

Mailing Slip

David Cochran, CPA, P.L.L.C.  
David Cochran  
1151 Falls River Avenue, Suite 105A  
Raleigh, NC 27614

**Organizer Mailing Slip**

# TAX ORGANIZER

Dear ,

Enclosed is your Tax Organizer for tax year 2009.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your 2009 records.

If our firm prepared your return last year, your prior year amounts are included in the **Prior Year Amount** column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the **General Business and Investment** questions, please provide detailed information with your answer.

We have scheduled your appointment for:

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

David Cochran  
David Cochran, CPA, P.L.L.C.  
1151 Falls River Avenue, Suite 105A  
Raleigh, NC 27614  
(919)848-9297

David Cochran, CPA, P.L.L.C.  
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January 20, 2010

Dear ,

Thank you for choosing our firm to prepare your income tax returns for tax year 2009. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2009 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2009, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2009 tax return. We appreciate your business.

Sincerely,

---

David Cochran, CPA, P.L.L.C.

Accepted by:

---

Date 

---

---

Date 

---

David Cochran, CPA, P.L.L.C.  
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Sincerely,

---

David Cochran, CPA, P.L.L.C.

Accepted by:

---

Date 

---

---

Date 

---

## General Information

### Taxpayer

First Name . . . . .	<input type="text"/>
Middle Initial . . . . .	<input type="text"/>
Last Name . . . . .	<input type="text"/>
Suffix . . . . .	<input type="text"/>
Social Security Number . . . . .	<input type="text"/>
Date of Birth . . . . .	<input type="text"/>

### Spouse

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Check ("X") which phone number to list on return.

Home Phone . . . . .	<input type="checkbox"/>	<input type="text"/>
Work Phone . . . . .	<input type="checkbox"/>	<input type="text"/>
Cell Phone . . . . .	<input type="checkbox"/>	<input type="text"/>
Fax Number . . . . .	<input type="checkbox"/>	<input type="text"/>

<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>

Legally Blind . . . . .	<input type="checkbox"/>
Totally Disabled . . . . .	<input type="checkbox"/>
Claimed as a Dependent . . . . .	<input type="checkbox"/>
Presidential Election Fund (\$3) . . . . .	<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Occupation . . . . .	<input type="text"/>
E-mail address . . . . .	<input type="text"/>

<input type="text"/>
<input type="text"/>

State of Residence as of 12/31 . . . . .	<input type="text"/>
County of Residence as of 12/31 . . . . .	<input type="text"/>
School District as of 12/31 . . . . .	<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>

If Part Year, Period of Residency . . . . . to . . . . .

. . . . . to . . . . .

## Filing Status

Status on 2008 return : ☐

Status as of 12/31/2009 :  
Enter ("X") in the box

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- 1** Single
- 2** Married filing joint
- 3** Married filing separately  
(Enter spouse's name and SSN above)

<input type="checkbox"/>
--------------------------

**4** Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_

<input type="checkbox"/>
--------------------------

**5** Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Questions**

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

**Basic Information**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1 Did your marital status change since last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Are there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you have any children under 19 (or 24 if a full time student) who received more than \$950 in investment income?
<input type="checkbox"/>	<input type="checkbox"/>	4 Are all your dependents either US residents or citizens?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you provide over half of the support for someone you aren't claiming as a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	6 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
<input type="checkbox"/>	<input type="checkbox"/>	7 Were either you or your spouse in the military or National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you purchase or sell your principal residence?
<input type="checkbox"/>	<input type="checkbox"/>	9 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
<input type="checkbox"/>	<input type="checkbox"/>	10 Were there any changes to a prior year's income, deductions, or credits?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you make gifts of more than \$13,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you file Form 8839, Adoption Credit, in a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did you purchase any special fuels for non-highway use?
<input type="checkbox"/>	<input type="checkbox"/>	14 Do you want to e-file your return?
<input type="checkbox"/>	<input type="checkbox"/>	15 If you have a refund, do you want direct deposit, bank product, or applied to next year's taxes?
		If you are due a refund, how do you want to receive it?
	<input type="checkbox"/>	Direct deposit (please provide a voided blank check)
	<input type="checkbox"/>	Check sent to you in the mail
	<input type="checkbox"/>	Instant refund (IRAL)
	<input type="checkbox"/>	Other quick refund via a bank product
	<input type="checkbox"/>	Apply to next year's estimates
		If you owe taxes, how do you want to pay them?
	<input type="checkbox"/>	Paper check sent with my return
	<input type="checkbox"/>	Direct debit from my bank account (please provide a voided blank check)
	<input type="checkbox"/>	Credit card

**Income**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	16 Did you have an interest in or signature authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	17 Were you the grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	18 Did you receive income from a foreign source or pay taxes to a foreign government?
<input type="checkbox"/>	<input type="checkbox"/>	19 Did you barter your services for goods or services from someone else?
<input type="checkbox"/>	<input type="checkbox"/>	20 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
<input type="checkbox"/>	<input type="checkbox"/>	21 Did you make a loan to someone at an interest rate below market rate?
<input type="checkbox"/>	<input type="checkbox"/>	22 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
<input type="checkbox"/>	<input type="checkbox"/>	23 Did you cash in any U.S. savings bonds?
<input type="checkbox"/>	<input type="checkbox"/>	24 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
<input type="checkbox"/>	<input type="checkbox"/>	25 Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized, in 2009? (If yes, attach Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	26 Did you receive disability income?
<input type="checkbox"/>	<input type="checkbox"/>	27 Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
<input type="checkbox"/>	<input type="checkbox"/>	28 Did you receive any unemployment benefits?
<input type="checkbox"/>	<input type="checkbox"/>	29 During 2009, did you receive payments from a Long-Term Care insurance contract?
<input type="checkbox"/>	<input type="checkbox"/>	30 Did you receive employer-provided adoption benefits for a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	31 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
<input type="checkbox"/>	<input type="checkbox"/>	32 Did you "roll over" a retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	33 Did you receive Social Security benefits?

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Questions (Cont.)**

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Yes No

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 34 | Did you convert a traditional IRA to a Roth IRA?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 35 | Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 36 | Do you have any short sales, commodity sales, or straddles?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 37 | Did you receive Form 2439?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 38 | Did you buy or sell any bonds?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 39 | Did you receive stock from a stock bonus plan with your employer?             |
| <input type="checkbox"/> | <input type="checkbox"/> | 40 | Did you sell any other personal assets at a gain?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 41 | Did you sell any real estate (other than your home) during the year?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 42 | Did you sell any assets using the installment method?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 43 | Did you receive proceeds from a prior year installment sale?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 44 | Did you purchase a rental property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 45 | Did you exchange any property for other property?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 46 | Did you receive any income not reported in this Organizer?                    |

**Business and Rental Property Income**

Yes No

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 47 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 48 | Did you start or acquire a new business?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 49 | Did you sell any part of an existing business, or sell business assets?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 50 | Did you cease operating any business or rental property?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 51 | Did you remove any of your business assets for personal use?              |

**Business and Rental Property Deductions**

Yes No

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 52 | Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 53 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2009?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 54 | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 55 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 56 | Did you purchase any furniture or equipment for your business?                                      |

**Other Deductions**

Yes No

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 57 | Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 58 | Did you make any contributions to HSA (Health Savings Account) in 2009?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 59 | Did you use your car on the job (other than to and from work)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 60 | Did you work out of town for part of the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 61 | Did you incur any travel and entertainment expenses for business purposes?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 62 | Did you pay expenses for the care of your child or other dependent so you could work?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 63 | Did you lose property or have damage to a property due to a casualty, theft, or condemnation?         |
| <input type="checkbox"/> | <input type="checkbox"/> | 64 | Did any security become worthless during 2009?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 65 | Did any debts become uncollectible during 2009?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 66 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2009?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 67 | Did you contribute less than an entire interest in any property to charity?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 68 | Did you refinance a mortgage or take out a home equity loan during 2009?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 69 | Did you incur moving expenses during the year due to a change of employment?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 70 | Did you pay any educational tuition or fees for you or a dependent?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 71 | Did you pay any student loan interest?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 72 | Did you make any federal or state estimated payments?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 73 | Did you make any energy efficient improvements to your main home in 2009?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 74 | Did you purchase a new motor vehicle after Feb 16, 2009 and before Jan 1, 2010?                       |

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Comments

[illegible]





Name \_\_\_\_\_

SSN \_\_\_\_\_

**Federal, State and Local Estimated Taxes Paid****Federal Estimates**

Enter Payment Information

1 Overpayment from last year . . . . .

2 First quarter payment . . . . .

3 Second quarter payment . . . . .

4 Third quarter payment . . . . .

5 Fourth quarter payment . . . . .

6 \_\_\_\_\_

7 \_\_\_\_\_

**Filer and/or Joint Payments**

Date Paid	Amount

**Spouse Only Payments**

Date Paid	Amount

**State Estimates**

Enter two-letter state abbreviation

State \_\_\_\_\_ State \_\_\_\_\_ State \_\_\_\_\_ State \_\_\_\_\_

Enter Payment Information

	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year . . . . .								
2 First quarter payment . . . . .								
3 Second quarter payment . . . . .								
4 Third quarter payment . . . . .								
5 Fourth quarter payment . . . . .								
6 _____								
7 _____								
8 _____								

**Local Estimates**

Enter locality name . . . . .

Locality \_\_\_\_\_ Locality \_\_\_\_\_ Locality \_\_\_\_\_ Locality \_\_\_\_\_

Enter Payment Information

	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year . . . . .								
2 First quarter payment . . . . .								
3 Second quarter payment . . . . .								
4 Third quarter payment . . . . .								
5 Fourth quarter payment . . . . .								
6 _____								
7 _____								
8 _____								

SSN \_\_\_\_\_

## Enter "X" if applicable

[illegible]

Name \_\_\_\_\_

SSN \_\_\_\_\_

Wages and Retirement Income

W-2 Information

Enter "X"  
if spouse

W-2 Employer's Name		Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				

1099-R Information

Payer's Name		Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 12a State Distribution	Box 10a State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse,  
or (J)oint.

*F/S/J	Payer		Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 .....	1						
<input type="checkbox"/>	2 .....	2						
<input type="checkbox"/>	3 .....	3						
<input type="checkbox"/>	4 .....	4						
<input type="checkbox"/>	5 .....	5						
<input type="checkbox"/>	6 .....	6						
<input type="checkbox"/>	7 .....	7						
<input type="checkbox"/>	8 .....	8						
<input type="checkbox"/>	9 .....	9						
<input type="checkbox"/>	10 .....	10						
<input type="checkbox"/>	11 .....	11						
<input type="checkbox"/>	12 .....	12						
<input type="checkbox"/>	13 .....	13						
<input type="checkbox"/>	14 .....	14						
<input type="checkbox"/>	15 .....	15						
<input type="checkbox"/>	16 .....	16						
<input type="checkbox"/>	17 .....	17						
<input type="checkbox"/>	18 .....	18						
<input type="checkbox"/>	19 .....	19						
<input type="checkbox"/>	20 .....	20						

**Dividend Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse,  
or (J)oint.

*F/S/J	Payer		Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 .....	1						
<input type="checkbox"/>	2 .....	2						
<input type="checkbox"/>	3 .....	3						
<input type="checkbox"/>	4 .....	4						
<input type="checkbox"/>	5 .....	5						
<input type="checkbox"/>	6 .....	6						
<input type="checkbox"/>	7 .....	7						
<input type="checkbox"/>	8 .....	8						
<input type="checkbox"/>	9 .....	9						
<input type="checkbox"/>	10 .....	10						
<input type="checkbox"/>	11 .....	11						
<input type="checkbox"/>	12 .....	12						
<input type="checkbox"/>	13 .....	13						
<input type="checkbox"/>	14 .....	14						
<input type="checkbox"/>	15 .....	15						
<input type="checkbox"/>	16 .....	16						
<input type="checkbox"/>	17 .....	17						
<input type="checkbox"/>	18 .....	18						
<input type="checkbox"/>	19 .....	19						
<input type="checkbox"/>	20 .....	20						

Name \_\_\_\_\_

SSN \_\_\_\_\_

Interest Income

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

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
*F/S/J	Payer	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1 .....						
	2 .....						
	3 .....						
	4 .....						
	5 .....						
	6 .....						
	7 .....						
	8 .....						
	9 .....						
	10 .....						
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	47 .....						
	48 .....						
	49 .....						
	50 .....						

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Dividend Income

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

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
	17	17						
	18	18						
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	21	21						
	22	22						
	23	23						
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	25	25						
	26	26						
	27	27						
	28	28						
	29	29						
	30	30						
	31	31						
	32	32						
	33	33						
	34	34						
	35	35						
	36	36						
	37	37						
	38	38						
	39	39						
	40	40						
	41	41						
	42	42						
	43	43						
	44	44						
	45	45						

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Seller Financed Mortgage Interest**

\*F/S/J

<input type="checkbox"/>	1	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	2	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	3	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	4	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	5	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	6	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	7	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	8	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	9	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	10	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	11	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	12	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	13	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	14	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	15	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	16	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	17	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	18	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	19	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	20	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	21	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	22	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	23	Name _____	SSN/EIN _____
		Address _____	
<input type="checkbox"/>	24	Name _____	SSN/EIN _____
		Address _____	

Current Year Amount		Prior Year Amount	
1	<input type="text"/>		<input type="text"/>
2	<input type="text"/>		<input type="text"/>
3	<input type="text"/>		<input type="text"/>
4	<input type="text"/>		<input type="text"/>
5	<input type="text"/>		<input type="text"/>
6	<input type="text"/>		<input type="text"/>
7	<input type="text"/>		<input type="text"/>
8	<input type="text"/>		<input type="text"/>
9	<input type="text"/>		<input type="text"/>
10	<input type="text"/>		<input type="text"/>
11	<input type="text"/>		<input type="text"/>
12	<input type="text"/>		<input type="text"/>
13	<input type="text"/>		<input type="text"/>
14	<input type="text"/>		<input type="text"/>
15	<input type="text"/>		<input type="text"/>
16	<input type="text"/>		<input type="text"/>
17	<input type="text"/>		<input type="text"/>
18	<input type="text"/>		<input type="text"/>
19	<input type="text"/>		<input type="text"/>
20	<input type="text"/>		<input type="text"/>
21	<input type="text"/>		<input type="text"/>
22	<input type="text"/>		<input type="text"/>
23	<input type="text"/>		<input type="text"/>
24	<input type="text"/>		<input type="text"/>



Name \_\_\_\_\_

SSN \_\_\_\_\_

## Exclusion of Interest From Series EE and I US Savings Bonds Issued After 1989

If you cashed series EE or I U.S. savings bonds in 2009 that were issued after 1989, you may be able to exclude from your income part or all of the interest on those bonds.

- |   |   |   |       |
|---|---|---|-------|
| 1 | Total tuition and fees paid . . . . .   | 1 | _____ |
| 2 | Nontaxable education benefits received . . . . .  | 2 | _____ |
| 3 | Enter total proceeds (principal and interest) from EE or I bonds issued after 1989 and cashed in 2009 . . . . . | 3 | _____ |
| 4 | Enter the face value of all post - 1989 series EE bonds cashed in 2009 . . . . .                                | 4 | _____ |
| 5 | Enter the face value of all series I bonds cashed in 2009 . . . . .   | 5 | _____ |

**Name of person (you, your spouse, or your dependent) who was enrolled at or attended an eligible educational institution**

**Eligible Educational Institution**

	First Name	M I	Last Name
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

1	Name	_____
	Address	_____
	City, State, Zip	_____
2	Name	_____
	Address	_____
	City, State, Zip	_____
3	Name	_____
	Address	_____
	City, State, Zip	_____

---

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Alimony Received

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1	
<input type="checkbox"/>	2	.....	2	
<input type="checkbox"/>	3	.....	3	
<input type="checkbox"/>	4	.....	4	
<input type="checkbox"/>	5	.....	5	
<input type="checkbox"/>	6	.....	6	
<input type="checkbox"/>	7	.....	7	
<input type="checkbox"/>	8	.....	8	
<input type="checkbox"/>	9	.....	9	

## Alimony Paid

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Recipient's Name	Recipient's SSN		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1		
<input type="checkbox"/>	2	.....	2		
<input type="checkbox"/>	3	.....	3		
<input type="checkbox"/>	4	.....	4		
<input type="checkbox"/>	5	.....	5		
<input type="checkbox"/>	6	.....	6		
<input type="checkbox"/>	7	.....	7		
<input type="checkbox"/>	8	.....	8		
<input type="checkbox"/>	9	.....	9		

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Self-Employed Business Income and Expenses (Schedule C-EZ)

Enter "X" in one box: ☐ Filer ☐ Spouse

### General Information

- 1 Federal employer identification number ..... (do not enter Social Security Number)
- 2 Principal business or profession . . . . .
- 3 Business name . . . . .
- 4 Business address . . . . .
- City, state, zip . . . . . State \_\_\_\_\_ Zip \_\_\_\_\_

### Business Income

\* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
5	Income reported on 1099 MISC . . . . .		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
6	.....		
7	.....		
8	.....		
9	.....		

### Business Expenses

		Current Year Amount	Prior Year Amount
10	Business meals and entertainment . . . . .		
11	Enter "X" in the box if subject to DOT hours of service limits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
12	.....		
13	.....		
14	.....		
15	.....		
16	.....		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

## Vehicle Information (Schedule C-EZ)

### Vehicle 1 -

### Vehicle 2 -

		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . . . . .	4			
5	Parking fees and tolls . . . . .	5			
6	Vehicle Interest . . . . .	6			
7	Vehicle Personal Property tax . . . . .	7			

#### Actual Expenses

8	Gasoline, oil and repairs . . . . .	8			
9	Vehicle registration fees . . . . .	9			
10	Vehicle lease or rental . . . . .	10			
11	Vehicle Insurance . . . . .	11			
12	-----	12			

### Vehicle 3 -

### Vehicle 4 -

		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . . . . .	4			
5	Parking fees and tolls . . . . .	5			
6	Vehicle Interest . . . . .	6			
7	Vehicle Personal Property tax . . . . .	7			

#### Actual Expenses

8	Gasoline, oil and repairs . . . . .	8			
9	Vehicle registration fees . . . . .	9			
10	Vehicle lease or rental . . . . .	10			
11	Vehicle Insurance . . . . .	11			
12	-----	12			

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Self-Employed Business Income and Expenses (Schedule C)**Enter "X" in one box: ☐ Filer ☐ Spouse**General Information**

- 1 Employer Identification Number \_\_\_\_\_ (do not enter Social Security Number)
- 2 Principal business or profession \_\_\_\_\_
- 3 Business name . . . . . \_\_\_\_\_
- 4 Business address . . . . . \_\_\_\_\_
- 5 City . . . . . \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**General Check Boxes**

(Enter "X" where applicable)

- 6 Accounting Method . . . . . ☐ Cash ☐ Accrual ☐ Other - (Specify) \_\_\_\_\_
- 7 Did you "materially participate" in this business? ☐ Yes ☐ No
- 8 Check ('X') if you started or acquired this business in 2009. ☐

**Business Income***\* Report statutory income as W-2 income.*

		Current Year Amount	Prior Year Amount
9	Income reported on 1099 MISC . . . . . 9		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
10	_____ 10		
11	_____ 11		
12	_____ 12		
13	_____ 13		
14	Returns and allowances . . . . . 14		
15	Other income . . . . . 15		

**Inventory**

(Enter "X" where applicable)

16	Method(s) used to value closing inventory . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> Lower of cost or market <input type="checkbox"/> Other		
17	Any change in determining quantities, costs, or valuations between opening and closing inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Current Year Amount	Prior Year Amount
18	Inventory at the beginning of year . . . . . 18		
19	Purchases less cost of items withdrawn for personal use . . . . . 19		
20	Cost of labor . . . . . 20		
21	Materials and supplies . . . . . 21		
22	Other Costs . . . . . 22		
23	Inventory at end of year . . . . . 23		

**Assets Placed in Service This Year**

Description:

		Date Placed In Service	Purchase Amount
A	_____ A		
B	_____ B		
C	_____ C		
D	_____ D		
E	_____ E		
F	_____ F		
G	_____ G		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Self-Employed Business Expenses Cont. (Schedule C)****Expenses**

		Current Year Amount	Prior Year Amount
41	Advertising . . . . .	41	
42	Contract labor . . . . .	42	
43	Commissions and fees . . . . .	43	
44	Depletion . . . . .	44	
45	Employee benefit programs (other than on line 51) . . . . .	45	
46	Insurance (other than health) . . . . .	46	

**Interest:**

47	Mortgage (paid to banks, etc.) . . . . .	47	
48	Other . . . . .	48	

49	Legal and professional services . . . . .	49	
50	Office expense . . . . .	50	
51	Pension and profit-sharing plans . . . . .	51	

**Rent or Lease:**

52	Machinery rental or lease . . . . .	52	
53	Equipment rental or lease . . . . .	53	
54	-----	54	
55	-----	55	
56	-----	56	
	Other business property rental or lease		
57	-----	57	
58	-----	58	
59	-----	59	

60	Repairs and maintenance . . . . .	60	
61	Supplies (not included in inventory cost of goods sold) . . . . .	61	
62	Taxes and licenses . . . . .	62	

**Travel, Meals, and Entertainment:**

## Travel

63	-----	63	
64	-----	64	
65	-----	65	
66	-----	66	

## Meals and entertainment

67	Enter "X" in the box if subject to DOT hours of service limits . . . . .	67	<input type="checkbox"/>	<input type="checkbox"/>
68	-----	68		
69	-----	69		
70	-----	70		
71	-----	71		

72	Utilities . . . . .	72	
73	Wages . . . . .	73	

**Other Expenses**

74	-----	74	
75	-----	75	
76	-----	76	
77	-----	77	
78	-----	78	
79	-----	79	
80	-----	80	
81	-----	81	
82	-----	82	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

## Vehicle Information (Schedule C)

### Vehicle 1 -

### Vehicle 2 -

		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . .	4			
5	Parking fees and tolls . . . . .	5			
6	Vehicle Interest . . . . .	6			
7	Vehicle Personal Property tax . . . . .	7			

### Actual Expenses

8	Gasoline, oil and repairs . . . . .	8			
9	Vehicle registration fees . . . . .	9			
10	Vehicle lease or rental . . . . .	10			
11	Vehicle Insurance . . . . .	11			
12	-----	12			

### Vehicle 3 -

### Vehicle 4 -

		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . . .	3			
4	Business miles driven during the year . .	4			
5	Parking fees and tolls . . . . .	5			
6	Vehicle Interest . . . . .	6			
7	Vehicle Personal Property tax . . . . .	7			

### Actual Expenses

8	Gasoline, oil and repairs . . . . .	8			
9	Vehicle registration fees . . . . .	9			
10	Vehicle lease or rental . . . . .	10			
11	Vehicle Insurance . . . . .	11			
12	-----	12			

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

Copy \_\_\_\_\_

**Self-Employed Office in Home Expenses****Area of Home****1** Area used regularly and exclusively for business, regularly for daycare. . . . . **1****2** Total area of home . . . . . **2****Daycare only****3** Multiply days used for daycare during year by hours used per day **3****Expenses related to entire home including business portion****4** Casualty losses . . . . . **4****5** Excess mortgage interest . . . . . **5****6** Insurance . . . . . **6****7** Repairs and maintenance . . . . . **7****8** Utilities . . . . . **8****9** Other expenses . . . . . **9****Additional expenses related to business portion only****10** Casualty losses . . . . . **10****11** Excess mortgage interest . . . . . **11****12** Insurance . . . . . **12****13** Repairs and maintenance . . . . . **13****14** Utilities . . . . . **14****15** Other expenses . . . . . **15**

	Current Year Amount	Prior Year Amount
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		
<b>10</b>		
<b>11</b>		
<b>12</b>		
<b>13</b>		
<b>14</b>		
<b>15</b>		



Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
	16				
	17				
	18				
	19				
	20				
	21				
	22				
	23				
	24				
	25				
	26				
	27				
	28				
	29				
	30				
	31				
	32				
	33				
	34				
	35				
	36				
	37				
	38				
	39				
	40				
	41				
	42				
	43				
	44				
	45				

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Installment Sale Income****New Sale (Only)****Note:** If the property was sold this year complete the New Sale section.

	Description	Selling price including mortgages DO NOT include interest	Mortgages the buyer assumed	Cost or other basis of property	Commissions and other expenses of sale
1	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....
5	.....	.....	.....	.....	.....
6	.....	.....	.....	.....	.....

	Description	Date Acquired	Date Sold	Interest	Principal
1	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....
5	.....	.....	.....	.....	.....
6	.....	.....	.....	.....	.....

**Prior Year Sale (Only)****Note:** If the property was sold in a previous year complete the Prior Year Sale section below.

	Description	Date Acquired	Date Sold	Payments Received in 2009	
				Interest	Principal
1	.....	.....	.....	.....	.....
2	.....	.....	.....	.....	.....
3	.....	.....	.....	.....	.....
4	.....	.....	.....	.....	.....
5	.....	.....	.....	.....	.....
6	.....	.....	.....	.....	.....

	Description	Gross profit percentage	Payments received in prior years (DO NOT include interest)
1	.....	.....	.....
2	.....	.....	.....
3	.....	.....	.....
4	.....	.....	.....
5	.....	.....	.....
6	.....	.....	.....

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Real Estate Rentals and Royalties**

Kind of Property \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

		Current Year Info	Prior Year Info
<b>1</b>	Owner of property (Enter Filer, Spouse, or Joint) . . . . .	<b>1</b>	
<b>2</b>	Enter "X" if you actively participated? . . . . .	<b>2</b>	<input type="checkbox"/>
<b>3</b>	Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . .	<b>3</b>	<input type="checkbox"/>
<b>3a</b>	If entered ("X"), enter the number of days of personal use? . . . . .	<b>3a</b>	<input type="text"/>
<b>3b</b>	If entered ("X"), enter the number of days rented? . . . . .	<b>3b</b>	<input type="text"/>

Income		Current Year Amounts	Prior Year Amounts
<b>4</b>	Royalty received . . . . .	<b>4</b>	
<b>5</b>	Rent received . . . . .	<b>5</b>	
<b>5a</b>	If rental real estate, enter the percent of ownership if less than 100% . . . . .	<b>5a</b>	
<b>5b</b>	Rental use percentage for property used partially for personal use only . . . . .	<b>5b</b>	

Property Expense		Current Year Amounts	Prior Year Amounts
<b>6</b>	Advertising . . . . .	<b>6</b>	
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>	
<b>8</b>	Commissions . . . . .	<b>8</b>	
<b>9</b>	Insurance . . . . .	<b>9</b>	
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>	
<b>11</b>	Management fees . . . . .	<b>11</b>	
<b>12 a</b>	Qualified mortgage interest paid to banks, etc. . . . .	<b>12a</b>	
<b>12 b</b>	Other mortgage interest paid to banks, etc. . . . .	<b>12b</b>	
<b>13</b>	Other interest . . . . .	<b>13</b>	
<b>14</b>	Repairs . . . . .	<b>14</b>	
<b>15</b>	Supplies . . . . .	<b>15</b>	
<b>16 a</b>	Real estate taxes . . . . .	<b>16a</b>	
<b>16 b</b>	Other Taxes . . . . .	<b>16b</b>	
<b>17</b>	Utilities . . . . .	<b>17</b>	

**Assets Placed in Service This Year**

Description:		Date Placed In Service	Purchase Amount
<b>A</b>	_____	<b>A</b>	
<b>B</b>	_____	<b>B</b>	
<b>C</b>	_____	<b>C</b>	
<b>D</b>	_____	<b>D</b>	
<b>E</b>	_____	<b>E</b>	
<b>F</b>	_____	<b>F</b>	
<b>G</b>	_____	<b>G</b>	

Name \_\_\_\_\_ SSN \_\_\_\_\_

Property \_\_\_\_\_

Other Expenses (Schedule E)

Other Expense

18

19

20

21

22

23

24

25

	Current Year	Prior Year
18		
19		
20		
21		
22		
23		
24		
25		

Travel Expenses

26

27

28

29

30

31

32

33

	Current Year	Prior Year
26		
27		
28		
29		
30		
31		
32		
33		

Meals and Entertainment Expense

34

35

36

37

38

39

40

41

	Current Year	Prior Year
34		
35		
36		
37		
38		
39		
40		
41		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

## Vehicle Information (Schedule E)

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . 3				
4	Business miles driven during the year . 4				
5	Parking fees and tolls . . . . . 5				
6	Vehicle Interest . . . . . 6				
7	Vehicle Personal Property tax . . . . . 7				
<b>Actual Expenses</b>					
8	Gasoline, oil and repairs . . . . . 8				
9	Vehicle registration fees . . . . . 9				
10	Vehicle lease or rental . . . . . 10				
11	Vehicle Insurance . . . . . 11				
12	----- 12				

		Vehicle 3 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . 3				
4	Business miles driven during the year . 4				
5	Parking fees and tolls . . . . . 5				
6	Vehicle Interest . . . . . 6				
7	Vehicle Personal Property tax . . . . . 7				
<b>Actual Expenses</b>					
8	Gasoline, oil and repairs . . . . . 8				
9	Vehicle registration fees . . . . . 9				
10	Vehicle lease or rental . . . . . 10				
11	Vehicle Insurance . . . . . 11				
12	----- 12				

SSN \_\_\_\_\_

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

**\*F/S/J      Entity Name**

1			1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49			49
50			50

Name \_\_\_\_\_

SSN \_\_\_\_\_

Farm Rental Income and Expenses

Enter "X" in one box: ☐ Filer ☐ Spouse ☐ Joint

General Information

- 1
- Federal Employer Identification Number (do not enter Social Security Number) . . . . .
- 2
- Description of the principal crop or activity . . . . .
- 3
- Did you actively participate in the operation of this farm? . . . . . Enter "X" in the appropriate box ☐ Yes ☐ No

Farm Rental Income

		Current Year Amount	Prior Year Amount
4	Income from production of livestock, produce, grains, and other crops . . . . .	4	
5	Total cooperative distributions . . . . .	5	
6	CCC loans reported under election . . . . .	6	
7	Total CCC loans forfeited . . . . .	7	
8	Crop insurance proceeds and certain disaster payments . . . . .	8	
9	If election to defer, "X" the box. . . . .	9	<input type="checkbox"/> <input type="checkbox"/>
10	Amount deferred . . . . .	10	

Other income (including Federal and state gasoline or fuel tax credit or refund)

11	-----	11	
12	-----	12	
13	-----	13	
14	-----	14	
15	-----	15	

Assets Placed in Service This Year

(Description):

		Date Placed In Service	Purchase Amount
A	-----	A	
B	-----	B	
C	-----	C	
D	-----	D	
E	-----	E	
F	-----	F	
G	-----	G	
H	-----	H	

SSN \_\_\_\_\_

Activity \_\_\_\_\_

## Farm Rental Expenses Cont.

Expenses			Current Year Amount	Prior Year Amount
26	Chemicals . . . . .	26		
27	Conservation expenses . . . . .	27		
28	Custom hire (machine work) . . . . .	28		
29	Employee benefit programs (other than on line 43) . . . . .	29		
30	Feed purchased . . . . .	30		
31	Fertilizers and lime . . . . .	31		
32	Freight and trucking . . . . .	32		
33	Gasoline, fuel, and oil . . . . .	33		
34	Insurance (other than health) . . . . .	34		

**Interest:**

<b>35</b>	Mortgage (paid to banks, etc.) . . . . .	<b>35</b>		
<b>36</b>	Other . . . . .	<b>36</b>		

<b>37</b>	Labor hired (less employment credits) . . . . .	<b>37</b>		
<b>38</b>	Pension and profit-sharing plans . . . . .	<b>38</b>		

**Rent or lease:**

<b>39</b>	Machinery rental or lease . . . . .	<b>39</b>		
<b>40</b>	Equipment rental or lease . . . . .	<b>40</b>		
<b>41</b>	-----	<b>41</b>		
<b>42</b>	-----	<b>42</b>		
<b>43</b>	-----	<b>43</b>		
<b>44</b>	-----	<b>44</b>		
<b>45</b>	-----	<b>45</b>		
<b>46</b>		<b>46</b>		

Other (land, animals, etc.)

47	-----	47		
48	-----	48		
49	-----	49		
50	-----	50		
51	-----	51		
52	-----	52		
53	-----	53		
54	-----	54		
55	-----	55		

<b>56</b>	Repairs and maintenance . . . . .	<b>56</b>		
<b>57</b>	Seeds and plants purchased . . . . .	<b>57</b>		
<b>58</b>	Storage and warehousing . . . . .	<b>58</b>		
<b>59</b>	Supplies purchased . . . . .	<b>59</b>		
<b>60</b>	Taxes . . . . .	<b>60</b>		
<b>61</b>	Utilities . . . . .	<b>61</b>		
<b>62</b>	Veterinary, breeding, and medicine . . . . .	<b>62</b>		

**Other expenses** (specify):

63	-----	63		
64	-----	64		
65	-----	65		
66	-----	66		
67	-----	67		
68	-----	68		
69	-----	69		



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

SSN \_\_\_\_\_

## Vehicle Information - Farm Rental

### Vehicle 1 -

### Vehicle 2 -

		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . .	3			
4	Business miles driven during the year .	4			
5	Parking fees and tolls . . . . .	5			
6	Vehicle Interest . . . . .	6			
7	Vehicle Personal Property tax . . . . .	7			

#### Actual Expenses

8	Gasoline, oil and repairs . . . . .	8			
9	Vehicle registration fees . . . . .	9			
10	Vehicle lease or rental . . . . .	10			
11	Vehicle Insurance . . . . .	11			
12	-----	12			

### Vehicle 3 -

### Vehicle 4 -

		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1			
2	Cost of vehicle . . . . .	2			
3	Total miles driven for the year . . . .	3			
4	Business miles driven during the year .	4			
5	Parking fees and tolls . . . . .	5			
6	Vehicle Interest . . . . .	6			
7	Vehicle Personal Property tax . . . . .	7			

#### Actual Expenses

8	Gasoline, oil and repairs . . . . .	8			
9	Vehicle registration fees . . . . .	9			
10	Vehicle lease or rental . . . . .	10			
11	Vehicle Insurance . . . . .	11			
12	-----	12			

---

Name \_\_\_\_\_

SSN \_\_\_\_\_

Farm Income and Expenses

Enter "X" in one box: ☐ Filer ☐ Spouse

General Information

- 1 Federal Employer Identification Number (do not enter Social Security Number) . . . . .
- 2 Principal product . . . . .
- 3 Accounting Method . . . . . Enter "X" in the appropriate box ☐ Cash ☐ Accrual
- 4 Did you "materially participate" in this business? . . . . . Enter "X" in the appropriate box ☐ Yes ☐ No

Farm Income - Cash Method (Use only if cash method of accounting)

		Current Year Amount	Prior Year Amount
5	Sales of livestock and other items purchased for resale . . . . .	5	
6	Cost or other basis of livestock and other items reported on line 1 . . . . .	6	
7	Sales of livestock, produce, grains, and other products you raised . . . . .	7	
8	Total cooperative distributions . . . . .	8	
9	Agricultural program payments . . . . .	9	
10	Commodity Credit Corporation loans reported under election . . . . .	10	
11	Total Commodity Credit Corporation loans forfeited . . . . .	11	
12	Crop insurance proceeds and certain disaster payments . . . . .	12	
13	If election to defer, "X" the box . . . . .	13	<input type="checkbox"/> <input type="checkbox"/>
14	Amount deferred from 2008 . . . . .	14	
15	Custom hire (machine work) . . . . .	15	
16	Other income, including Federal and state gasoline or fuel tax credit or refund . . . . .	16	

Farm Income - Accrual Method (Use only if accrual method of accounting)

		Current Year Amount	Prior Year Amount
17	Sales of livestock and other items purchased for resale . . . . .	17	
18	Total cooperative distributions . . . . .	18	
19	CCC loans reported under election . . . . .	19	
20	Total CCC loans forfeited . . . . .	20	
21	Other income, including Federal and state gasoline or fuel tax credit or refund . . . . .	21	
22	Inventory of livestock, produce, grains, and other products at beginning of the year . . . . .	22	
23	Cost of livestock, produce, grains, and other products purchased during the year . . . . .	23	
24	Inventory of livestock, produce, grains, and other products at end of year . . . . .	24	

Assets Placed in Service This Year

(Description):

		Date Placed In Service	Purchase Amount
A	_____	A	
B	_____	B	
C	_____	C	
D	_____	D	
E	_____	E	
F	_____	F	
G	_____	G	
H	_____	H	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Product \_\_\_\_\_

**Farm Expenses Cont.****Expenses**

25 Chemicals . . . . . 25  
26 Conservation expenses . . . . . 26  
27 Custom hire (machine work) . . . . . 27  
28 Employee benefit programs (other than on line 49) . . . . . 28  
29 Feed purchased . . . . . 29  
30 Fertilizers and lime . . . . . 30  
31 Freight and trucking . . . . . 31  
32 Gasoline, fuel, and oil . . . . . 32  
33 Insurance (other than health) . . . . . 33

Current Year Amount	Prior Year Amount

**Interest:**

34 Mortgage (paid to banks, etc.) . . . . . 34  
35 Other . . . . . 35


36 Labor hired (less employment credits) . . . . . 36  
37 Pension and profit-sharing plans . . . . . 37


**Rent or lease:**

38 Machinery rental or lease . . . . . 38  
39 Equipment rental or lease . . . . . 39  
40 ..... 40  
41 ..... 41  
42 ..... 42  
43 ..... 43  
44 ..... 44  
45 ..... 45


Other (land, animals, etc.)

46 ..... 46  
47 ..... 47  
48 ..... 48  
49 ..... 49  
50 ..... 50  
51 ..... 51  
52 ..... 52  
53 ..... 53  
54 ..... 54


55 Repairs and maintenance . . . . . 55  
56 Seeds and plants purchased . . . . . 56  
57 Storage and warehousing . . . . . 57  
58 Supplies purchased . . . . . 58  
59 Taxes . . . . . 59  
60 Utilities . . . . . 60  
61 Veterinary, breeding, and medicine . . . . . 61


**Other expenses (specify):**

62 ..... 62  
63 ..... 63  
64 ..... 64  
65 ..... 65  
66 ..... 66  
67 ..... 67


Name \_\_\_\_\_

SSN \_\_\_\_\_

Product \_\_\_\_\_

## Vehicle Information - Farm

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . 3				
4	Business miles driven during the year . 4				
5	Parking fees and tolls . . . . . 5				
6	Vehicle Interest . . . . . 6				
7	Vehicle Personal Property tax . . . . . 7				
<b>Actual Expenses</b>					
8	Gasoline, oil and repairs . . . . . 8				
9	Vehicle registration fees . . . . . 9				
10	Vehicle lease or rental . . . . . 10				
11	Vehicle Insurance . . . . . 11				
12	----- 12				

		Vehicle 3 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . 3				
4	Business miles driven during the year . 4				
5	Parking fees and tolls . . . . . 5				
6	Vehicle Interest . . . . . 6				
7	Vehicle Personal Property tax . . . . . 7				
<b>Actual Expenses</b>					
8	Gasoline, oil and repairs . . . . . 8				
9	Vehicle registration fees . . . . . 9				
10	Vehicle lease or rental . . . . . 10				
11	Vehicle Insurance . . . . . 11				
12	----- 12				

SSN

**Filer**

1	Enter the total amount from box 5 of all your Forms SSA-1099 . . . . .	1
2	Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . .	2
3	Enter the total amount from box 5 of all your Forms RRB-1099 . . . . .	3
4	Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . .	4
5	Enter the total amount of Medicare B Premiums withheld. . . . .	5
6	Enter the total amount of Medicare D Premiums withheld. . . . .	6

Current Year Amount	Prior Year Amount

<b>7</b>	Enter the total amount from box 5 of all your Forms SSA-1099 . . . . .	<b>7</b>
<b>8</b>	Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . .	<b>8</b>
<b>9</b>	Enter the total amount from box 5 of all your Forms RRB-1099 . . . . .	<b>9</b>
<b>10</b>	Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . .	<b>10</b>
<b>11</b>	Enter the total amount of Medicare B Premiums withheld. . . . .	<b>11</b>
<b>12</b>	Enter the total amount of Medicare D Premiums withheld. . . . .	<b>12</b>


Name \_\_\_\_\_

SSN \_\_\_\_\_

**Miscellaneous Income****Filer****Spouse**

	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state . . . . .			1		
2 Unemployment compensation . . . . .			2		
3 Prizes and awards . . . . .			3		
4 Scholarships and fellowships . . . . .			4		
5 Bartering income . . . . .			5		
6 Fees received for jury duty . . . . .			6		
7 Income from rental of personal property, if not in the business of renting such property . . . . .			7		
8 Precinct election board duty . . . . .			8		
9 Alaska Permanent Fund Dividends . . . . .			9		
10 -----			10		
11 -----			11		
12 -----			12		
13 Other income not provided for in this Organizer			13		

**Adjustments to Income**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses . . . . .	1		
<input type="checkbox"/>	2	Student loan interest . . . . .	2		
<input type="checkbox"/>	3	Health Savings account deduction . . . . .	3		
<input type="checkbox"/>	4	Moving expenses . . . . .	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans . . . . .	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings . . . . .	6		
<input type="checkbox"/>	7	Tuition and fees deduction . . . . .	7		

**Miscellaneous Deductions**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses . . . . .	1		
<input type="checkbox"/>	2	Foreign housing deduction . . . . .	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer . . . . .	3		
<input type="checkbox"/>	4	Reforestation amortization . . . . .	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974 . . . . .	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18) pension plans . . . . .	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions. . . . .	7		
<input type="checkbox"/>	8	Employee business expenses of fee-basis state or local government officials	8		
<input type="checkbox"/>	9	Expenses from the rental of personal property but were not in the business of renting such property . . . . .	9		
<input type="checkbox"/>	10	Contributions by chaplains to section 403(b) plans . . . . .	10		
<input type="checkbox"/>	11	Archer MSA deduction . . . . .	11		
<input type="checkbox"/>	12	-----	12		
<input type="checkbox"/>	13	-----	13		

SSN \_\_\_\_\_

Child's First Name		M.I.	Child's Last Name		Child's SSN	
-----						
<b>Interest</b>						
	<b>Payer</b>		<b>Taxable Interest Income</b>		<b>Tax Exempt Interest</b>	
			<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
<b>1</b>	-----	<b>1</b>				
<b>2</b>	-----	<b>2</b>				
<b>3</b>	-----	<b>3</b>				
<b>4</b>	-----	<b>4</b>				
<b>5</b>	-----	<b>5</b>				
<b>6</b>	-----	<b>6</b>				
<b>7</b>	-----	<b>7</b>				
<b>8</b>	-----	<b>8</b>				
<b>9</b>	-----	<b>9</b>				
<b>10</b>	-----	<b>10</b>				

---

<b>Dividends</b>			<b>Ordinary Dividends</b>		<b>Qualifying Dividends</b>		<b>Capital Gains</b>	
	<b>Payer</b>		<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
<b>1</b>	-----	<b>1</b>						
<b>2</b>	-----	<b>2</b>						
<b>3</b>	-----	<b>3</b>						
<b>4</b>	-----	<b>4</b>						
<b>5</b>	-----	<b>5</b>						
<b>6</b>	-----	<b>6</b>						
<b>7</b>	-----	<b>7</b>						
<b>8</b>	-----	<b>8</b>						
<b>9</b>	-----	<b>9</b>						
<b>10</b>	-----	<b>10</b>						

Name \_\_\_\_\_

SSN \_\_\_\_\_

**IRA Contribution Information****Traditional IRA Contributions****Filer**

- 1 Enter total traditional IRA contributions made for 2009 . . . . .
- 2 Enter contributions, on line 1, made after 12/31/2009 and before 04/15/2010
- 3 Enter value of all traditional IRAs as of 12/31/2009 . . . . .

1  
2  
3

Current Year Amount	Prior Year Amount

**Spouse**

- 4 Enter total traditional IRA contributions made for 2009 . . . . .
- 5 Enter contributions, on line 4, made after 12/31/2009 and before 04/15/2010
- 6 Enter value of all traditional IRAs on 12/31/2009 . . . . .

4  
5  
6


**Roth Contributions****Filer**

- 1 Enter 2009 Roth IRA contributions . . . . .
- 2 Enter value of all Roth IRAs on 12/31/2009 . . . . .

1  
2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2009 Roth IRA contributions . . . . .
- 4 Enter value of all Roth IRAs on 12/31/2009 . . . . .

3  
4


**SIMPLE IRA****Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2009 . . . . .

1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2009 . . . . .

2

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**Education IRA (Coverdell ESA)****Filer**

- 1 Enter 2009 Coverdell ESA contributions . . . . .
- 2 Enter value of the Coverdell ESA on 12/31/2009 . . . . .

1  
2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2009 Coverdell ESA contributions . . . . .
- 4 Enter value of the Coverdell ESA on 12/31/2009 . . . . .

3  
4




SSN \_\_\_\_\_

		Current Year Amount	Prior Year Amount
1	Health/Dental/Other ins. premiums (do not include self-employed plans) . . .	1	
2	Health insurance premiums - coverage established under your business (1) .	2	
3	Health insurance premiums - coverage established under your business (2) .	3	
4	Long Term Care insurance premiums - coverage est. under your business (1)	4	
5	Long Term Care insurance premiums - coverage est. under your business (2)	5	
6	Long Term Care insurance premiums (taxpayer) . . . . .	6	
7	Long Term Care insurance premiums (spouse) . . . . .	7	
8	Prescription medications . . . . .	8	
9	Fees for doctors, dentists, etc. . . . .	9	
10	Fees for hospitals, clinics, etc. . . . .	10	
11	Lab and X-ray fees . . . . .	11	
12	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. . . . .	12	
13	Medical equipment and supplies . . . . .	13	
14	Lodging for medical purposes (up to \$50 per night per person) . . . . .	14	
15	Expenses to stop smoking . . . . .	15	
16	Medical mileage (number of miles driven)	16	
17	Medical parking, tolls and local transportation . . . . .	17	
18	-----	18	
19	-----	19	
20	-----	20	
21	-----	21	
22	Insurance reimbursement for any medical and dental expense listed above	22	

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Taxes - Itemized Deductions****Real Estate Taxes****22** Principal residence . . . . . **22****Real Estate Not Held For Investment****23** ..... **23****24** ..... **24****25** ..... **25****26** ..... **26****27** ..... **27****Real Estate Held For Investment****28** ..... **28****29** ..... **29****30** ..... **30****31** ..... **31****32** ..... **32****33** Personal property taxes . . . . . **33****Other Taxes****34** ..... **34****35** ..... **35****36** ..... **36**

Current Year Amount	Prior Year Amount



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SSN \_\_\_\_\_

## Home Mortgage Interest and Points Reported on Form 1098

Current Year Amount	Prior Year Amount

<b>37</b>	Lender .....	<b>37</b>
<b>38</b>	Lender .....	<b>38</b>
<b>39</b>	Lender .....	<b>39</b>
<b>40</b>	Lender .....	<b>40</b>

41    Name: ..... 41  
 Address: .....  
 SSN: .....

--	--

42	Mortgage insurance paid on 2009 acquisition indebtedness for principal residence . . . . .	42
----	--	----

--	--

<b>43</b>	Description . . . . .	<b>43</b>
	Points paid . . . . .	
	Date of loan . . . . .	
	Total number of scheduled loan payments . . . . .	
	Number of payments made in 2009 . . . . .	


<b>44</b>	Description . . . . .	<b>44</b>
	Points paid . . . . .	
	Date of loan . . . . .	
	Total number of scheduled loan payments . . . . .	
	Number of payments made in 2009 . . . . .	


<b>45</b>	Description . . . . .	<b>45</b>
	Points paid . . . . .	
	Date of loan . . . . .	
	Total number of scheduled loan payments . . . . .	
	Number of payments made in 2009 . . . . .	


<b>46</b>	<b>Investment interest paid . . . . .</b>	<b>46</b>
-----------	---	-----------

--	--

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Unreimbursed Employee Expenses - Itemized Deductions**

Current Year Amount	Prior Year Amount
------------------------	----------------------

*List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab*

47	Union dues . . . . .	47		
48	Professional journals and subscriptions . . . . .	48		
49	Uniform and protective clothing costs and cleaning . . . . .	49		
50	Job search costs (resumes, travel, postage, etc.) . . . . .	50		
51	.....	51		
52	.....	52		
53	.....	53		
54	.....	54		
55	.....	55		
56	.....	56		
57	.....	57		

**Other Miscellaneous Expenses - Itemized Deductions**

		If investment related enter "X"	Current Year Amount	Prior Year Amount
58	Certain attorney and accounting fees . . . . .		58	
59	Safe deposit box rental . . . . .		59	
60	IRA Custodial fees . . . . .		60	
61	Investment counsel and advisory fees . . . . .		61	
62	.....		62	
63	.....		63	
64	.....		64	
65	.....		65	
66	.....		66	
67	.....		67	
68	.....		68	
69	.....		69	
70	.....		70	
71	.....		71	
72	.....		72	
73	.....		73	

**Other Miscellaneous Deductions**

74	Tax preparation fees . . . . .	74		
75	Gambling losses (if gambling income) . . . . .	75		
76	Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .	76		
77	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . .	77		
78	.....	78		
79	.....	79		
80	.....	80		
81	.....	81		
82	.....	82		
83	.....	83		
84	.....	84		

SSN \_\_\_\_\_

\* Total contributions \$500 or less. See Non-Cash Charity if over \$500.

Current Year Amount	Prior Year Amount

1	.....	1
2	.....	2
3	.....	3
4	.....	4
5	.....	5
6	.....	6
7	.....	7
8	.....	8
9	.....	9
10	.....	10
11	.....	11
12	.....	12
13	.....	13
14	.....	14
15	.....	15
16	.....	16
17	.....	17
18	.....	18
19	.....	19
20	.....	20
21	.....	21
22	.....	22
23	.....	23
24	.....	24
25	.....	25
26	.....	26
27	.....	27
28	.....	28
29	.....	29
30	.....	30
31	.....	31
32	.....	32
33	.....	33
34	.....	34
35	.....	35
36	.....	36
37	.....	37
38	.....	38
39	.....	39
40	.....	40
41	.....	41
42	.....	42
43	.....	43
44	.....	44
45	.....	45
46	.....	46
47	.....	47

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Name \_\_\_\_\_

SSN \_\_\_\_\_

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
1	Name	
	Address	
2	Name	
	Address	
3	Name	
	Address	
4	Name	
	Address	
5	Name	
	Address	

**Note:** If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1					
2					
3					
4					
5					

SSN \_\_\_\_\_

Vehicle Information		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
10	Date vehicle was placed in service . . .	10			
11	Cost of vehicle . . . . .	11			
12	Total miles driven for the year . . . .	12			
13	Business miles driven during the year	13			
14	Commuting miles (included in total miles driven for the year) . . . .	14			
15	Vehicle Interest . . . . .	15			
16	Vehicle Personal Property tax . . . . .	16			

Name \_\_\_\_\_

SSN \_\_\_\_\_

Employee Business Expenses

Enter "X" in one box:

☐ Filer

☐ Spouse

Occupation in which you incurred the expenses

-----

Meals and Entertainment

		Current Year Amount	Prior Year Amount
1	Meals and entertainment expenses . . . . .	1	
2	Enter "X" in the box if subject to DOT hours of service limits . . . . .	2	<input type="checkbox"/>

Travel Expenses

3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work. . . . .	3	
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment. . . . .	4	

Other Employment Related Expenses

5	Business gifts . . . . .	5	
6	Employment related education expenses . . . . .	6	
7	Trade publications . . . . .	7	
8	-----	8	
9	-----	9	
10	-----	10	
11	-----	11	
12	-----	12	

Vehicle Information		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
13	Date vehicle was placed in service . . . . .	13			
14	Cost of vehicle . . . . .	14			
15	Total miles driven for the year . . . . .	15			
16	Business miles driven during the year . . . . .	16			
17	Average daily roundtrip commuting miles . . . . .	17			
18	Commuting miles (included in total miles driven for the year) . . . . .	18			
19	Vehicle Interest . . . . .	19			
20	Vehicle Personal Property tax . . . . .	20			
If claiming actual expenses continue:					
21	Gasoline, oil, repairs and vehicle insurance . . . . .	21			
22	Vehicle lease or rental . . . . .	22			
23	Value of employer-provided vehicle (if 100% is included in W-2) . . . . .	23			



Name \_\_\_\_\_

SSN \_\_\_\_\_

**Child and Dependent Care Expenses**

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2008 and paid in 2009 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

**Non-Dependent Information and Qualifying Expenses**

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2009
<b>3</b>	_____	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____	_____

**Persons or Organizations Who Provided the Care**

	Name	Address	SSN/EIN	Amount incurred and paid in 2009
	First: _____	_____	_____	
	Last: _____	City: _____	SSN: _____	
<b>6</b>	Business: _____	State: _____ Zip: _____	EIN: _____	
	First: _____	_____	_____	
	Last: _____	City: _____	SSN: _____	
<b>7</b>	Business: _____	State: _____ Zip: _____	EIN: _____	
	First: _____	_____	_____	
	Last: _____	City: _____	SSN: _____	
<b>8</b>	Business: _____	State: _____ Zip: _____	EIN: _____	
	First: _____	_____	_____	
	Last: _____	City: _____	SSN: _____	
<b>9</b>	Business: _____	State: _____ Zip: _____	EIN: _____	
	First: _____	_____	_____	
	Last: _____	City: _____	SSN: _____	
<b>10</b>	Business: _____	State: _____ Zip: _____	EIN: _____	

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Adoption Expenses****1 Provide the Following Information on Each Eligible Child**

			Child's Year of Birth	Enter "X" if Child Was:			Child's Identifying Number (SSN or ATIN)
				Born BEFORE 1992 and Disabled	A Child With Special Needs	A Foreign Child	
First Name	Last Name						
<b>1st Child</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2nd Child</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 2** Expenses you paid in 2008 . . . . . **2**
- 3** Expenses you paid in 2009, if the adoption was final in 2009 . . . . . **3**
- 4** Expenses you paid in 2009, if the adoption was final before 2009 . . . . . **4**

1st Child	2nd Child

Enter "X" in the appropriate box

- 5** Did you receive Employer-Provided-Adoption-Benefits in a prior year? . . . . . **5**

☐ Yes☐ No

SSN \_\_\_\_\_

Amount of tips subject to Medicare Tax only . . . . . \_\_\_\_\_

[illegible]

Amount of tips subject to Medicare Tax only . . . . . \_\_\_\_\_

[illegible]

SSN \_\_\_\_\_

<b>Section B</b>		<b>State Unemployment</b>	<b>State Unemployment</b>
<b>14</b>	Name of State where you paid unemployment contributions . . . . .	<b>14</b>	
<b>15</b>	State reporting number as shown on State unemployment return . . . . .	<b>15</b>	
<b>16</b>	Wages, subject to state unemployment tax, reported to State . . . . .	<b>16</b>	
<b>17</b>	State experience rate . . . . .	<b>17</b>	
<b>18</b>	State experience rate period <b>a.</b> From . . . . .	<b>18a</b>	
	<b>b.</b> To . . . . .	<b>18b</b>	
<b>19</b>	Amount of contributions paid to the State unemployment fund . . . . .	<b>19</b>	