

## Client Organizer Topical Index

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

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

## Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_[1]  
 Mark if you were married but living apart all year \_\_\_\_\_[2]

	Taxpayer	Spouse
Social security number	_____ [3]	_____ [4]
First name	_____ [5]	_____ [6]
Last name	_____ [7]	_____ [8]
Occupation	_____ [9]	_____ [10]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [11]	_____ [13]
Mark if legally blind	_____ [14]	_____ [15]
Mark if dependent of another taxpayer	_____ [16]	_____ [17]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [18]	
Date of birth	_____ [21]	_____ [22]
Date of death	_____ [23]	_____ [24]
Work/daytime telephone number/ext number	_____ [25] _____ [26]	_____ [27] _____ [28]
Home/evening telephone number	_____ [29]	_____ [30]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [31]	

## Present Mailing Address

Address \_\_\_\_\_ [35]  
 Apartment number \_\_\_\_\_ [36]  
 City, state postal code, zip code \_\_\_\_\_ [37] \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
 In care of addressee \_\_\_\_\_ [40]

## Dependent Information

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

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

Name of child who lived with you but is not your dependent \_\_\_\_\_ [42]  
 Social security number of qualifying person \_\_\_\_\_ [43]

### Dependent Codes

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

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

Primary account:

Financial institution routing transit number \_\_\_\_\_ [1]  
 Name of financial institution \_\_\_\_\_ [2]  
 Your account number \_\_\_\_\_ [3]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) \_\_\_\_\_ [4]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [5]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [8]  
 Name of financial institution \_\_\_\_\_ [9]  
 Your account number \_\_\_\_\_ [10]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) \_\_\_\_\_ [11]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [12]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [15]  
 Name of financial institution \_\_\_\_\_ [16]  
 Your account number \_\_\_\_\_ [17]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) \_\_\_\_\_ [18]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [19]

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

### Client Contact Information

**Preparer - Enter on Screen Contact**

Taxpayer email address \_\_\_\_\_ [6]  
 Spouse email address \_\_\_\_\_ [7]

	<b>Taxpayer</b>	<b>Spouse</b>
Car telephone number	_____ [8]	_____ [15]
Fax telephone number	_____ [9]	_____ [16]
Mobile telephone number	_____ [10]	_____ [17]
Pager number	_____ [11]	_____ [18]
Other:	_____ [12]	_____ [19]
Telephone number	_____ [13]	_____ [20]
Extension	_____ [14]	_____ [21]

**NOTES/QUESTIONS:**

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

If you qualify for electronic filing, mark if you would like to file the return electronically with the IRS \_\_\_\_\_[1]

Mark if you would like your return prepared and filed electronically only if you receive a refund \_\_\_\_\_[4]

Mark if you would like your return prepared and filed electronically if your refund is greater than a certain amount \_\_\_\_\_[5]

Enter the minimum refund amount here \_\_\_\_\_[6]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account \_\_\_\_\_[7]

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

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

Taxpayer self-selected Personal Identification Number (PIN) \_\_\_\_\_[2]

Spouse self-selected Personal Identification Number (PIN) \_\_\_\_\_[3]

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**NOTES/QUESTIONS:**

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

Refunded \_\_\_\_\_ [43]

Applied to 2010 estimated tax liability \_\_\_\_\_ [44]

Do you expect a considerable change in your 2010 income? (Y, N) \_\_\_\_\_ [45]

If yes, please explain any differences:

\_\_\_\_\_ [46]

\_\_\_\_\_ [47]

\_\_\_\_\_ [48]

\_\_\_\_\_ [49]

Do you expect a considerable change in your deductions for 2010? (Y, N) \_\_\_\_\_ [50]

If yes, please explain any differences:

\_\_\_\_\_ [51]

\_\_\_\_\_ [52]

\_\_\_\_\_ [53]

\_\_\_\_\_ [54]

Do you expect a considerable change in the amount of your 2010 withholding? (Y, N) \_\_\_\_\_ [55]

If yes, please explain any differences:

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

\_\_\_\_\_ [59]

Do you expect a change in the number of dependents claimed for 2010? (Y, N) \_\_\_\_\_ [60]

If yes, please explain any differences:

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

\_\_\_\_\_ [64]

**2009 Federal Estimated Tax Payments**

2008 overpayment applied to 2009 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [4]

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

	<b>Date Due</b>	<b>Date Paid if After Date Due</b>	<b>Amount Paid</b>	<b>Calculated Amount</b>
1st quarter payment	4/15/09	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/09	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/09	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/15/10	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

**NOTES/QUESTIONS:**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_[1]

State postal code \_\_\_\_\_[2]

Amount paid with 2008 return + \_\_\_\_\_[3]

2008 overpayment applied to '09 estimates + \_\_\_\_\_[4]

Treat calculated amounts as paid \_\_\_\_\_[8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]	_____ _____ _____ _____
2nd quarter payment	_____ [11]	+	_____ [12]	
3rd quarter payment	_____ [13]	+	_____ [14]	
4th quarter payment	_____ [15]	+	_____ [16]	
Additional payment	_____ [17]	+	_____ [18]	

**2009 City Estimated Tax Payments**

City #1		City #2	
City name	_____ [28]	City name	_____ [50]
Amount paid with 2008 return	+ _____ [31]	Amount paid with 2008 return	+ _____ [53]
2008 overpayment applied to '09 estimates	+ _____ [32]	2008 overpayment applied to '09 estimates	+ _____ [54]
Treat calculated amounts as paid	_____ [36]	Treat calculated amounts as paid	_____ [58]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

**Calculated Amount**

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

**Calculated Amount**

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

City #3		City #4	
City name	_____ [72]	City name	_____ [94]
Amount paid with 2008 return	+ _____ [75]	Amount paid with 2008 return	+ _____ [97]
2008 overpayment applied to '09 estimates	+ _____ [76]	2008 overpayment applied to '09 estimates	+ _____ [98]
Treat calculated amounts as paid	_____ [80]	Treat calculated amounts as paid	_____ [102]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

**Calculated Amount**

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

**Calculated Amount**

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



## Interest Income

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

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

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

## Dividend Income

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

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

<b>*Dividend Codes</b>	
Blank = Other	3 = Nominee



## Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

**2009 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	__	[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received <b>(Box 1)</b>	+ <u>                    </u>	[7]	
Taxable amount received <b>(Box 2a)</b>	+ <u>                    </u>	[9]	
Federal withholding <b>(Box 4)</b>	+ <u>                    </u>	[11]	
Distribution code <b>(Box 7)</b>		[13]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[14]	
State withholding <b>(Box 10)</b>	+ <u>                    </u>	[15]	
Local withholding <b>(Box 13)</b>	+ <u>                    </u>	[17]	
Amount of rollover	+ <u>                    </u>	[19]	
Mark if distribution was due to a pre-retirement age disability		[21]	
Mark if distribution was from an inherited IRA		[22]	

	<b>Control Totals +</b>	
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## Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

**2009 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	__	[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received <b>(Box 1)</b>	+ <u>                    </u>	[7]	
Taxable amount received <b>(Box 2a)</b>	+ <u>                    </u>	[9]	
Federal withholding <b>(Box 4)</b>	+ <u>                    </u>	[11]	
Distribution code <b>(Box 7)</b>		[13]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[14]	
State withholding <b>(Box 10)</b>	+ <u>                    </u>	[15]	
Local withholding <b>(Box 13)</b>	+ <u>                    </u>	[17]	
Amount of rollover	+ <u>                    </u>	[19]	
Mark if distribution was due to a pre-retirement age disability		[21]	
Mark if distribution was from an inherited IRA		[22]	

	<b>Control Totals +</b>	
--	-------------------------	--

## Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

**2009 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	__	[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received <b>(Box 1)</b>	+ <u>                    </u>	[7]	
Taxable amount received <b>(Box 2a)</b>	+ <u>                    </u>	[9]	
Federal withholding <b>(Box 4)</b>	+ <u>                    </u>	[11]	
Distribution code <b>(Box 7)</b>		[13]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[14]	
State withholding <b>(Box 10)</b>	+ <u>                    </u>	[15]	
Local withholding <b>(Box 13)</b>	+ <u>                    </u>	[17]	
Amount of rollover	+ <u>                    </u>	[19]	
Mark if distribution was due to a pre-retirement age disability		[21]	
Mark if distribution was from an inherited IRA		[22]	

	<b>Control Totals +</b>	
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## Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]

State postal code \_\_\_\_\_ [2]

### Social Security Benefits

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

	2009 Information	
Net Benefits for 2009 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____	[8]
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____	[10]
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____	[12]
Prescription drug (Part D) premiums	+ _____	[14]

**Prior Year Information**


### Tier 1 Railroad Benefits

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

	2009 Information	
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2009 <b>(Box 5)</b>	+ _____	[22]
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____	[25]
Medicare Premium Total <b>(Box 11)</b>	+ _____	[27]

**Prior Year Information**


### Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2009 or receive any prior year benefits in 2009. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[36]
	[37]
	[38]
	[39]
	[40]

**NOTES/QUESTIONS:**



### Miscellaneous Income #1

Please provide all Forms 1099-MISC

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

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Name of payer	_____	[3]
State postal code	_____	[4]
Form 1099-MISC activity (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835)	_____	[7]
Rents (Box 1)	+ _____	[9]
Royalties (Box 2)	+ _____	[11]
Other income (Box 3)	+ _____	[13]
Federal income tax withheld (Box 4)	+ _____	[15]
Fishing boat proceeds (Box 5)	+ _____	[17]
Medical and health care payments (Box 6)	+ _____	[19]
Nonemployee compensation (Box 7)	+ _____	[21]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[23]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[25]
Crop Insurance proceeds (Box 10)	+ _____	[27]
Excess golden parachute payments (Box 13)	+ _____	[29]
Gross proceeds paid to an attorney (Box 14)	+ _____	[31]
Section 409A deferrals (Box 15a)	+ _____	[33]
Section 409A income (Box 15b)	+ _____	[35]
State tax withheld (Box 16)	+ _____	[37]
State/Payer's state no. (Box 17)	_____	[39]
State income (Box 18)	+ _____	[40]

Control Totals +

### Miscellaneous Income #2

Please provide all Forms 1099-MISC

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

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Name of payer	_____	[3]
State postal code	_____	[4]
Form 1099-MISC activity (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835)	_____	[7]
Rents (Box 1)	+ _____	[9]
Royalties (Box 2)	+ _____	[11]
Other income (Box 3)	+ _____	[13]
Federal income tax withheld (Box 4)	+ _____	[15]
Fishing boat proceeds (Box 5)	+ _____	[17]
Medical and health care payments (Box 6)	+ _____	[19]
Nonemployee compensation (Box 7)	+ _____	[21]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[23]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[25]
Crop Insurance proceeds (Box 10)	+ _____	[27]
Excess golden parachute payments (Box 13)	+ _____	[29]
Gross proceeds paid to an attorney (Box 14)	+ _____	[31]
Section 409A deferrals (Box 15a)	+ _____	[33]
Section 409A income (Box 15b)	+ _____	[35]
State tax withheld (Box 16)	+ _____	[37]
State/Payer's state no. (Box 17)	_____	[39]
State income (Box 18)	+ _____	[40]

Control Totals +

**Preparer use only**

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	<div style="border: 1px solid black; height: 100%;"></div>
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [10]	
Business address, if different from home address on Organizer Form ID:1040		
Address	_____ [13]	
City/State/Zip	_____ [14] _____ [15] _____ [16]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [17]	
If other:	_____ [19]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [20]	
If other enter explanation:	_____ [22]	
_____	_____	
_____	_____	
Enter an explanation if there was a change in determining your inventory:	_____ [23]	
_____	_____	
Did you "materially participate" in this business? (Y, N)	_____ [24]	
If not, number of hours you did significantly participate	_____ [26]	
Mark if you began or acquired this business in 2009	_____ [28]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [29]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [31]	
Medical insurance premiums paid by this activity	+ _____ [33]	
Long-term care premiums paid by this activity	+ _____ [35]	
Amount of wages received as a statutory employee	+ _____ [38]	

**Business Income**

	2009 Information	Prior Year Information
Gross receipts or sales	+ _____ [43]	<div style="border: 1px solid black; height: 100%;"></div>
Returns and allowances	+ _____ [45]	
Other income:		
_____	+ _____ [47]	
_____	+	
_____	+	
_____	+	
_____	+	

**Cost of Goods Sold**

	2009 Information	Prior Year Information
Beginning inventory	+ _____ [49]	<div style="border: 1px solid black; height: 100%;"></div>
Purchases	+ _____ [51]	
Labor:		
_____	+ _____ [53]	
_____	+	
Materials	+ _____ [55]	
Other costs:		
_____	+ _____ [57]	
_____	+	
_____	+	
Ending inventory	+ _____ [59]	

## Schedule C - Expenses

**Preparer use only**

Principal business or profession \_\_\_\_\_

	2009 Information	Prior Year Information
Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs:		_____
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		_____
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		_____
Mortgage (Paid to banks, etc.)	+ _____ [22]	_____
Other:		_____
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [28]	_____
Pension and profit sharing:		_____
_____	+ _____ [30]	_____
_____	+ _____	_____
Rent or lease:		_____
Vehicles, machinery, and equipment	+ _____ [32]	_____
Other business property	+ _____ [34]	_____
Repairs and maintenance	+ _____ [36]	_____
Supplies	+ _____ [38]	_____
Taxes and licenses:		_____
_____	+ _____ [40]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel, meals, and entertainment:		_____
Travel	+ _____ [42]	_____
Meals and entertainment	+ _____ [44]	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [46]	_____
Utilities	+ _____ [50]	_____
Wages (Less employment credit):		_____
_____	+ _____ [52]	_____
_____	+ _____	_____
Other expenses:		_____
_____	+ _____ [54]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Preparer use only Carryovers	Regular	AMT
Operating	+ _____ [63]	+ _____ [64]
Schedule D - Short-term	+ _____ [65]	+ _____ [66]
Schedule D - Long-term	+ _____ [67]	+ _____ [68]
Schedule D - 28% rate	+ _____ [69]	+ _____ [70]
Form 4797 - Part I	+ _____ [71]	+ _____ [72]
Form 4797 - Part II	+ _____ [73]	+ _____ [74]
Section 179	+ _____ [77]	

## Rent and Royalty Property - General Information

**Preparer use only**

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) _____	[2]	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Description: _____	[3]	
_____	[4]	
_____	[5]	
State postal code _____	[6]	
Type of activity (1 = Rental real estate, 2 = Substantially nondepreciable property, 3 = Royalty)	[7]	
Percentage of ownership if not 100% _____	[9]	_____
Business use percentage, if not 100% (Not vacation home percentage) _____	[11]	_____

### Rent and Royalty Income

	2009 Information	Prior Year Information
Gross rents received + _____	[18]	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Gross royalties received + _____	[20]	

### Rent and Royalty Expenses

	2009 Information	Percent if not 100%	Prior Year Information
Advertising + _____	[22]	[23]	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Auto + _____	[25]	[26]	
Travel + _____	[28]	[29]	
Cleaning and maintenance + _____	[31]	[32]	
Commissions: _____ + _____	[34]	[36]	
_____ + _____			
Insurance: _____ + _____	[37]	[39]	
_____ + _____			
Legal and professional fees + _____	[40]	[41]	
Management fees _____ + _____	[43]	[45]	
_____ + _____			
Mortgage interest paid to banks, etc (Form 1098) + _____	[46]	[47]	
Other mortgage interest + _____	[49]	[50]	
Qualified mortgage insurance premiums + _____	[52]	[53]	
Other interest: _____ + _____	[55]	[57]	
_____ + _____			
Repairs + _____	[58]	[59]	
Supplies + _____	[61]	[62]	
Taxes: _____ + _____	[64]	[66]	
_____ + _____			
_____ + _____			
Utilities + _____	[67]	[68]	
Depreciation + _____	[70]	[71]	
Depletion + _____	[73]	[74]	
Other expenses: _____ + _____	[79]		
_____ + _____			
_____ + _____			
_____ + _____			
_____ + _____			
Refinancing points paid this year: Description _____		[81]	
Total points paid/Current amort (Prep use only) _____ + _____			
Date of Refinance _____ Total # Payments _____ Reported on 1098 in 2009 _____			

**Control Totals +**

**Preparer use only**  
Description \_\_\_\_\_

**Vacation Home Information**

	<b>2009 Information</b>		<b>Prior Year Information</b>	
Number of days home was used personally	_____	[6]	_____	_____
Number of days home was rented	_____	[8]	_____	_____
Number of day home owned, if not 365	_____	[10]	_____	_____
Carryover of disallowed operating expenses into 2009	+ _____	[20]	_____	_____
Carryover of disallowed depreciation expenses into 2009	+ _____	[21]	_____	_____

<b>Prior Year Information</b>	
_____	_____
_____	_____
_____	_____

**Passive and Other Information**

<b>Preparer use only</b>				
<b>Carryovers</b>	<b>Regular</b>		<b>AMT</b>	
Operating	+	[28]	+	[29]
Schedule D - Short-term	+	[30]	+	[31]
Schedule D - Long-term	+	[32]	+	[33]
Schedule D - 28% rate	+	[34]	+	[35]
Form 4797 - Part I	+	[36]	+	[37]
Form 4797 - Part II	+	[38]	+	[39]
Comm revitalization	+	[40]	+	[41]
Section 179	+	[42]		

**NOTES/QUESTIONS:**

## Partnerships and S Corporations

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

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) \_\_\_\_\_ [11]  
 Tax shelter registration number \_\_\_\_\_ [12]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-3</b>	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) \_\_\_\_\_ [11]  
 Tax shelter registration number \_\_\_\_\_ [12]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-3</b>	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) \_\_\_\_\_ [11]  
 Tax shelter registration number \_\_\_\_\_ [12]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-3</b>	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

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

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]

**Sale of Principal Residence**

Description \_\_\_\_\_ [1]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]  
 State postal code \_\_\_\_\_ [6]  
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) \_\_\_\_\_ [7]  
 Date former residence was acquired \_\_\_\_\_ [9]  
 Date former residence was sold \_\_\_\_\_ [10]  
 Selling price of former residence + \_\_\_\_\_ [11]  
 Expenses related to the sale of your old home + \_\_\_\_\_ [12]  
 Original cost of home sold including capital improvements + \_\_\_\_\_ [13]

**Exclusion Information**

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) \_\_\_\_\_ [20]

	<b>Taxpayer</b>	<b>Spouse</b>
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [22]	_____ [23]
Number of days each person owned property used as main home	_____ [24]	_____ [25]
Number of days between date of sale of the other home and date of sale of this home	_____ [26]	_____ [27]

**Form 6252 - Current Year Installment Sale**

Mortgage and other debts the buyer assumed + \_\_\_\_\_ [29]  
 Total current year payments received + \_\_\_\_\_ [30]

**Form 6252 - Related Party Installment Sale Information**

Related party name \_\_\_\_\_ [31]  
 Address \_\_\_\_\_ [32]  
 City, State and Zip \_\_\_\_\_ [33] \_\_\_\_\_ [34] \_\_\_\_\_ [35]  
 Identifying number of related party \_\_\_\_\_ [36]  
 Was the property sold as a marketable security? (Y, N) \_\_\_\_\_ [37]  
 Enter date of second sale if more than 2 years after the first sale \_\_\_\_\_ [38]  
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_ [39]  
 Selling price of property sold by a related party + \_\_\_\_\_ [41]

**NOTES/QUESTIONS:**

## Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2009	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2009	+ _____ [9]	+ _____ [10]
Enter the nondeductible contribution amount made in 2010 for use in 2009	+ _____ [11]	+ _____ [12]
Traditional IRA basis	+ _____ [13]	+ _____ [14]
Value of all your traditional IRA's on December 31, 2009:	+ _____ [15]	+ _____ [16]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

## Roth IRA

**Please provide copies of any 1998 through 2008 Form 8606 not prepared by this office**

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [25]	__ [26]
Enter the total Roth IRA contributions made for use in 2009	+ _____ [27]	+ _____ [28]
Enter the total amount of Roth IRA conversion recharacterizations for 2009	+ _____ [33]	+ _____ [34]
Enter the total contribution Roth IRA basis on December 31, 2008	+ _____ [37]	+ _____ [38]
Enter the total Roth IRA contribution recharacterizations for 2009	+ _____ [39]	+ _____ [40]
Enter the Roth conversion IRA basis on December 31, 2008	+ _____ [41]	+ _____ [42]
Value of all your Roth IRA's on December 31, 2009:	+ _____ [43]	+ _____ [44]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**NOTES/QUESTIONS:**

Please provide all Forms 5498-SA.

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	[4]	
State postal code _____	[2]	
Archer MSA contributions made in 2009 and 2010 for 2009 <b>(Box 1)</b>	+ _____ [6]	
Total contributions made in 2009 <b>(Box 2)</b>	+ _____ [7]	
Total HSA or Archer MSA contributions made in 2010 for 2009 <b>(Box 3)</b>	+ _____ [8]	
Rollover contribution <b>(Box 4)</b>	+ _____ [9]	
Fair market value of HSA, Archer MSA, or MA MSA <b>(Box 5)</b>	+ _____ [10]	
<b>Box 6 -</b>		
HSA	__ [11]	
Archer MSA	__ [12]	
MA (Medicare Advantage) MSA	__ [13]	

**Additional Information**

	2009 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	__ [20]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of months in qualified high deductible health plan in 2009	__ [21]	
Excess contributions for 2008 taken as constructive contributions for 2009	+ _____ [23]	
<b>Complete this section if your account is an Archer MSA or MA MSA</b>		
Amount of annual deductible	+ _____ [30]	
Enter compensation from employer maintaining high deductible health plan	+ _____ [32]	
If self-employed, enter earned income from business under which plan was established	+ _____ [35]	
<b>Complete this section if your account is an HSA</b>		
Was the high deductible health plan in effect for December 2009? (Y, N)	__ [39]	
Enter any qualified HSA distribution from health flexible spending arrangement (FSA)	+ _____ [41]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA)	+ _____ [42]	

**NOTES/QUESTIONS:**

## Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100%;"></div>
Name of Trustee _____	_____[4]	
State postal code _____	_____[2]	
Gross distributions received ( <b>Box 1</b> )	+ _____[7]	
Earnings on excess contributions ( <b>Box 2</b> )	+ _____[8]	
Distribution code ( <b>Box 3</b> )	_____[9]	
Fair Market Value on date of death ( <b>Box 4</b> )	+ _____[10]	
<b>Box 5 -</b>		
HSA	_____[11]	
Archer MSA	_____[12]	
MA MSA	_____[13]	
Amount of distribution rolled over or withdrawal of excess contributions for 2009	+ _____[17]	
Unreimbursed qualified medical expenses for 2009	+ _____[18]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____[20]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/08	+ _____[21]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2008 and in effect for the month of December 2008? (Y, N)	_____[29]	
Was the high deductible health plan coverage ended before 12/31/09? (Y, N)	_____[30]	

## Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2009 Information	Prior Year Information
Name of the insured chronically ill individual _____	_____[39]	<div style="border: 1px solid black; height: 100%;"></div>
Social security number of insured _____	_____[40]	
Gross long-term care (LTC) benefits paid ( <b>Box 1</b> )	+ _____[42]	
Accelerated death benefits paid ( <b>Box 2</b> )	+ _____[43]	
Check one ( <b>Box 3</b> )		
Per diem	_____[44]	
Reimbursed amount	_____[45]	
Qualified contract ( <b>Box 4</b> )	_____[46]	
Check, if applicable ( <b>Box 5</b> )		
Chronically ill	_____[47]	
Terminally ill	_____[48]	
Are there other individuals who received LTC payments during 2009? (Y, N)	_____[49]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	_____[50]	
Number of days during the long-term care period _____	_____[51]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____[52]	

**NOTES/QUESTIONS:**

## Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2009 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

TS	Qualified loan interest you paid <sup>[1]</sup>		2009 Information	Prior Year Information
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

## Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2009.

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

TS	Ed Exp Code*	Student's SSN <sup>[6]</sup>	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	

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

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

To qualify for the Hope credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 4 years of post-secondary education
- have no drug convictions in 2009

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

**NOTES/QUESTIONS:**

## Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Payer name \_\_\_\_\_ [2]  
 State postal code \_\_\_\_\_ [3]  
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) \_\_\_\_\_ [4]  
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) \_\_\_\_\_ [5]  
 Final distribution \_\_\_\_\_ [8]

### Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number \_\_\_\_\_ [11]  
 First name \_\_\_\_\_ [12]  
 Last name \_\_\_\_\_ [13]

	2009 Information	
Amount contributed in current year	+ _____ [14]	Prior Year Information _____ _____ _____
Basis of this account at 12/31/08	+ _____ [17]	
Value of this account at 12/31/09	+ _____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

### Payments from Qualified Education Programs

	2009 Information	
Gross distribution <b>(Box 1)</b>	+ _____ [30]	Prior Year Information _____ _____ _____ _____ _____ _____
Earnings <b>(Box 2)</b>	+ _____ [32]	
Basis <b>(Box 3)</b>	+ _____ [34]	
Trustee-to-trustee rollover <b>(Box 4)</b>	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
<b>Box 5 -</b>		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary <b>(Box 6)</b>	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

**NOTES/QUESTIONS:**



## Interest Expenses

T/S/J	2009 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] _____	+	[2] _____	+	+	
_____	+	_____	+	+	
_____	+	_____	+	+	
_____	+	_____	+	+	
_____	+	_____	+	+	
_____	+	_____	+	+	
_____	+	_____	+	+	
_____	+	_____	+	+	
_____	+	_____	+	+	
_____	+	_____	+	+	

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home

1 = Not used to buy, build, improve home or investment

2 = Used to pay off previous mortgage

3 = Used to pay off previous mortgage, excess proceeds invested

4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2009 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4] _____	_____	_____	+	[5] _____
<b>Address</b>	_____			_____
_____	_____	_____	+	_____
<b>Address</b>	_____			_____
_____	_____	_____	+	_____
<b>Address</b>	_____			_____
_____	_____	_____	+	_____
<b>Address</b>	_____			_____

**T/S/J** Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid:

\_\_\_\_ Payer's/Borrower's name \_\_\_\_\_ [7]  
 \_\_\_\_ Street Address \_\_\_\_\_  
 \_\_\_\_ City/State/Zip code \_\_\_\_\_

Refinancing Points paid in 2009:

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [8]

Description \_\_\_\_\_

Total points paid \_\_\_\_\_

Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_

Points paid in 2009 (**Preparer use only**) \_\_\_\_\_ [9]

Date of refinance \_\_\_\_\_

Total number of payments \_\_\_\_\_

Reported on Form 1098 in 2009 \_\_\_\_\_

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

Description \_\_\_\_\_

Total points paid \_\_\_\_\_

Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_

Points paid in 2009 (**Preparer use only**) \_\_\_\_\_

Date of refinance \_\_\_\_\_

Total number of payments \_\_\_\_\_

Reported on Form 1098 in 2009 \_\_\_\_\_

**T/S/J** **2009 Information**

Investment interest expense, other than on K-1s:

[11] \_\_\_\_\_ + \_\_\_\_\_ [12]

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_

**Control Totals +**

T/S/J	2009 Information	Prior Year Information
Contributions made by cash or check		
__ [1] _____	+ _____ [2]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
__ [4] Volunteer miles driven	_____ [5]	_____
Noncash items, such as: Goodwill, Salvation Army		
__ [8] _____	+ _____ [9]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	

**Miscellaneous Deductions**

T/S/J	2009 Information	Prior Year Information	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses			
__ [11] _____	+ _____ [12]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
Union dues:			
__ [14] _____	+ _____ [15]		
— _____	+ _____		
__ [17] Tax preparation fees	+ _____ [18]		
Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees			
__ [20] _____	+ _____ [21]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
__ [23] Safe deposit box rental	+ _____ [24]		
Investment expenses, other than on K1s:			
__ [26] _____	+ _____ [27]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
Other expenses, not subject to the 2% AGI limitation:			
__ [30] _____	+ _____ [31]		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
— _____	+ _____		
Gambling losses: (Enter only if you have gambling income)			
__ [33] _____	+ _____ [34]		
— _____	+ _____		

## Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

## Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

## Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

**NOTES/QUESTIONS:**

## Indiana General Information

School corporation name (as of January 1 of tax year) \_\_\_\_\_ [1]

School corporation code (as of January 1 of tax year) \_\_\_\_\_ [2]

	<b>Taxpayer</b>	<b>Spouse</b>
County of residence (as of January 1 of tax year)	_____ [3]	_____ [4]
County of employment (as of January 1 of tax year)	_____ [5]	_____ [6]

**Household employment taxes:**

Employee Name \_\_\_\_\_ Employee SSN \_\_\_\_\_ [7]

Income \_\_\_\_\_ State Tax Withheld \_\_\_\_\_

County Tax Withheld \_\_\_\_\_ County Code \_\_\_\_\_

### Contribution

**Amount of contribution you wish to make to:**

Nongame and Endangered Wildlife Fund \_\_\_\_\_ [8]

## College Credit

Taxpayer, Spouse (T,S) \_\_\_\_\_ Eligible institution name #1 \_\_\_\_\_ [9]

Date of contribution \_\_\_\_\_ Amount of contribution \_\_\_\_\_

Taxpayer, Spouse (T,S) \_\_\_\_\_ Eligible institution name #2 \_\_\_\_\_

Date of contribution \_\_\_\_\_ Amount of contribution \_\_\_\_\_

Taxpayer, Spouse (T,S) \_\_\_\_\_ Eligible institution name #3 \_\_\_\_\_

Date of contribution \_\_\_\_\_ Amount of contribution \_\_\_\_\_

## Renter's Information

Taxpayer, Spouse, Joint (T,S,J) \_\_\_\_\_ Principal address #1 \_\_\_\_\_ [10]

Landlord name and address \_\_\_\_\_

Number of months rented \_\_\_\_\_ Total rent paid \_\_\_\_\_

Taxpayer, Spouse, Joint (T,S,J) \_\_\_\_\_ Principal address #2 \_\_\_\_\_

Landlord name and address \_\_\_\_\_

Number of months rented \_\_\_\_\_ Total rent paid \_\_\_\_\_

## Part-year Resident and Nonresident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Indiana**

	<b>Taxpayer</b>	<b>Spouse</b>
Part-year residency dates:		
From	_____ [11]	_____ [13]
To	_____ [12]	_____ [14]

Other state(s) lived in during the tax year (Part-year resident or full-year nonresident)

Taxpayer, Spouse(T,S)	State Postal Code	From Date	To Date
_____	_____	_____	_____ [15]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	<b>Taxpayer</b>	<b>Spouse</b>
State of residence (Nonresidents only)	_____ [16]	_____ [17]

**NOTES/QUESTIONS:**