

General Information

Taxpayer

Spouse

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth

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

Home Phone
Work Phone
Cell Phone
Fax Number

Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)

Occupation
E-mail address

State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31

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

- 1 Single
- 2 Married filing joint
- 3 Married filing separately
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____
- 5 Qualifying widow(er) with minor child Year spouse died _____

Address

Street _____ Apt/Suite : _____
City _____ State _____ Zip Code _____

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 your 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? |

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 _____

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 | | Tax Exempt Interest | | Specified Priv Act Interest | |
|--------------------------|-------|-------|-------------------------|-------------------|---------------------|-------------------|-----------------------------|-------------------|
| | | | Current Year Amount | Prior Year Amount | Current Year Amount | Prior Year Amount | 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 | | Qualified Dividends | | Capital Gains | |
|--------------------------|-------|-------|---------------------|-------------------|---------------------|-------------------|---------------------|-------------------|
| | | | Current Year Amount | Prior Year Amount | Current Year Amount | Prior Year Amount | 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 _____

Alimony Received

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

| Payer | | Current Year Amount | Prior Year Amount |
|-------------------------------|---------|---------------------|-------------------|
| <input type="checkbox"/> F/S* | 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 | | |

Alimony Paid

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

| Recipient's Name | | Recipient's SSN | Current Year Amount | Prior Year Amount |
|-------------------------------|---------|-----------------|---------------------|-------------------|
| <input type="checkbox"/> F/S* | 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)

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.

- 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

| | Current Year Amount | Prior Year Amount |
|----|---------------------|-------------------|
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |

Inventory (Enter "X" where applicable)

- 16 Method(s) used to value closing inventory . . . Cost Lower of cost or market Other
- 17 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

- 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

| | Current Year Amount | Prior Year Amount |
|----|---------------------|-------------------|
| 18 | | |
| 19 | | |
| 20 | | |
| 21 | | |
| 22 | | |
| 23 | | |

Assets Placed in Service This Year

Description:

- A _____ A
- B _____ B
- C _____ C
- D _____ D
- E _____ E
- F _____ F
- G _____ G

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

Social Security and Railroad Retirement

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 |
|---------------------|-------------------|
| | |
| | |
| | |
| | |
| | |
| | |

Spouse

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

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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 | | |
| <input type="checkbox"/> | 2 Student loan interest | | |
| <input type="checkbox"/> | 3 Health Savings account deduction | | |
| <input type="checkbox"/> | 4 Moving expenses | | |
| <input type="checkbox"/> | 5 Self-employed SEP, SIMPLE, or other qualified plans | | |
| <input type="checkbox"/> | 6 Penalty on early withdrawal of savings | | |
| <input type="checkbox"/> | 7 Tuition and fees deduction | | |

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 | | |
| <input type="checkbox"/> | 2 Foreign housing deduction | | |
| <input type="checkbox"/> | 3 Jury duty pay given to your employer | | |
| <input type="checkbox"/> | 4 Reforestation amortization | | |
| <input type="checkbox"/> | 5 Repayment of sub-pay under the Trade Act of 1974 | | |
| <input type="checkbox"/> | 6 Contributions to Section 501(c)(18) pension plans | | |
| <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. | | |
| <input type="checkbox"/> | 8 Employee business expenses of fee-basis state or local government officials | | |
| <input type="checkbox"/> | 9 Expenses from the rental of personal property but were not in the business of renting such property | | |
| <input type="checkbox"/> | 10 Contributions by chaplains to section 403(b) plans | | |
| <input type="checkbox"/> | 11 Archer MSA deduction | | |
| <input type="checkbox"/> | 12 ----- | | |
| <input type="checkbox"/> | 13 ----- | | |

Name _____

SSN _____

IRA Contribution Information

Traditional IRA Contributions

Filer

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

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

Spouse

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

| | |
|--|--|
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Roth Contributions

Filer

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

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

Spouse

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

| | |
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| | |

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

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

Spouse

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

| | |
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| | |

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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| | |

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 | <input type="checkbox"/> | | |
| 59 | Safe deposit box rental | <input type="checkbox"/> | | |
| 60 | IRA Custodial fees | <input type="checkbox"/> | | |
| 61 | Investment counsel and advisory fees | <input type="checkbox"/> | | |
| 62 | | <input type="checkbox"/> | | |
| 63 | | <input type="checkbox"/> | | |
| 64 | | <input type="checkbox"/> | | |
| 65 | | <input type="checkbox"/> | | |
| 66 | | <input type="checkbox"/> | | |
| 67 | | <input type="checkbox"/> | | |
| 68 | | <input type="checkbox"/> | | |
| 69 | | <input type="checkbox"/> | | |
| 70 | | <input type="checkbox"/> | | |
| 71 | | <input type="checkbox"/> | | |
| 72 | | <input type="checkbox"/> | | |
| 73 | | <input type="checkbox"/> | | |

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 | | |

Name _____

SSN _____

Unreimbursed Employee Business Expenses - Short Form

Enter "X" in one box:

Occupation in which you incurred these expenses

Filer

Spouse

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

Other 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

5 5

6 6

7 7

8 8

9 9

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Vehicle 1 -

Vehicle 2 -

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 _____

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 |
|------------|-----------|-----------|-------|----------------------------------|
| 3 _____ | _____ | _____ | _____ | _____ |
| 4 _____ | _____ | _____ | _____ | _____ |
| 5 _____ | _____ | _____ | _____ | _____ |

Persons or Organizations Who Provided the Care

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