

Name

Date

Your Name _____
Address _____
Preparer's
Name _____

(subject to terms and conditions)

Name

Date

Your Name _____
Address _____
Preparer's
Name _____

(subject to terms and conditions)

Name

Date

Your Name _____
Address _____
Preparer's
Name _____

(subject to terms and conditions)

Miscellaneous Information

Name: _____

SSN: _____

Yes	No	General Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Were there any changes to your filing status or number of dependents during 2009?
<input type="checkbox"/>	<input type="checkbox"/>	2. Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur any childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have a change in residence or job location during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you move during 2009? From where? _____ Date of move _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you reside in more than one state during 2009? If yes, which states? _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	8. Would you like a copy of your tax return sent to you via email?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you receive an Economic Recovery Payment in 2009 from social security benefits, supplemental security income, or pension benefits?

Yes	No	Income Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you engage in any bartering transactions during 2009?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you surrender any U.S. Savings Bonds during 2009?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	15. Did you recharacterize any IRAs this year?
<input type="checkbox"/>	<input type="checkbox"/>	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
<input type="checkbox"/>	<input type="checkbox"/>	19. Did you receive any type of prize, award, or gambling winnings during 2009?
<input type="checkbox"/>	<input type="checkbox"/>	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	21. Did you receive any income not shown in this organizer? If so, please list. _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Does anyone owe you money that has become uncollectible?

Comments: _____

Miscellaneous Information

Name:

SSN:

Yes	No	Business Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Did you start a new business or purchase any rental property during 2009?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Yes	No	Other Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Were any tuition costs paid during 2009 (even if classes were attended in another year)?
<input type="checkbox"/>	<input type="checkbox"/>	2. Did anyone in your household attend higher education classes in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur a loss due to damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
<input type="checkbox"/>	<input type="checkbox"/>	5. If yes to question 4, was the First-Time Homebuyer Credit taken on the home?
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you purchase a home, for the first time, as a principal residence between April 8, 2008 and April 30, 2010? If yes, please provide closing documentation.
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you purchase a new vehicle between February 18, 2009 and January 1, 2010?
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you make any gifts to any one person in 2009 in excess of \$13,000? If so, are you splitting this gift with your spouse?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

To itemize deductions, bring receipts and documentation for these types of expenses:

<input type="checkbox"/>	Prescriptions, first-aid
<input type="checkbox"/>	State/local income taxes
<input type="checkbox"/>	Mortgage interest
<input type="checkbox"/>	Tax preparation fees
<input type="checkbox"/>	Gambling losses (up to amount of winnings)
<input type="checkbox"/>	Cash donations to charity (provide all receipts)
<input type="checkbox"/>	Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
<input type="checkbox"/>	Real estate and personal property taxes paid in 2009
<input type="checkbox"/>	Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
<input type="checkbox"/>	Fair market value of property donated to charity
<input type="checkbox"/>	Purchase price of new goods donated or used in volunteer work

Comments: _____

Miscellaneous Information

Name:

SSN:

Information to bring to your appointment:

- Driver's license & social security card (for identity verification)
- Copy of your 2008 income tax return (for comparison and review for all includible information)
- Preprinted IRS label received
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: _____

Preparer Notes

Miscellaneous Notes (These will update to next year.)

Personal Data

Taxpayer Name			SSN		
Spouse's Name			SSN		
Address			Apt no.		
Foreign Address					
City		State		ZIP	
County			School District		
Taxpayer phone Daytime:		Ext:	Evening:		Cell:
Spouse phone Daytime:		Ext:	Evening:		Cell:
Taxpayer email			Spouse email		
Taxpayer occupation			Spouse occupation		
Taxpayer Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>		
Spouse's Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Does your spouse want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>		
Date and time of this year's appointment			Economic Recovery Payment Amount		

Income Taxes Paid

Federal		2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund		April 15, 2009				
2008 Refund applied to 2009		June 15, 2009				
2008 Balance Due		Sept. 15, 2009				
		Jan. 15, 2010				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

Resident State		2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund		April 15, 2009				
2008 Refund applied to 2009		June 15, 2009				
2008 Balance Due		Sept. 15, 2009				
		Jan. 15, 2010				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

Local		2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund		April 15, 2009				
2008 Refund applied to 2009		June 15, 2009				
2008 Balance Due		Sept. 15, 2009				
		Jan. 15, 2010				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

Dependents

Name:					SSN:						
First name					Last name					Suffix	
SSN/ITIN			Relationship				Number of months lived with you				
Age/DOB			Is this dependent a minor child with income over \$850? <input type="checkbox"/>			2009				2008	
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											
First name					Last name					Suffix	
SSN/ITIN			Relationship				Number of months lived with you				
Age/DOB			Is this dependent a minor child with income over \$850? <input type="checkbox"/>			2009				2008	
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											
First name					Last name					Suffix	
SSN/ITIN			Relationship				Number of months lived with you				
Age/DOB			Is this dependent a minor child with income over \$850? <input type="checkbox"/>			2009				2008	
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											
First name					Last name					Suffix	
SSN/ITIN			Relationship				Number of months lived with you				
Age/DOB			Is this dependent a minor child with income over \$850? <input type="checkbox"/>			2009				2008	
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											
First name					Last name					Suffix	
SSN/ITIN			Relationship				Number of months lived with you				
Age/DOB			Is this dependent a minor child with income over \$850? <input type="checkbox"/>			2009				2008	
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											

Child & Dependent Care

Name:

SSN:

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS

Employer's name and address:

Federal EIN _____

	2009	2008		2009	2008
Wages, tips, other compensation			State <input type="text"/> State I.D. <input type="text"/>		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State <input type="text"/> State I.D. <input type="text"/>		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

TS

Employer's name and address:

Federal EIN _____

	2009	2008		2009	2008
Wages, tips, other compensation			State <input type="text"/> State I.D. <input type="text"/>		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State <input type="text"/> State I.D. <input type="text"/>		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

Profit or Loss From Business Schedule C

Name: _____ **SSN:** _____

TS		Principal business or profession	Business code	
Business name		Employer I.D. number		
Business address				
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other				
Did you "materially participate" in the operation of this business? <input type="checkbox"/> Yes <input type="checkbox"/> No				
You started or acquired this business during 2009 <input type="checkbox"/>			Statutory employee wages <input type="checkbox"/>	

	2009	2008		2009	2008
Income					
Gross receipts or sales			Other income		
Returns and allowances					

	2009	2008		2009	2008
Expenses					
Advertising			Taxes and licenses		
Car and truck expenses			Travel		
Commissions and fees			Total meals and entertainment		
Contract labor			Utilities		
Depletion			Wages		
Employee benefit programs			Other expenses (list):		
Insurance (other than health)					
Mortgage interest (paid to banks etc.)					
Other interest					
Legal & professional services					
Office expenses					
Pension and profit sharing plans					
Rent or lease (vehicles, machinery, and equipment)					
Rent (other business property)					
Repairs and maintenance					
Supplies			Family Health Coverage		

	2009	2008		2009	2008
Cost of goods sold					
Inventory at beginning of the year			Materials and supplies		
Purchases (less cost of items withdrawn for personal use)			Other costs		
Cost of labor			Inventory at end of year		

Inventory method, if not Cost Lower of Cost or Market Other There was a change of inventory method

Information on your vehicle		2009	2008	
Date placed in service			Available when off duty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business miles			Another vehicle available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commuting miles			You have evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other miles			It is written	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sale of Home

Name:

SSN:

Enter the date you purchased the home

Enter the date you sold the home

Enter the purchase price of your old home

Seller-paid points for old home if bought after 1990

Enter the selling price of the old home

Enter any expenses from the sale of the old home

Settlement fees or closing costs for old home.

Abstract and recording fees

Legal fees

Surveys

Title insurance

Transfer or stamp taxes

Amounts the seller owed that you agreed to pay

Other fees or closing cost

Cost of capital improvements to old home

Special tax assessments paid on old home for local improvements, such as streets

Other increases to basis:

Describe:

If home was used for business, enter any depreciation claimed

Other decreases to basis:

Describe:

Information on time lived in the home sold

You

Spouse

Enter the date that you first used the property as a main home

Enter the date that you first owned the property as a main home

Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?

 Yes No Yes No

If YES, answer the following:

Enter date of most recent sale of another home on which you excluded the gain

Check the box below that applies to you if the home sold and the First Time Homebuyer Credit (Form 5405) was taken on this home. I sold the home to an unrelated person and had a gain on the sale I sold the home to an unrelated person and did not have a gain on the sale I sold the home to a related person I converted the home to a rental or business or I still own the home but it is no longer my main home I transferred the home to my ex-spouse as part of my divorce settlement (Ex-spouse's Name) _____ My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years The taxpayer who claimed the credit died in 2009.**Please bring the contract for the sale of the home to your appointment.**

Casualties and Thefts

Name:

SSN:

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident		<input type="checkbox"/> Loss from federally declared disaster area <input type="checkbox"/> Loss from Midwestern Disaster Area			
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident		<input type="checkbox"/> Loss from federally declared disaster area <input type="checkbox"/> Loss from Midwestern Disaster Area			
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident		<input type="checkbox"/> Loss from federally declared disaster area <input type="checkbox"/> Loss from Midwestern Disaster Area			
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident		<input type="checkbox"/> Loss from federally declared disaster area <input type="checkbox"/> Loss from Midwestern Disaster Area			
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident		<input type="checkbox"/> Loss from federally declared disaster area <input type="checkbox"/> Loss from Midwestern Disaster Area			
Fair market value after incident					

Installment Sale Income

Name:

SSN:

TSJ		Description of property:		
Date acquired		Date sold		
				2009
				Prior Years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

TSJ		Description of property:		
Date acquired		Date sold		
				2009
				Prior Years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

TSJ		Description of property:		
Date acquired		Date sold		
				2009
				Prior Years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

Farm Rental Income and Expenses

Name: _____ **SSN:** _____

TSJ EIN Activity type: _____

Farm was 100% disposed of in 2009 Some of your investment is NOT at risk

Income	2009	2008
Income from production of livestock, grains, and other crops		
Total cooperative distributions received		
Taxable amount		
Agricultural program payments received		
Taxable amount		
Commodity Credit Corporation (CCC) loans:		
CCC loans reported under election		
CCC loans forfeited or repaid with certificates		
Taxable amount		
Crop insurance proceeds and certain disaster payments:		
Amount received in 2009		
Taxable amount		
Do you elect to defer to next year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount deferred from last year		
Federal and state gasoline or fuel tax credit or refund		
Other income		

Expenses	2009	2008	2009	2008
Car and truck expenses			Repairs and maintenance	
Chemicals			Seeds and plants purchased	
Conservation expenses			Storage and warehousing	
Custom hire (machine work)			Supplies purchased	
Employee benefit programs			Taxes	
Feed purchased			Utilities	
Fertilizers and lime			Veterinary, breeding, & medicine	
Freight and trucking			Other expenses (list):	
Gasoline, fuel, and oil				
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other:				
Labor hired (less jobs credit)				
Pension & profit-sharing plans				
Rent - vehicles, machinery and equipment				
Rent - other (land, animals, etc.)				

Profit or Loss From Farming

Name: _____ **SSN:** _____

TSJ		Principal product	Activity code
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Accounting method, if not cash Accrual Employer ID number _____

You did NOT materially participate in the operation of this business during 2009 Some investment is NOT at risk

Farm was 100% disposed of in 2009

Income	2009	2008	2009	2008
Sales of livestock & other items you bought for resale			Amount deferred from last year	
Cost or other basis of livestock or other items reported above			Custom hire (machine work) income	
Sales-livestock, produce, grains, and other products you raised			Federal and state gasoline or fuel tax credit or refund	
Total cooperative distributions			Other income (list):	
Taxable amount				
Agricultural program payments				
Taxable amount				
Commodity Credit Corp (CCC) loans reported under election				
CCC loans forfeited or repaid with CCC certificates				
Taxable amount				
Total crop insurance proceeds received			Inventory - Accrual Method only	2009 2008
Taxable amount			Inventory at beginning of 2009	
Do you elect to defer to next year? <input type="checkbox"/> Yes <input type="checkbox"/> No			Inventory at end of 2009	

Expenses	2009	2008
Car and truck expenses		Seeds and plants purchased
Chemicals		Storage and warehousing
Conservation expenses		Supplies purchased
Custom hire (machine work)		Taxes
Employee benefit programs		Utilities
Feed purchased		Veterinary, breeding, & medicine
Fertilizers and lime		Other expenses (list):
Freight and trucking		
Gasoline, fuel, and oil		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Labor hired (less jobs credit)		
Pension & profit-sharing plans		
Rent - vehicles, machinery, and equipment		
Rent - other (land, animals, etc.)		
Repairs and maintenance		Family health coverage payments

Form 1099-MISC

Please attach all 1099-M(s)

Name:

SSN:

TS For Payer's FEIN:

Payer's name:

Address:

City, State, Zip

2009

2008

2009

2008

Rents State State I.D.

Royalties State tax withheld

Other income State income

description Name of locality

Federal tax withheld Local tax withheld

Fishing boat proceeds Local income

Medical & health care payments State State I.D.

Non-employee compensation State tax withheld

Substitute payments State income

Payer made direct sales Name of locality

Crop insurance proceeds Local tax withheld

Excess golden parachute Local income

Gross attorney proceeds

TS For Payer's FEIN:

Payer's name:

Address:

City, State, Zip

2009

2008

2009

2008

Rents State State I.D.

Royalties State tax withheld

Other income State income

description Name of locality

Federal tax withheld Local tax withheld

Fishing boat proceeds Local income

Medical & health care payments State State I.D.

Non-employee compensation State tax withheld

Substitute payments State income

Payer made direct sales Name of locality

Crop insurance proceeds Local tax withheld

Excess golden parachute Local income

Gross attorney proceeds

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name: _____ **SSN:** _____

TS Payer's name: _____ Payer's FEIN: _____

Address:

City, State, Zip _____ **2009** **2008**

_____ **2009** **2008** State _____ State I.D. _____

Disability indicator State income tax withheld _____

Report as wages on 1040 State distribution _____

Gross distribution _____ Local income tax withheld _____

Taxable amount _____ Name of locality _____

Total distribution _____ Local distribution _____

Capital gain _____ State _____ State I.D. _____

Federal income tax withheld _____ State income tax withheld _____

Employee contributions or insurance premiums _____ State distribution _____

Distribution code(s) _____ Local income tax withheld _____

IRA/SEP/SIMPLE Roth: Y/N Name of locality _____

Your percentage of total distribution _____ Local distribution _____

TS Payer's name: _____ Payer's FEIN: _____

Address:

City, State, Zip _____ **2009** **2008**

_____ **2009** **2008** State _____ State I.D. _____

Disability indicator State income tax withheld _____

Report as wages on 1040 State distribution _____

Gross distribution _____ Local income tax withheld _____

Taxable amount _____ Name of locality _____

Total distribution _____ Local distribution _____

Capital gain _____ State _____ State I.D. _____

Federal income tax withheld _____ State income tax withheld _____

Employee contributions or insurance premiums _____ State distribution _____

Distribution code(s) _____ Local income tax withheld _____

IRA/SEP/SIMPLE Roth: Y/N Name of locality _____

Your percentage of total distribution _____ Local distribution _____

Social Security Benefit Statement

		2009	2008			2009	2008			2009	2008
TS	Net benefits			Medicare premiums				Income tax withheld			
TS	Net benefits			Medicare premiums				Income tax withheld			

Foreign Earned Income For Use by U.S. Citizens and Resident Aliens Only

Name: _____ **SSN:** _____

Taxpayer's foreign address

Foreign city _____ ST _____

Postal code _____ Country _____

Country code _____ Occupation _____

Employer's name

Employer: US address

City _____ ST _____ Zip _____

Employer: Foreign address

City _____ ST _____

Postal code _____ Country _____

Employer is: (check any that apply) A foreign entity A U.S. company Self

A foreign affiliate of a U.S. company Other (specify): _____

If after 1981, you filed Form 2555 or 2555-EZ to claim an exclusion, enter the last year you filed a Form 2555.

If you claimed an exclusion in an earlier year (after 1981), have you ever revoked your choice? Yes No

If "Yes", give the type of exclusion and the tax year for which the revocation was effective

Of what country are you a citizen/national?

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? Yes No

If "Yes" enter city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address

List your tax home(s) during your tax year and date(s) established

Part II - Taxpayers Qualifying Under Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Kind of living quarters in foreign country Purchased house Rented house or apartment Rented room
 Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? Yes No

If "Yes", who and for what period?

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? Yes No

Are you required to pay income tax to the country where you claim bona fide residence? Yes No

If you were present in the United States during the tax year:

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business	Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business

State any contractual terms or other conditions relating to the length of your employment abroad

State the type of visa under which you entered the foreign country

Did your visa limit the length of your stay or employment in a foreign country? (If "Yes", attach explanation) Yes No

Did you maintain a home in the United States while living abroad? Yes No

If "Yes", enter address of your home, whether it was rented, the names of the occupants, and their relationship to you

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name: _____ SSN: _____

Part III - Taxpayers Qualifying Under Physical Presence Test

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year _____

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." **Do not** include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)

Part IV - Foreign Earned Income

	2009	2008
Total wages, salaries, bonuses, commissions, etc.		
Allowable share of income for personal services performed:		
In a business (including farming) or profession		
In a partnership (list name, address, and type of income):		
Noncash income:		
Home (lodging)		
Meals		
Car		
Other property or facility (specify)		
Allowances, reimbursements, or expenses paid on your behalf for services performed:		
Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other (specify)		
Other foreign earned income (specify):		
Meals and lodging on line 24 that are excludable		

Part VI - For Taxpayers Claiming the Housing Exclusion and/or Deduction

Qualified housing expenses for the tax year		
Location where housing expenses incurred & days in qualifying period that fall within your 2009 tax year		
Enter employer-provided amounts		

Moving Expenses

Name:

SSN:

TSJ		Military move			2009	2008
				Enter the number of miles from your OLD home to your NEW workplace		
				Enter the number of miles from your OLD home to your OLD workplace		
				Transportation and storage of household goods and personal effects		
				Travel and lodging incurred during move (do NOT include cost of meals)		
				Amount of moving expenses reimbursed by your employer		

Foreign Moving Expenses

TSJ					2009	2008
				If you moved to a foreign country:		
				City and country in which your old workplace was located		
				City and country in which your new workplace is located		

Self-Employed Health Insurance and SE Pensions

TSJ					2009	2008
				Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents		
				Qualified long term care amount		
				Enter your wages from an S corporation		
				Plan contribution rate as a decimal		
				Enter your net profit from line 31, Schedule C; line 36, Schedule F; or box 14, code A, Schedule K-1		
				Enter your allowable elective deferrals made during 2009		
				Enter your catch-up contributions		

Noncash Charitable Contributions

TSJ		Donee I.D.				
				Name of donee organization		
				Address of donee organization		
				City, State, & ZIP of donee organization		
				Description of donated property	PROPERTY TYPE (if over \$5,000)	
				Physical condition of donated property		Art valued more than \$20,000
				Valuation method used		Art valued less than \$20,000
				How was it acquired?		Collectibles
				Date acquired		Qualified Conservation Contribution
				Date contributed		Other Real Estate
				Donor's cost or adjusted basis		Intellectual Property
				Fair market value		Equipment
				Bargain sale price		Securities
				Average security price		Other

Other Income and Adjustments

Name:

SSN:

Income

	Taxpayer		Spouse	
	2009	2008	2009	2008
	Taxable scholarships received			
Interest income (If over \$1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)				
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions				
Unemployment compensation received				
Unemployment repaid in 2009				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employment health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2009				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				

Itemized Deductions

Name:

SSN:

MEDICAL and DENTAL	2009	2008	GIFTS TO CHARITY (attach receipts)	2009	2008
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			Portion of amount above for disaster relief		
Medical miles			30% limitation		
Other medical and dental expenses (list):			Charitable miles		
			Other than by cash or check		
			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			JOB EXPENSES (list):		
TAXES					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Vehicle purchase price					
Total taxes paid					
Tax on first \$49,500 of purchase price			Tax preparation fees		
Personal property taxes			OTHER EXPENSE (list):		
Other taxes (list):					
INTEREST					
Home mort. int. & points on Form 1098					
Home mort. int. not on Form 1098			MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO 2% LIMIT		
Name:					
Address:					
SSN/EIN:					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					

Mortgage Interest

Name:

SSN:

TSJ		For		Business name	Product				
Federal ID #					2009	2008			
Recipient/Lender:					Mortgage interest				
Name					Points paid				
Address					Refund overpaid interest				
City, State, Zip					Real Estate taxes paid				
Account Number					Mortgage insurance premiums				
TSJ		For		Business name	Product				
Federal ID #					2009	2008			
Recipient/Lender:					Mortgage interest				
Name					Points paid				
Address					Refund overpaid interest				
City, State, Zip					Real Estate taxes paid				
Account Number					Mortgage insurance premiums				
TSJ		For		Business name	Product				
Federal ID #					2009	2008			
Recipient/Lender:					Mortgage interest				
Name					Points paid				
Address					Refund overpaid interest				
City, State, Zip					Real Estate taxes paid				
Account Number					Mortgage insurance premiums				
TSJ		For		Business name	Product				
Federal ID #					2009	2008			
Recipient/Lender:					Mortgage interest				
Name					Points paid				
Address					Refund overpaid interest				
City, State, Zip					Real Estate taxes paid				
Account Number					Mortgage insurance premiums				
TSJ		For		Business name	Product				
Federal ID #					2009	2008			
Recipient/Lender:					Mortgage interest				
Name					Points paid				
Address					Refund overpaid interest				
City, State, Zip					Real Estate taxes paid				
Account Number					Mortgage insurance premiums				

Expenses for Business Use of Your Home

Name:

SSN:

TS For

Business Use of Home		2009	2008
Area used regularly and exclusively for business			
Total area of home			
Use of Home for Daycare		2009	2008
Total hours used for daycare			
Did you live in the home all year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, enter the dates you lived in the home		from	to

Expenses				
	Expenses directly related to business use only		Total Household expenses	
Did you claim office in home expenses last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	2009	2008	2009	2008
Deductible mortgage interest				
Real estate taxes				
Excess mortgage interest				
Insurance				
Rent				
Repairs and maintenance				
Utilities				
Other expenses				

Cost of Home		2009	2008
Enter the smaller of your home's adjusted basis or its fair market value			
Does this include the value of the land?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date placed in service			
Value of land			

Employee Business Expense

Name:

SSN:

TS Occupation override

Part I - Employee Business Expense and Reimbursements

	2009	2008
Rural mail carrier		
Parking fees, tolls, and local transportation, including train, bus, etc.		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do Not include meals and entertainment		
Other business expenses		
Meals and entertainment expenses		
DOT meals		
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2		
Portion of total expenses that is for impairment-related work expenses of disabled employee		
Portion of total expenses that is for Armed Forces reservist		
<input type="checkbox"/> Qualifying performing artist		
<input type="checkbox"/> Fee-based state or local government official		

Business Vehicle Expenses

Vehicle Description	Vehicle 1		Vehicle 2	
	2009	2008	2009	2008
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2009				
Business miles included above				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation method and percentage				
If an employer provided vehicle, is personal use during off duty hours permitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes", is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Credit for Federal Tax on Fuels

Name:		SSN:		Gallons USED	2008
1a	Off-highway business use				
1b	Use on a farm for farming purposes				
1c	Other non-taxable use of gasoline	Type			
1d	Exported				
2a	Aviation gasoline used in commercial aviation				
2b	Aviation gasoline other nontaxable use	Type			
2c	Exported				
2d	LUST tax on aviation fuels used in foreign trade				
3a	Nontaxable use	Type		Visible evidence of dye	
3b	Use on a farm for farming purposes				
3c	Use in trains				
3d	Used in intercity/local bus				
3e	Exported				
4a	Nontaxable use	Type		Visible evidence of dye	
4b	Use on a farm for farming purposes				
4c	Intercity and local buses				
4d	Exported				
4e	Nontaxable use taxed at \$.044	Type			
4f	Nontaxable use taxed at \$.219	Type			
5a	Kerosene taxed at \$.244				
5b	Kerosene taxed at \$.219				
5c	Nontaxable use taxed at \$.244	Type			
5d	Nontaxable use taxed at \$.219	Type			
5e	LUST tax on aviation fuel used in foreign trade				
6	Ultimate vendor ID #				
6a	Use by a state or local government			Visible evidence of dye	
6b	Use in certain intercity and local buses				
7	Ultimate vendor ID #				
7a	Kerosene for state and local government			Visible evidence of dye	
7b	Sales from blocked pump				
7c	Certain intercity and local buses				
8	Ultimate vendor ID #				
8a	Use in commercial aviation taxed at \$.219				
8b	Commercial aviation taxed at \$.244				
8c	Nonexempt noncommercial aviation				
8d	Other nontaxable uses taxed at \$.244	Type			
8e	Other nontaxable uses taxed at \$.219	Type			
8f	LUST tax on aviation fuels used in foreign trade				

Credit for Federal Tax on Fuels

Name:		SSN:		Gallons USED	2008
9	Registration number				
9a	Ethanol alcohol mixtures				
9b	Alcohol mixtures other than ethanol				
10	Registration number				
10a	Biodiesel mix				
10b	Agri-biodiesel mix				
10c	Renewable diesel mixtures				
11a	Liquefied petroleum gas	Type			
11b	P series fuels	Type			
11c	Compressed Natural Gas (GCE = 126.67 cu. ft.)	Type			
11d	Liquefied hydrogen	Type			
11e	Any liquid fuel from the Fischer-Tropsch process	Type			
11f	Liquid fuel derived from biomass	Type			
11g	Liquefied natural gas	Type			
11h	Liquefied gas derived from biomass	Type			
12	Ultimate Vendor ID #				
12a	Liquefied petroleum gas				
12b	P series fuels				
12c	Compressed natural gas				
12d	Liquefied hydrogen				
12e	Liquid fuel derived from coal				
12f	Liquid fuel from biomass				
12g	Liquefied natural gas				
12h	Liquefied gas derived from biomass				
12i	Compressed gas derived from biomass (GGE = 122 cu. ft.)				
13	Registration number				
13a	State or local government diesel				
13b	State or local government kerosene				
13c	State or local government aviation				
14a	Nontaxable use	Type			
14b	Exported				
15	Registration number				
15a	Blender credit				
16a	Exported dyed diesel				
16b	Exported dyed kerosene				

First-Time Homebuyer Credit

Name:

SSN:

Form 5405 - First-Time Homebuyer Credit

TSJ

Address of home qualifying for the credit
Street

City

State ZIP

Date qualified

Purchase price of the home (The software will calculate the 10% limitation based on the purchase price)

If someone other than a spouse held an interest in the home, enter only the taxpayer's share of the credit

Date the home ceased to be your main home

Select the box below that applies to you

 I sold the home to an unrelated person and had a gain on the sale

 I sold the home to an unrelated person and did not have a gain on the sale

 I sold the home to a related person

 I converted the home to a rental or business or I still own the home but it is no longer my main home

 I transferred the home to my ex-spouse as part of my divorce settlement

 Ex-spouse's name

 My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years

 My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years

 The taxpayer who claimed the credit died in 2009

Amount of the credit you claimed on line 6 of your 2008 Form 5405

Gain on the sale of your main home

Energy Credits

Name: _____ **SSN:** _____

8834 - Qualified Electric Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2	Vehicle 3
Year of vehicle				
Make of vehicle				
Model of vehicle				
Date vehicle was placed in service				
Cost of vehicle				
Business/investment use percentage				
Section 179 expense deduction				
Qualified plug-in electric vehicle from pass-through entities				
Credits from passive activities				

8909 - Energy Efficient Appliance Credit

	TSJ	(a) Type A	(b) Type B	
Dishwashers				
The number of eligible dishwashers produced in calendar year 2009				
Average eligible dishwashers produced in the two prior calendar years				
Clothes Washers				(c) Type C
The number of eligible clothes washers produced in calendar year 2009				
Average eligible clothes washers produced in the two prior calendar years				
Refrigerators				(c) Type C
The number of eligible refrigerators produced in calendar year 2009				
Average eligible refrigerators produced in the two prior calendar years				

Current Year Energy Appliance Credit

Average annual gross receipts	
Amount from 2008 Form 8909, line 19	
Amount from 2008 Form 8909, line 21b	
Amount from 2008 Form 8909, line 21c	
Amount from 2008 Form 8909, line 20	
Energy-efficient appliance credits from partnerships, S corporations, estates, trusts, and cooperatives	

Energy Credits (continued)

Name:

SSN:

Form 8910 - Alternative Motor Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2	Vehicle 3
Year of vehicle				
Make of vehicle				
Model of vehicle				
Date vehicle was placed in service				
Maximum credit allowable				
Cost of converting vehicle to plug-in electric drive motor				
Section 179 expense deduction				
Business/investment use percentage				
Alternative motor vehicle credits from partnerships and S corporations				

Auto Expense Worksheet

Name:

SSN:

For

Profession/Product

Business name

Description

Date placed in service

Do you have another vehicle available for personal use? Yes No

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

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

2009

2008

a Business miles

b Commuting

c Other

Expenses:

2009

2008

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %