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2009 TAX ORGANIZER

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

Taxpayer Signature	Date
Spouse Signature	Date

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

Personal Information:	Yes	No
Were you married, divorced or widowed during the year?		
If you were married is there any reason you would not want to file jointly (jointly is usually the lowest combined tax)?		
Did your address change during the year?		
If yes (and not provided elsewhere) please update your contact info:		
Street:		
City, State, Zip		
Email		
Cell Phone		
Other Best Phone		

Dependents:	Yes	No
Can you or your spouse be claimed as a dependent of another taxpayer (such as your parent claiming you?		
Were there any changes in dependents from the prior year?		
If you added a dependent on sheet 3 please be sure to give us complete information including exact name as on social security card, social security number and date of birth.		
Please also remember to indicate if you are losing any dependents (child on their own – HURRAH!)		
Did you pay for childcare while you worked or looked for work?		
If so, please provide COMPLETE information on sheet 18 including the name, address, and tax id # of provider and amount spent. Without such info, there is no credit – including those of you who have dependent care benefits at your place of work.		
Please don't forget that if you have children who had investment income greater than $900, sold stock, have wages with any withholdings, or any other reason to file a return, please provide the information should you want us to prepare their return(s).		
Did you adopt a child (or begin adoption proceedings in 2009?		

Schedule A – Itemized Deductions:	Yes	No
If you are claiming deductions for mortgage interest on a primary and up to one vacation home, is the amount of indebtedness less than $1,100,000?		
If claiming a deduction for mortgage interest have you provided all forms 1098?		
If you purchased, sold, or refinanced a property in 2009 have you provided us with a copy of the HUD settlement statement you received at closing?		
Are you claiming a deduction for mortgage interest paid to a financial institution, for which someone else received the form 1098?		
If yes, please provide the individuals name and social security number (enter info on sheet 14A)		
Are you claiming a deduction for mortgage interest paid to an individual and you did not receive a form 1098 from that person?		
If yes, please provide the lenders name and social security number (enter info on sheet 14A)		
If you have provided an amount for real estate taxes that is other than what appears on the mortgage form 1098 or other year-end statement please provide some reconciliation of how you arrived at your amount.		

Schedule A – Itemized Deductions (continued):	Yes	No
New this year		
Did you purchase a new automobile between 2/17/09 and 12/31/09?		
If yes, provide the invoice amount, and sales tax paid on the transaction (certain taxpayers may get a special deduction for this amount).		
Don't forget auto excise tax and don't make me spend your money chasing you for it. (enter on sheet 14).		
Contributions (IRS is getting stricter and stricter)		
For contributions made with cash to a charitable organization, do you have receipts substantiating the amounts given? Receipts are required regardless of the dollar amount, even for as little as a $1 contribution.		
If yes, please enter such contribution amounts on sheet 15.		
For each contribution in the amount of $250 or more, do you have a written acknowledgement from the organization stating that you made the donation and what if anything you received in return. These letters are required as cancelled checks are insufficient.		
If yes, please enter such contribution amounts on sheet 15.		
For each contribution of clothing and household goods made to a charitable organization valued at an amount less than $250, were these items in good condition or better?		
If yes, please enter such contribution amounts on sheet 15.		
For each contribution of clothing and household goods made to a charitable organization valued at an amount between $250 and $499, were these items in good or better condition and do you have a receipt substantiating the value of these items?		
If yes, please enter such contribution amounts on sheet 15		
For each contribution of clothing and household goods made to a charitable organization valued at an amount of $500 or more, were these items in good condition or better and do you have a receipt substantiating the value of these items?		
If yes, please enter such information on sheet 15 including the name and address of the charity and additional information including the date of the donation, your estimate of cost and how and when you acquired the donated goods.		
If you have donated stocks or other similar investments to something like a Fidelity Gift Trust please provide us with the form 8283 from the organization and be sure to separately state these amounts so we don't omit nor double count them.		
Don't forget that there is no deduction for your volunteer time. Remember that you do not have to include in income the money that you were not paid for that rewarding volunteer time.		
If you have charitable mileage please simply give us the number of miles – we do the math [15].		
Itemized Deductions - Other		
Don't forget things like union or professional dues, professional subscriptions, or investment costs (Wall Street Journal for example) – enter on sheet 16.		

Other		Yes	No
Capital Gains and Losses – Please provide the year-end statement from the brokerage or mutual fund company that shows the gains and losses for the year. This is some times a separate statement from the year-end 1099 report.			
Did you withdraw money from an IRA or qualified retirement plan (even if rolled over to an IRA or qualified plan)?			
If yes, please provide us with the form 1099R and let us know if you rolled any of the money over within the prescribed (60 day) period.			
Did you sell your principal residence during 2009?			
If so, contact us to discuss what we may need to determine how much gain you may be eligible to exclude from income.			
Credits			
New Home Credit – Did you purchase a home as a "1st time home owner" during 2009?			
If so please provide the HUD settlement statement from the purchase.			
Did you, as an existing homeowner, purchase a new principal residence during the year that may qualify for the home buyers credit?			
If so please provide the HUD settlement statement from the purchase.			
Energy Credits:			
Did you purchase and place in operation in your principal home in 2009 any of the following:			
	Insulation materials or systems that are specifically designed to reduce heat loss or gain for a dwelling;		
	Exterior windows (including skylights) and doors;		
	Metal or asphalt roofs with appropriate pigmented coatings or cooling granules that are specifically designed to reduce the heat gain for the dwelling?		
Do you have manufacturers' tax credit certificate statements?			
If so, what were the amounts paid in 2009, NOT INCLUDING labor costs for installation?		$	
Did you purchase and place in operation in your home any of the following:			
	An advanced main air circulating fan:		
	A natural gas, propane, oil furnace or hot water boiler with an annual fuel utilization efficiency rating of at least 95;		
	An electric heat pump water heater, an electric heat pump, a central air conditioner, a natural gas, propane, or oil water heater;		
	Biomass fuel stove that burns biomass fuel, including wood, to heat the home?		
Do you have manufacturers' tax credit certificate statements?			
If so, what were the amounts paid in 2009, (YES) INCLUDING labor costs for installation?		$	
Please contact us if you installed property that uses solar energy to generate electricity for use in the dwelling (photovoltaic), solar hot water heating systems, geothermal heating and cooling systems, or something we have missed that would qualify for an alternative source energy credit. Please remember that these credits are only for installations in your principal residence and solar water can not be specifically for a swimming pool or hot tub.			

Don't forget how important it is for you to tell us about any estimated tax payments you have made (federal or state) on sheets 20 & 20A, (or you can use the green sheet that we provided you last year to show us what you paid for this year).

If you have made gifts to individuals in excess of $13,000 per person during 2009 a gift tax return should be filed. Please contact us if you have a taxable gift for which you would like us to prepare the gift tax return.

If you have a domestic (nanny or housekeeper for example) employee (not an independent contractor or worker from an agency) that you should be paying payroll taxes for, please contact us so we can discuss preparing form W-2 for that employee (due date January 31), and so we can calculate and include in your return the various payroll and withholding taxes.

Unreimbursed miles get entered as follows: (if you didn't get a specific sheet just give us the info)		Sheet
	Medical	14
	Moving	8
	Charitable	15
	Business	6B
	Unreimbursed Employee	17

Please simply give us the miles and let us do the calculation. Don't forget that automobile usage must be substantiated with mileage logs or other corroborating evidence. COMMUTING mileage is not deductible.

Don't forget to give us information on educational expenses (tuition etc.) on sheet 18

Please contact us is you have:

A casualty or theft loss that exceeds 10% of your income.
An unreimbursed job related move greater than 50 miles.

Please be advised that PENALTIES for not filing appropriate forms for FOREIGN bank and investments are SEVERE.

At any time during 2009 did you have an interest in or a signature or other authority over a financial account in a foreign country such as a bank account, security account, or other arrangement? If yes we will disclose this on your tax filing.	YES	NO
If Yes, what is the name of the country?		

We generally prefer that you fill out the pertinent form 90-TDF 20.1 which is available at irs.gov. This form is due on June 30 and is mailed to Detroit.

If your tax situation is going to change in 2010, we suggest you discuss this with us so we can prepare or adjust estimated tax payments for you.

Please use this space to tell us anything that you don't know where else to enter but you know that we should surely be informed of:

Massachusetts Taxpayers – Don't forget to provide the FORM HC with information about your health insurance coverage.

Personal Information, Dependent(s) and Wages

Taxpayer:

First Name and Initial ____ Last Name ____ Social Security Number ____

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

Evening/Home Telephone Number ____ Primary Email Address ____ Secondary Email Address ____

Spouse:

First Name and Initial ____ Last Name ____ Social Security Number ____

Occupation ____ Date of Birth (Mo/Da/Yr) ____

Present Mailing Address:

Street Address ____ Apartment Number ____

City ____ State ____ ZIP code ____

Foreign Country ____

	Yes	No
May the IRS or other taxing authority discuss the return with the preparer?		
Is the taxpayer claimed as a dependent on someone else's tax return?		

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you considered legally blind per IRS regulations?				
Do you want to contribute to the Presidential Election Campaign Fund?				

Dependent Information:

Did dependent have income over $3,650?

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

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

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

Wages and Salaries:

Please enclose all copies of your current year Forms W-2

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

Direct Deposit and Withdrawal

4A

Direct Deposit and Electronic Withdrawal Account Information:

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

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

Owner of account . . . . ☐ Taxpayer ☐ Spouse ☐ Joint

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

Name of financial institution . . . . ____________________

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

Your account number . . . . ____________________

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

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

Owner of account . . . . ☐ Taxpayer ☐ Spouse ☐ Joint

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

Name of financial institution . . . . ____________________

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

Your account number . . . . ____________________

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

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

Interest Income

Interest Information:

Please enclose copies of all Forms 1099-INT or other documents relating to interest received

TSJ	Name of Payer	Savings & Loans, Bank and Other	U.S. Bonds and Obligations	Tax-Exempt Interest	2008 Interest Amount
	Total				

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	2009 Interest Amount	2008 Interest Amount

Address of Individual to Whom Mortgage Interest Was Paid

Enter Any Additional Information:

Note: Please list all items sold during the year on Form 7.

Dividend Income

5B

Dividend Information:

Please enclose copies of all Forms 1099-DIV or other documents relating to dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a	2008 Gross Dividends Amount
	Total					

Enter Any Additional Information:

Note: Please list all items sold during the year on Form 7.

Business Income and Cost of Goods Sold

Name of Business: . . . . ______________________

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

TSJ . . . . ___
Employer ID number . . . . ________
Street address . . . . ______________________
City, state and ZIP code . . . . ______________________
Method of inventory . . . . ______________
Method of accounting . . . . ______________

Business Questions for 2009:

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

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

Income:

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

Cost of Goods Sold:

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

Other Costs of Cost of Goods Sold:

Description	2009 Amount	2008 Amount

	2009 Amount	2008 Amount
Ending inventory		

Other Income:

Description	2009 Amount	2008 Amount

Business Expenses - Vehicle Information

Name of Business: . . . . ______________________

Principal Business or Profession: . . . ______________________

Vehicle Questions for 2009:

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

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

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

Vehicle:

	Vehicle 1	Vehicle 2
Description of vehicle		
Date placed in service (Mo/Da/Yr)		
Do you (or your spouse) have another vehicle available for your personal use?	Yes No	Yes No
Was your vehicle available for use during off-duty hours?	Yes No	Yes No

Mileage:

	Vehicle 1 2009 Miles	Vehicle 1 2008 Miles	Vehicle 2 2009 Miles	Vehicle 2 2008 Miles
Total miles				
Total business miles				
Total commuting miles for the year				

Actual Expenses:

	Vehicle 1 2009 Amount	Vehicle 1 2008 Amount	Vehicle 2 2009 Amount	Vehicle 2 2008 Amount
Gasoline, oil, repairs, insurance, etc				
Interest				
Taxes				
Fair market value of leased vehicle				
Vehicle rentals/leases				

Detail Depreciation

DP

Business or Activity: ______________________________

Asset #	X if not new	Description of Asset	Cost	Date Asset Was Placed in Service (Mo/Da/Yr)	If the Asset Was Sold, Please Indicate the Following	
					Date (Mo/Da/Yr)	Sales Price

Business Use of Home

6E

Name of Business: . . . . ______________________

Principal Business or Profession: . . . ______________________

Partial Use of Your Home for Business:

	2009	2008
Square footage of home used exclusively for business		
Total square footage of home		
Total hours home was used for day care during the year		

	Yes	No
Was your home used for day care purposes for the entire year?		
Were improvements made to the home and/or home office since the time you began using the home for business?		

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

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

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

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

Other Expenses:

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

Seller-Financed Mortgage Interest Information:

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

Business Expenses and Property & Equipment

Name of Business: . . . . ______

Principal Business or Profession: . . . ______

Expenses:

	2009 Amount	2008 Amount
Advertising		
Car and truck expenses		
Parking fees and tolls		
Commissions and fees		
Contract labor		
Employee benefit programs and health insurance (other than pension and profit-sharing plans)		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional fees		
Office expense		
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other business property		
Repairs and maintenance		
Supplies (not included in Cost of Goods Sold)		
Taxes and licenses		
Travel		
Meals and entertainment		
Utilities		
Wages		
Dependent care benefits		

Other Expenses:

Description	2009 Amount	2008 Amount

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

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

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

Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Please enclose all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Debts that became uncollectible		
Securities which became worthless		
Sale of any property for which you will receive payments in future years		

TSJ	Kind of Property and Description	Gross Sales Price (Less Commissions)	Cost or Other Basis	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Federal Tax Withheld

Installment Sales: **NOTE: Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2009 Principal Received	2008 Principal Received

Sale of Your Home and Moving Expenses

Sale or Exchange of Your Home:

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

Former Home Information:

TSJ . . . . ____

Date acquired . . . . (Mo/Da/Yr) ____________

Date sold . . . . (Mo/Da/Yr) ____________

Selling price . . . . [ ]

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

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

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

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

Moving Expenses:

TSJ . . . . ____

Were the moving expenses reimbursed by your employer? . . . . [ ] Yes [ ] No

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

Mileage:

	Miles
Number of miles from old home to new workplace	
Number of miles from old home to old workplace	
Number of automobile miles in move	

Transportation Expenses:

	Amount
Costs of transportation of household goods and personal effects	
Costs of travel and lodging (do not include meals or automobile expenses)	
Automobile expenses (gasoline, oil, etc.)	
Meals (Pennsylvania only)	

IRA, Pension, Annuity and Retirement Plan Information

Individual Retirement Account (IRA):

TS . . . . ___
Name of payer . . . . ___

IRA Questions for 2009:

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

If Yes, please explain. ___

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

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

Contributions: **Please enclose copies of all Forms 5498**

IRA:

Contributions in 2009 for the 2009 tax return	
Contributions in 2010 for the 2009 tax return	
Amount for 2009 you choose to be treated as nondeductible	

Roth IRA:

Contributions made for the 2009 tax year	

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

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

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

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

Contributions to:	2009 Amount (Taxpayer)	2009 Amount (Spouse)
Simplified employee pension plan		
Defined benefit plan		
Defined contribution plan		
SIMPLE plan		

Rental and Royalty Income and Expenses

Location of Property: ____________________

TSJ . . . . ____
Type of property . . . ____________________

	2009	2008
Ownership percentage if not 100%	%	
How many days was this property rented at fair market value?		
How many days was this property used personally (including use by family members)?		

Income:

	2009 Amount	2008 Amount
Rents received		
Royalties received		

Other Income:

Description	2009 Amount	2008 Amount

Expenses:

	2009 Amount	2008 Amount
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Dependent care benefits		

Other Expenses:

Description	2009 Amount	2008 Amount

Rental and Royalty
Property and Equipment & Depletion

Location of Property: ______________________________

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

Acquisitions:

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

Dispositions:

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

Percentage Depletion Information:

Production Type	Royalty Income	
	2009 Amount	2008 Amount

Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Please enclose all Schedules Q

TSJ	Entity Name	Employer ID Number

Miscellaneous Income, Adjustments and Alimony

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

Miscellaneous Income and Adjustments:

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

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2009 Amount	2008 Amount

Alimony Paid or Received:

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

Itemize real estate taxes by state.

Medical and Dental Expenses:

	TSJ	2009 Amount	2008 Amount
Prescription medicines and drugs			
Total medical insurance premiums paid (Do not include medicare premiums paid)			
Long-term care expenses			
Total insurance reimbursement			
Number of miles traveled for medical care			
Lodging			
Doctors, dentists, etc.			
Hospitals			
Lab fees			
Eyeglasses and contacts			

	2009 Amount	2008 Amount
Taxpayer long-term care insurance premiums paid		
Spouse long-term care insurance premiums paid		

Other Medical Expenses:

TSJ	Description	2009 Amount	2008 Amount

Taxes Paid: Please include copies of your tax bills

	TSJ	2009 Amount	2008 Amount
Personal property taxes paid (include vehicle taxes)			
General sales taxes paid on specified items			
State and local sales or excise taxes paid on a new vehicle, motorcycle, or mobile home purchased after 2/16/2009			
Purchase price before taxes of new motor vehicle, motorcycle, or mobile home purchased after 2/16/2009			

Real estate taxes paid on U.S. properties are deductible for taxpayers not itemizing in 2009

TSJ	Real Estate Taxes	2009 Amount	2008 Amount

Other Taxes Paid:

TSJ	Description	2009 Amount	2008 Amount

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

Itemized Deductions - Mortgage Interest and Points

Mortgage Questions for 2009:

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

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2009 Amount	2008 Amount
	Name	Address			

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2009 Amount	2008 Amount

Investment Interest Expense:

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

TSJ	Paid To	2009 Amount	2008 Amount

Cash Contributions:

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

TSJ	Organization or Description of Contribution	2009 Amount	2008 Amount

TSJ	Conservation Real Property	2009 Amount	2008 Amount
	100% limit		
	50% limit		

TSJ	Description	2009 Miles	2008 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling Less Than or Equal to $500:

TSJ	Description of Donated Property	2009 Amount	2008 Amount

Noncash Contributions Totaling More Than $500:

TSJ . . . . ____

Description of the donated property . . . . ____

Donee organization name . . . . ____

Donee organization address . . . . ____

Date the property was acquired by the taxpayer . . (Mo/Da/Yr) ____

Date the property was donated . . . . (Mo/Da/Yr) ____

Cost or basis of the donated property . . . . ____

Fair market value of the donated property . . . . ____

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

☐ Appraisal ☐ Thrift shop value ☐ Catalog ☐ Comparable sale

Other - please explain . . . . ____

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

☐ Purchase ☐ Gift ☐ Inheritance ☐ Exchange

Itemized Deductions - Miscellaneous

Miscellaneous Itemized Deductions:

	TSJ	2009 Amount	2008 Amount
Union and professional dues			
Tax preparation fee			
Professional subscriptions			
Hobby expense (To extent of income)			
Safe deposit box			
Uniforms and protective clothing			
Work tools			
Gambling losses			
Estate taxes			

Other Itemized Deductions:

Examples:

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

TSJ	Description	2009 Amount	2008 Amount

Casualty or Theft Loss:

TSJ . . . . ___

Property description . . . . ___________

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

☐ Personal use ☐ Business use ☐ Income producing ☐ Employee Use ☐ Personal use due to Hurricane Katrina

☐ Personal use attributable to a federally declared disaster ☐ Personal use attributable to Midwestern disaster area ☐ Personal use attributable to Kansas disaster area

Date acquired . . . . (Mo/Da/Yr) ________

Date damaged or lost . . . . (Mo/Da/Yr) ________

Original cost or other basis . . . . ☐

Fair market value before casualty . . . . ☐

Fair market value after casualty . . . . ☐

Cost of replacement . . . . ☐

Insurance reimbursement . . . . ☐

Employee Business Expenses

TS: ____ **Occupation:** . . . . ______________________

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

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

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

Other Business Expenses:

Description	2009 Amount	2008 Amount

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

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

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

Vehicle:

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

Description of vehicle . . . . . . ______________________

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

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

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

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

Other Vehicle Expenses:

Description	2009 Amount	2008 Amount

Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ . . . . ____

Were you or your spouse a full time student or disabled? . . . . ☐ Yes ☐ No

Did you pay an individual for services performed in your home? . . . . ☐ Yes ☐ No

Expenses incurred in 2008 but paid in 2009 . . . . ____

Employer-provided dependent care benefits that were forfeited in 2009 . . . . ____

2008 carryover used in grace period . . . . ____

Child/Dependent Care Providers:

Provider 1:

Name . . . . ____

Street address . . . . ____

City, state and ZIP code . . . . ____

Social security number OR . . . . ____

Employer identification number . . . . ____

Telephone number (California only) . . . . ____

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

Provider 2:

Name . . . . ____

Street address . . . . ____

City, state and ZIP code . . . . ____

Social security number OR . . . . ____

Employer identification number . . . . ____

Telephone number (California only) . . . . ____

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

Qualifying Persons for Child/Dependent Care Expenses:

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

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

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

Please enclose copies of all Forms 1098-T

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

Federal Tax Payments

Refund Application:

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

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

Federal Estimated Tax Payments:

		Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2009 1st Quarter Estimate	(Due 04-15-2009)			
2009 2nd Quarter Estimate	(Due 06-15-2009)			
2009 3rd Quarter Estimate	(Due 09-15-2009)			
2009 4th Quarter Estimate	(Due 01-15-2010)			

2008 overpayment applied to 2009 estimate . . . . ☐

Tax Planning Information for Tax Year 2010:

Do you expect any of the following to occur in 2010?	Yes	No
A change in your marital status	☐	☐
A change in the number of your dependents	☐	☐
A substantial change in your income	☐	☐
A substantial change in your withholding	☐	☐
A substantial change in deductions	☐	☐

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

State and City Tax Payments

State and City Estimated Tax Payments:

TSJ ___
State/City ________

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2009 1st Quarter Estimate			
2009 2nd Quarter Estimate			
2009 3rd Quarter Estimate			
2009 4th Quarter Estimate			

2008 overpayment applied to 2009 estimate

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

Estimated tax payments for 2008 paid in 2009

State and City Estimated Tax Payments:

TSJ ___
State/City ________

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2009 1st Quarter Estimate			
2009 2nd Quarter Estimate			
2009 3rd Quarter Estimate			
2009 4th Quarter Estimate			

2008 overpayment applied to 2009 estimate

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

Estimated tax payments for 2008 paid in 2009

State and City Estimated Tax Payments:

TSJ ___
State/City ________

	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2009 1st Quarter Estimate			
2009 2nd Quarter Estimate			
2009 3rd Quarter Estimate			
2009 4th Quarter Estimate			

2008 overpayment applied to 2009 estimate

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

Estimated tax payments for 2008 paid in 2009