss

	A	B	C
Name of country	_____	_____	_____
Foreign gross income	+ _____	+ _____	+ _____
Definitely related expenses	+ _____	+ _____	+ _____
Foreign source losses	+ _____	+ _____	+ _____

NOTES/QUESTIONS:

Instructions

Enter carryovers as positive numbers.
 Enter utilizations as negative numbers.
 Enter utilizations only for those losses shown on organizer form.
 Enter carrybacks as reductions of loss in the year the loss was created,
 rather than as utilizations in carryback years.

Indefinite Carryovers	2007 to 2008 Amounts
Excess section 179 for Sch A	+ _____
Minimum tax credit	+ _____
Investment interest	+ _____
Investment interest - AMT	+ _____
Short-term capital loss	+ _____
Short-term capital loss - AMT	+ _____
Long-term capital loss	+ _____
Long-term capital loss - AMT	+ _____
Residential energy credit	+ _____

5 Year Carryover Items

Prior C/O Year	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses	50% Contributions	30% Contributions	30% Cap Gain Property to 50% Org	20% Contributions
2003	+ _____	+ _____	+ _____	+ _____	+ _____	+ _____
2004	+ _____	+ _____	+ _____	+ _____	+ _____	+ _____
2005	+ _____	+ _____	+ _____	+ _____	+ _____	+ _____
2006	+ _____	+ _____	+ _____	+ _____	+ _____	+ _____
2007	+ _____	+ _____	+ _____	+ _____	+ _____	+ _____

NOL and Other Carryover Items

Prior C/O Year	Net Operating Loss	AMT NOL	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
1993	+ _____	+ _____		
1994	+ _____	+ _____		
1995	+ _____	+ _____		
1996	+ _____	+ _____		
1997	+ _____	+ _____		
1998	+ _____	+ _____		
1999	+ _____	+ _____		
2000	+ _____	+ _____		
2001	+ _____	+ _____		
2002	+ _____	+ _____		
2003	+ _____	+ _____		
2004	+ _____	+ _____		
2005	+ _____	+ _____		
2006	+ _____	+ _____	+ _____	+ _____
2007	+ _____	+ _____	+ _____	+ _____

NOTES/QUESTIONS:

Prior C/O Year	General Business Credit	Empowerment Zone Credit	Alcohol Fuel Credit	Renewable Electricity & Coal Production Credit	Work Opportunity Credit	Employer S.S. & Medicare Taxes Paid on Tips
1993	+ _____					
1994	+ _____	+ _____				
1995	+ _____	+ _____				
1996	+ _____	+ _____				
1997	+ _____	+ _____				
1998	+ _____	+ _____				
1999	+ _____	+ _____				
2000	+ _____	+ _____				
2001	+ _____	+ _____				
2002	+ _____	+ _____				
2003	+ _____	+ _____				
2004	+ _____	+ _____		+ _____		
2005	+ _____	+ _____	+ _____	+ _____		
2006	+ _____	+ _____	+ _____	+ _____		
2007	+ _____	+ _____	+ _____	+ _____	+ _____	+ _____

NOTES/QUESTIONS:

Depreciation - Asset Acquisitions

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
	EXAMPLE	2008 Model T - (EXAMPLE ASSET)	03/09/08	25,750
		Comments: 22,500 job-related miles, 25,000 total miles		
1		Comments:		
2		Comments:		
3		Comments:		
4		Comments:		
5		Comments:		
6		Comments:		
7		Comments:		
8		Comments:		
9		Comments:		
10		Comments:		
11		Comments:		
12		Comments:		
13		Comments:		
14		Comments:		
15		Comments:		
16		Comments:		
17		Comments:		
18		Comments:		
19		Comments:		
20		Comments:		
21		Comments:		
22		Comments:		
23		Comments:		
24		Comments:		
25		Comments:		

California General Information

Mark if different from prior year return:

Prior year last name _____	Social security number(s) _____
Taxpayer _____	Address _____
Spouse _____	Filing status _____

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund _____	Peace Officer Memorial Foundation Fund _____
Alzheimer's Disease/Related Disorders Fund _____	Military Family Relief Fund _____
Fund for Senior Citizens _____	Sea Otter Fund _____
Rare and Endangered Species Preservation Program _____	Ovarian Cancer Research Fund _____
Children's Trust Fund for the Prevention of Child Abuse _____	Municipal Shelter Spay-Neuter Fund _____
Breast Cancer Research Fund _____	Cancer Research Fund _____
Firefighters' Memorial Fund _____	ALS Lou Gehrig's Disease Research Fund _____
Emergency Food for Families Fund _____	

Homeowner or Renter Information

Number of months rented principal residence in California in 2008 _____

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) _____

Property rented was exempt from property tax in 2008 _____

Taxpayer claimed homeowner's property tax exemption in 2008 _____

Spouse claimed homeowner's property tax exemption during 2008 _____

Addresses if more than one or different from mailing address

Address _____	_____
City _____	_____
State _____	_____
Zip Code _____	_____
Date Rented From _____	_____
Date Rented To _____	_____

Landlord information

Name _____	_____
Address _____	_____
City _____	_____
State _____	_____
Zip Code _____	_____
Telephone _____	_____

Net or full value of property _____

Percentage of property not used for rental and/or business (If less than 100%) _____

Name and relationship of others listed on property tax bill

First Name _____	_____
Last Name _____	_____
Relationship _____	_____
Person Lived in Home _____	_____

Received Temporary Assistance for Needy Families (Formerly AFDC) _____

NOTES/QUESTIONS:

California Residency Information

Part-year, Nonresident only

Taxpayer

Spouse

Enter the total number of days in California _____

Mark if owned CA home/property _____

If you became a resident:

Enter the date of your move _____

Enter your state of prior residency _____

If you became a nonresident:

Enter the date of your move _____

Enter your new state of residency _____

If you were a nonresident for the entire tax year:

Enter your state of residency _____

Country of residence (If outside the USA) _____

Prior Year Residency Information

Taxpayer

Spouse

If you were previously a resident, enter dates:

From _____

To _____

Enter the date you entered California _____

Enter the date you left California _____

Military Personnel

Part-year, Nonresident only

Taxpayer

Spouse

Enter your state of domicile _____

Enter the state where you were stationed _____

Enter the country where stationed (If outside the USA) _____

Electronic Filing Information for Military

Taxpayer

Spouse

Date deployed overseas or entered combat zone/QHDA _____

Date returned from overseas or combat zone/QHDA _____

Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard) _____

Combat Zone/QHDA Operation/Area served _____

Taxpayer _____

Spouse _____

NOTES/QUESTIONS: