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## **2009 TAX ORGANIZER**

**T  
O**

**This tax organizer has been prepared for your use in gathering the information needed for your 2009 tax return.**

**To save you time, selected information from your 2008 tax return has been entered within this organizer. Please line through any information which does not apply to your 2009 tax return.**

**In some cases, 2008 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

**F  
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## **2009 TAX ORGANIZER**

**T  
O**

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

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>

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

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## Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ".  
TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.



For any question answered Yes, please attach supporting detail or documents.

**Personal Information:**

	Yes	No
Did your marital status change during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
If married, do you and your spouse want to file separate returns? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Dependents:**

Were there any changes in dependents from the prior year? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$950? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$950? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Purchases, Sales and Debt:**

Did you have any debts canceled, forgiven or refinanced during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange or purchase any real estate in 2009? If so, please attach closing statements. ....	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? ....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year. ....	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an outstanding home equity loan at the end of 2009? If so, please provide the principal balance and interest rate at the beginning and end of the year. ....	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any put or call transactions? If Yes, please provide details. ....	<input type="checkbox"/>	<input type="checkbox"/>
Did you close any open short sales during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell any securities not reported on your Form 1099-B? .....	<input type="checkbox"/>	<input type="checkbox"/>



## Questions (Page 2 of 3)

2B

### Itemized Deductions:

	Yes	No
Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or theft losses during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any large purchases, such as motor vehicles and boats? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or loss attributable to a federally declared disaster? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or loss attributable to the Midwestern disaster area? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Miscellaneous:

Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If you received a distribution from an MSA, please include Form 1099-SA.				
Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If you received a distribution from an HSA, please include Form 1099-SA.				
Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity, or deferred compensation plan? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q. ....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your dependents incur any post-secondary education expenses, such as tuition? .....	<input type="checkbox"/>	<input type="checkbox"/>		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? .....	<table border="1"><tr><td>Months</td></tr><tr><td><input type="text"/></td></tr></table>	Months	<input type="text"/>	<input type="checkbox"/>
Months				
<input type="text"/>				
Did you move to a different home because of a change in the location of your job? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you pay in excess of \$1,000 in any quarter, or \$1,700 during the year for domestic services performed in or around your home to individuals who could be considered household employees? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you receive unreported tip income of \$20 or more in any month of 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse receive distributions from long-term care insurance contracts? If Yes, please include Form 1099-LTC. ....	<input type="checkbox"/>	<input type="checkbox"/>		
Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you create or transfer money or property to a foreign trust? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you purchase a new "hybrid", or alternative technology vehicle, including a qualified plug-in electric drive motor vehicle in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Have you received a punitive damage award or an award for damages other than for physical injuries or illness? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Were you notified by the IRS or other taxing authority of any changes in prior year returns? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you lose your job during 2009 because of foreign competition and pay for your own health insurance? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Did you install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? .....	<input type="checkbox"/>	<input type="checkbox"/>		
Were any distributions from your IRA and/or Roth IRA account(s) distributed to a charitable organization? .....	<input type="checkbox"/>	<input type="checkbox"/>		



Miscellaneous: (continued)

	Yes	No
Did you engage in any bartering transaction? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$13,000 to any individual? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>

Severance/Retirement:

Did you retire or change jobs in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive deferred, retirement or severance compensation? .....	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the date received (Mo/Da/Yr).

Date

Sale of Your Home:

Did you sell your home in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever rent out this property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

Additional Information:

With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2009 Amount Contributed



Personal Information, Dependent(s) and Wages

Taxpayer:

First Name and Initial

Last Name

Social Security Number

Occupation

Date of Birth (Mo/Da/Yr)

Daytime/Work Telephone Number

Evening/Home Telephone Number

Primary Email Address

Secondary Email Address

Spouse:

First Name and initial

Last Name

Social Security Number

Occupation

Date of Birth (Mo/Da/Yr)

Present Mailing Address:

Street Address

Apartment Number

City

State

ZIP code

Foreign Country

May the IRS or other taxing authority discuss the return with the preparer?  
Is the taxpayer claimed as a dependent on someone else's tax return?

Yes

No

Taxpayer

Spouse

Yes

No

Yes

No

Are you considered legally blind per IRS regulations?  
Do you want to contribute to the Presidential Election Campaign Fund?

Dependent Information:

Did dependent have income over \$3,650?

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

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return  
Please list the years for which a release of claim to exemption is given for a dependent child not living with you

Wages and Salaries: Please enclose all copies of your current year Forms W-2

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



## Direct Deposit and Withdrawal

4A

### Direct Deposit and Electronic Withdrawal Account Information:

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

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

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

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

Name of financial institution .....

Financial Institution Routing Transit Number (if known) .....

(Use the routing number from a check, NOT a deposit slip. They can be different.

The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number .....

Do you want your refund deposited directly into your financial institution account? .....

Do you want to use any of your refund to purchase any Series I U.S. Savings Bonds? .....

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal? .....

What amount of your refund, if not the entire refund, do you want to use to purchase Series I U.S. Savings Bonds? .....

What amount do you want withdrawn if not the entire balance due? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	
<input type="text"/>	

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

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

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

Name of financial institution .....

Financial Institution Routing Transit Number (if known) .....

(Use the routing number from a check, NOT a deposit slip. They can be different.

The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number .....

Do you want your refund deposited directly into your financial institution account? .....

Do you want to use any of your refund to purchase any Series I U.S. Savings Bonds? .....

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal? .....

What amount of your refund, if not the entire refund, do you want to use to purchase Series I U.S. Savings Bonds? .....

What amount do you want withdrawn if not the entire balance due? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	
<input type="text"/>	

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





**Dividend Information:**

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

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

**Enter Any Additional Information:**


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



# Foreign Bank and Financial Accounts

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

## General Information:

TSJ \_\_\_\_\_  
Title of filer \_\_\_\_\_  
Enter all countries in which you have foreign bank accounts \_\_\_\_\_

## Foreign Identification:

Passport \_\_\_\_\_ ☐ Yes ☐ No  
If not passport, enter description \_\_\_\_\_  
Number \_\_\_\_\_  
Country of issue \_\_\_\_\_

## Information on Foreign Financial Accounts:

Select Account Type	
1	Bank Account
2	Securities Account
3	Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name	Country in Which Account is Held
A					
B					

Street Address	City	State	ZIP/Postal Code
A			
B			

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Last Name or Organization Name	First Name	Middle Initial	Taxpayer ID Number	# of Joint Owners
A				
B				

☐ 1 No financial interest ☐ 2A Joint ownership - spouse is joint owner ☐ 2B Joint ownership - other joint owner

Street Address	City	State	ZIP/Postal Code	Country	Ownership Code
A					
B					

## Foreign Bank Accounts and Trusts:

At any time during 2009, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? ☐ Yes ☐ No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2009, whether or not you had any beneficial interest in it? ☐ ☐



## Brokerage Statement Details

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Savings & Loans, Bank and Other	U.S. Bonds and Obligations	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
P							
Q							
R							
S							
T							

Note: For other amounts not listed, please attach a copy of your brokerage statement.



## Business Income and Cost of Goods Sold

6

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer ID number \_\_\_\_\_  
Street address \_\_\_\_\_  
City, state and ZIP code \_\_\_\_\_  
Method of inventory \_\_\_\_\_  
Method of accounting \_\_\_\_\_

### Business Questions for 2009:

Did you dispose of this business? \_\_\_\_\_ 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

  
If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr) \_\_\_\_\_  
Was there a change in determining quantities, costs or valuations between opening and closing inventory? \_\_\_\_\_ 

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

  
Were you involved in the operations of this business on a regular, continuous and substantial basis? \_\_\_\_\_ 

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

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

### Income:

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

### Cost of Goods Sold:

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

Other Costs of Cost of Goods Sold:

Description	2009 Amount	2008 Amount
Ending inventory		

### Other Income:

Description	2009 Amount	2008 Amount



## Business Expenses - Vehicle Information

6B

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Vehicle Questions for 2009:

Do you have evidence to support your deduction? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

  
If Yes, is the evidence written? 

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

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

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

  
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 

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

  
Do you treat all use of vehicles by employees as personal use? 

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

  
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? 

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

  
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? 

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

### Vehicle:

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

### Mileage:

Total miles \_\_\_\_\_  
Total business miles \_\_\_\_\_  
Total commuting miles for the year \_\_\_\_\_

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc. \_\_\_\_\_  
Interest \_\_\_\_\_  
Taxes \_\_\_\_\_  
Fair market value of leased vehicle \_\_\_\_\_  
Vehicle rentals/leases \_\_\_\_\_

Vehicle 1		Vehicle 2	
Description of vehicle Date placed in service _____ (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of vehicle Date placed in service _____ (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2009 Miles	2008 Miles	2009 Miles	2008 Miles
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2009 Amount	2008 Amount	2009 Amount	2008 Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





# Business Vehicle and Other Listed Property

6D

Name of Business: .....

Principal Business or Profession: ....

## Questions About Listed Property for 2009:

### Examples of Listed Property:

- Automobiles
- Cellular phones
- Property that can be used for entertainment
- Property that can be used for amusement
- Property that can be used for transportation
- Computers and related peripheral equipment
- Property that can be used for recreation

Do you have evidence to support the business use percentage claimed on listed property? .....

Is the evidence to support the business use written? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Vehicle Questions for Employers Who Provide Vehicles for Employee Use:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .....

Do you treat all use of vehicles by employees as personal use? .....

Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....

Do you meet the requirements for qualified demonstration used by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal use? .....

Was your vehicle available for personal use during off-duty hours? .....

Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business? .....

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2009 Miles	2008 Miles
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2009 Miles	2008 Miles
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## Mileage:

Total miles .....

Total miles applicable to business .....

Total commuting miles for the year .....





## Business Use of Home

6E

Name of Business: .....

Principal Business or Profession: .....

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2009	2008

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

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

### Other Expenses:

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

### Seller-Financed Mortgage Interest Information:

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





## Individual Retirement Account (IRA):

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

## IRA Questions for 2009:

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

Yes	No

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

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


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

IRA:  
Contributions in 2009 for the 2009 tax return .....  
Contributions in 2010 for the 2009 tax return .....  
Amount for 2009 you choose to be treated as nondeductible .....  
Roth IRA:  
Contributions made for the 2009 tax year .....


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

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

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

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....  
Do you wish to contribute the maximum amount allowed? .....

Taxpayer	
Yes	No

Spouse	
Yes	No

## Contributions to:

Simplified employee pension .....  
Defined benefit plan .....  
Defined contribution plan .....  
SIMPLE plan .....

2009 Amount

2009 Amount





**Rental and Royalty  
Property and Equipment & Depletion**

**10A**

Location of Property: \_\_\_\_\_

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

**Acquisitions:**

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

**Dispositions:**

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

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2009 Amount	2008 Amount



## Rental and Royalty Vehicle Information

10B

Location of Property: \_\_\_\_\_

### Vehicle Questions for 2009:

Do you have evidence to support your deduction? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

  
If Yes, is the evidence written? 

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

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

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

  
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 

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

  
Do you treat all use of vehicles by employees as personal use? 

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

  
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? 

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

  
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? 

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

### Vehicle:

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

### Mileage:

Total miles \_\_\_\_\_  
Total miles applicable to business \_\_\_\_\_  
Total commuting miles for the year \_\_\_\_\_

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc. \_\_\_\_\_  
Interest \_\_\_\_\_  
Taxes \_\_\_\_\_  
Fair market value of leased vehicle \_\_\_\_\_  
Vehicle rentals/leases \_\_\_\_\_

Vehicle 1		Vehicle 2	
Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2009 Miles	2008 Miles	2009 Miles	2008 Miles
2009 Amount	2008 Amount	2009 Amount	2008 Amount



## Rental and Royalty Business Expenses

10C

Location of Property: \_\_\_\_\_

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

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . . %

	2009 Amount	2008 Amount
Parking fees and tolls . . . . .		
Local transportation . . . . .		
Travel expenses . . . . .		
Meals and entertainment . . . . .		
Other Business Expenses:		

Description	2009 Amount	2008 Amount

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

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

### Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . . . %

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

Do you (or your spouse) have another vehicle available for personal purposes? ☐ Yes ☐ No  
Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

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

Other Vehicle Expenses:

Description	2009 Amount	2008 Amount

**Location of Property:** \_\_\_\_\_

### Questions About Listed Property for 2009:

**Examples of Listed Property:**

- Automobiles
- Cellular phones
- Property that can be used for entertainment
- Property that can be used for amusement
- Property that can be used for transportation
- Computers and related peripheral equipment
- Property that can be used for recreation

Do you have evidence to support the business use percentage claimed on listed property? .....

Is the evidence to support the business use written? .....

Yes	No

**Vehicle:**

Description of vehicle . . . . .

Date placed in service . . . (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal use?

Was your vehicle available for personal use during off-duty hours?

Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business? . . . . .

Vehicle 1	
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> Yes         </div> <div style="text-align: center;"> <input type="checkbox"/> No         </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 20px;"> <div style="text-align: center;"> <input type="checkbox"/> Yes         </div> <div style="text-align: center;"> <input type="checkbox"/> No         </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 20px;"> <div style="text-align: center;"> <input type="checkbox"/> Yes         </div> <div style="text-align: center;"> <input type="checkbox"/> No         </div> </div>	
2009 Miles	2008 Miles

Vehicle 2	
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div>	
<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> Yes	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> No
<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> Yes	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> No
<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> Yes	<input style="width: 50px; height: 30px; border: 1px solid black;" type="checkbox"/> No

  

2009 Miles	2008 Miles

**Mileage:**

Total miles .....

Total miles applicable to business . . .

Total commuting miles for the year . . .





## Rental - Business Use of Home

10E

Location of Property: \_\_\_\_\_

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....  
Total square footage of home .....

2009

Were improvements made to the home and/or home office since the time you began using the home for business? ☐ Yes ☐ No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

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

### Other Expenses:

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

### Seller-Financed Mortgage Interest Information:

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



**Partnership, S Corporation, Estate, Trust  
and REMIC Income**

**11**

**Partnership Income:** Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

**S Corporation Income:** Please enclose all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

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

TSJ	Entity Name	Employer ID Number

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

TSJ	Entity Name	Employer ID Number

**Activity Name:** . . . . .

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

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . %

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

Description	2009 Amount	2008 Amount

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

Amount received for other expenses		
Amount received for meals and entertainment		

**Vehicle:**

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_

Description of vehicle .....

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

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

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

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

Other Vehicle Expenses:

Description	2009 Amount	2008 Amount



# Passthrough Business Use of Home

11B

Activity Name: .....

## Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....  
Total square footage of home .....

2009

Were improvements made to the home and/or home office since the time you began using the home for business? ☐ Yes ☐ No

## Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

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

## Other Expenses:

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

## Seller-Financed Mortgage Interest Information:

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



## Farm Income

12

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

TSJ \_\_\_\_\_

Employer identification number \_\_\_\_\_

Method of accounting \_\_\_\_\_

### Farm Questions for 2009:

Did you dispose of this farm? ☐ Yes ☐ No  
If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr) \_\_\_\_\_

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

2009 Amount	2008 Amount

### Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2009		2008	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

### Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

### Income:

Sales of livestock, produce, grains, etc. you raised \_\_\_\_\_  
Total cooperative distributions (Forms 1099-PATR) \_\_\_\_\_  
Taxable cooperative distributions \_\_\_\_\_  
Total agricultural program payments \_\_\_\_\_  
Taxable agriculture program payments \_\_\_\_\_  
Total Commodity Credit Corporation (CCC) loans \_\_\_\_\_  
Total crop insurance proceeds and certain disaster payments received in 2009 \_\_\_\_\_  
Taxable crop insurance proceeds received \_\_\_\_\_  
Crop insurance proceeds deferred from prior year \_\_\_\_\_  
Custom hire (machine work) income \_\_\_\_\_  
Federal gasoline tax or fuel tax credit or refund \_\_\_\_\_  
State gasoline tax or fuel tax credit or refund \_\_\_\_\_

2009 Amount	2008 Amount

### Other Income:

Description	2009 Amount	2008 Amount

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: . . .

**Expenses:**

Business meals and entertainment	
Car and truck expenses	
Chemicals	
Conservation expenses	
Custom hire (machine work)	
Employee benefit programs and health insurance (other than pension and profit sharing plans)	
Feed purchased	
Fertilizers and lime	
Freight and trucking	
Gasoline, fuel and oil	
Insurance (other than health)	
Interest - mortgage (paid to banks, etc.)	
Interest - other	
Labor hired	
Pension and profit-sharing plans	
Rent or lease - vehicles, machinery and equipment	
Rent or lease - other (land, animals, etc.)	
Repairs and maintenance	
Seeds and plants purchased	
Storage and warehousing	
Supplies purchased	
Taxes	
Utilities	
Veterinary, breeding and medicine	
Dependent care benefits	

**Other Expenses:**

[illegible]

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

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

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

Proprietor's Name: .....

Principal Crop or Activity: . . .

### Vehicle Questions for 2009:

Do you have evidence to support your deduction? .....

If Yes, is the evidence written? .....

Yes	No

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

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?

Yes	No

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?

Do you treat all use of vehicles by employees as personal use? .....

Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?

11/11/11

Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?

Page 10 of 10

**Vehicle:**

Description of vehicle . . . . .

Date placed in service . . . (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during  
off-duty hours? .....

Vehicle 1	
<div> <div></div> <div></div> </div>	
<div> <div></div> <div>Yes</div> </div>	<div> <div></div> <div>No</div> </div>
<div> <div></div> <div>Yes</div> </div>	<div> <div></div> <div>No</div> </div>

**Mileage:**

Total miles \_\_\_\_\_

Total business miles .....

Total commuting miles for the year . . .

2009 Miles	2008 Miles

**Actual Expenses:**

Gasoline, oil, repairs, insurance, etc . . .

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases .....

2009 Amount	2008 Amount

### Vehicle 2

☐ Yes ☐ No☐ Yes ☐ No

2009 Miles	2008 Miles

## 2009 Amount

2008 Amount

2009 Amount	2008 Amount



# Farm Business Expenses

12C

Proprietor's Name: .....

Principal Crop or Activity: .....

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

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business ..... %

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

Other Business Expenses:

Description	2009 Amount	2008 Amount

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

Amount received for other expenses .....  
Amount received for meals and entertainment .....

2009 Amount	2008 Amount

## Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business .....

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

Do you (or your spouse) have another vehicle available for personal purposes? .....  
Was your vehicle available for personal use during off-duty hours? .....

☐ Yes ☐ No  
☐ Yes ☐ No

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

Other Vehicle Expenses:

Description	2009 Amount	2008 Amount





# Farm Vehicle and Other Listed Property

12D

Proprietor's Name: .....

Principal Crop or Activity: .....

## Questions About Listed Property for 2009:

### Examples of Listed Property:

- Automobiles
- Cellular phones
- Property that can be used for entertainment
- Property that can be used for amusement
- Property that can be used for transportation
- Computers and related peripheral equipment
- Property that can be used for recreation

Do you have evidence to support the business use percentage claimed on listed property? .....

Is the evidence to support the business use written? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Vehicle Questions for Employers Who Provide Vehicles for Employee Use:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .....

Do you treat all use of vehicles by employees as personal use? .....

Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....

Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for personal use during off-duty hours? .....

Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business? .....

Vehicle 1		Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2009 Miles	2008 Miles	2009 Miles	2008 Miles
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	

## Mileage:

Total miles .....

Total miles applicable to business .....

Total commuting miles for the year .....



# Farm Business Use of Home

12E

Proprietor's Name: .....

Principal Crop or Activity: .....

## Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....	2009
Total square footage of home .....	

Were improvements made to the home and/or home office since the time you began using the home for business? ... ☐ Yes ☐ No

## Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

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

## Other Expenses:

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

## Seller-Financed Mortgage Interest Information:

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



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

**Miscellaneous Income and Adjustments:**

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

**State and Local Income Tax Refunds:**

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

**Other Income:**

TSJ	Nature and Source	2009 Amount	2008 Amount

**Alimony Paid or Received:**

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



## Miscellaneous Adjustments

13A

**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2009 Amount	2008 Amount

### Health Savings Accounts (HSAs)

TS	Description	2009 Amount	2008 Amount
	Contributions made for 2009		
	Distributions received from all HSAs in 2009		

Did you or your spouse enroll in Medicare? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, what month did you enroll? .....

What month did your spouse enroll? .....

**Other Adjustments to Income:** Please enclose all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2009 Amount	2008 Amount



## Itemized Deductions - Medical and Taxes

14

Itemize real estate taxes by state.

### Medical and Dental Expenses:

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

TSJ	2009 Amount	2008 Amount

Taxpayer long-term care insurance premiums paid .....  
Spouse long-term care insurance premiums paid .....

2009 Amount	2008 Amount

### Other Medical Expenses:

TSJ	Description	2009 Amount	2008 Amount

### Taxes Paid: Please include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....  
General sales taxes paid on specified items .....  
State and local sales or excise taxes paid on a new vehicle, motorcycle, or  
mobile home purchased after 2/16/2009 .....  
Purchase price before taxes of new motor vehicle, motorcycle, or mobile  
home purchased after 2/16/2009 .....  
Real estate taxes paid on U.S. properties are deductible for taxpayers not itemizing in 2009

TSJ	2009 Amount	2008 Amount

TSJ	Real Estate Taxes	2009 Amount	2008 Amount

### Other Taxes Paid:

TSJ	Description	2009 Amount	2008 Amount

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



# Itemized Deductions - Mortgage Interest and Points

14A

## Mortgage Questions for 2009:

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

## Home Mortgage Interest Paid To Financial Institutions:

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

## Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2009 Amount	2008 Amount
	Name	Address			

## Deductible Points:

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

## Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2009 Amount	2008 Amount

## Investment Interest Expense:

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

TSJ	Paid To	2009 Amount	2008 Amount



## Itemized Deductions - Contributions

15

### Cash Contributions:

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

TSJ	Organization or Description of Contribution	2009 Amount	2008 Amount

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

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

### Noncash Contributions Totaling Less Than or Equal to \$500:

TSJ	Description of Donated Property	2009 Amount	2008 Amount

### Noncash Contributions Totaling More Than \$500:

TSJ \_\_\_\_\_  
Description of the donated property \_\_\_\_\_

Donee organization name \_\_\_\_\_

Donee organization address \_\_\_\_\_

Date the property was acquired by the taxpayer (Mo/Da/Yr) \_\_\_\_\_

Date the property was donated (Mo/Da/Yr) \_\_\_\_\_

Cost or basis of the donated property \_\_\_\_\_

Fair market value of the donated property \_\_\_\_\_

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

☐ Appraisal ☐ Thrift shop value ☐ Catalog ☐ Comparable sale

Other - please explain \_\_\_\_\_

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

☐ Purchase ☐ Gift ☐ Inheritance ☐ Exchange



**Miscellaneous Itemized Deductions:**

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

TSJ	2009 Amount	2008 Amount

**Other Itemized Deductions:**

Examples:

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

TSJ	Description	2009 Amount	2008 Amount

**Casualty or Theft Loss:**

TSJ ..... \_\_\_\_\_

Property description ..... \_\_\_\_\_

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

- ☐ Personal use    ☐ Business use    ☐ Income producing    ☐ Employee Use    ☐ Personal use due to Hurricane Katrina
- ☐ Personal use attributable to a federally declared disaster    ☐ Personal use attributable to Midwestern disaster area    ☐ Personal use attributable to Kansas disaster area

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost ..... (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis .....

Fair market value before casualty .....

Fair market value after casualty .....

Cost of replacement .....

Insurance reimbursement .....





# Itemized Deduction - Business Use of Home

16A

## Partial Use of Your Home for Business:

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

2009	2008

Was your home used for day care purposes for the entire year? .....  
Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

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

## Other Expenses:

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

## Seller-Financed Mortgage Interest Information:

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



## Employee Business Expenses

17

TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

Parking fees and tolls \_\_\_\_\_  
Local transportation \_\_\_\_\_  
Travel expenses \_\_\_\_\_  
Meals and entertainment \_\_\_\_\_  
Other Business Expenses: \_\_\_\_\_

2009 Amount	2008 Amount

Description	2009 Amount	2008 Amount

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

Amount received for other expenses \_\_\_\_\_  
Amount received for meals and entertainment \_\_\_\_\_

2009 Amount	2008 Amount

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

### Vehicle:

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

Description of vehicle \_\_\_\_\_  
Date vehicle was placed in service \_\_\_\_\_ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? ☐ Yes ☐ No  
Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

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

2009	2008

Other Vehicle Expenses:

Description	2009 Amount	2008 Amount



## Employee Business Expenses- Business Use of Home

**17A****Partial Use of Your Home for Business:**

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2009	2008

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

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

**Other Expenses:**

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

**Seller-Financed Mortgage Interest Information:**

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



## Child/Dependent Care Expenses & Education Expenses

18

### Child/Dependent Care Expenses:

#### General Information:

TSJ .....

Were you or your spouse a full time student or disabled? .....

☐ Yes ☐ No

Did you pay an individual for services performed in your home? .....

☐ Yes ☐ No

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

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

2008 carryover used in grace period .....

#### Child/Dependent Care Providers:

##### Provider 1:

Name .....

Street address .....

City, state and ZIP code .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

2009 Amount

2008 Amount

Expenses incurred and paid in 2009 .....

Expenses incurred and not paid in 2009 .....

##### Provider 2:

Name .....

Street address .....

City, state and ZIP code .....

Social security number OR .....

Employer identification number .....

Telephone number (California only) .....

2009 Amount

2008 Amount

Expenses incurred and paid in 2009 .....

Expenses incurred and not paid in 2009 .....

#### Qualifying Persons for Child/Dependent Care Expenses:

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

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

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

**Please enclose copies of all Forms 1098-T**

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



# Household Employment Taxes

19

## General Information:

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$1,700 or more in 2009? ☐ Yes ☐ No

Did you withhold any federal income tax from wages paid to any household employee? ☐ ☐

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009? ☐ ☐

## Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes .....

Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....

Federal income tax withheld .....

Advance earned income credit (EIC) payments .....

State disability plan payments subject to social security taxes .....

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....

2009 Amount	2008 Amount

## Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? ☐ Yes ☐ No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? ☐ ☐

2009 Amount	2008 Amount
Total cash wages subject to FUTA tax .....	

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2010

Name of State	State Reporting Number	Taxable Wages	Contribution Paid to Unemployment Fund	X	2008 Amount



## Federal Tax Payments

20

### Refund Application:

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

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

### Federal Estimated Tax Payments:

2009 1st Quarter Estimate ..... (Due 04-15-2009)  
2009 2nd Quarter Estimate ..... (Due 06-15-2009)  
2009 3rd Quarter Estimate ..... (Due 09-15-2009)  
2009 4th Quarter Estimate ..... (Due 01-15-2010)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2008 overpayment applied to 2009 estimate .....

### Tax Planning Information for Tax Year 2010:

Do you expect any of the following to occur in 2010?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

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




## State and City Tax Payments

20A

### State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2009 1st Quarter Estimate .....		
2009 2nd Quarter Estimate .....		
2009 3rd Quarter Estimate .....		
2009 4th Quarter Estimate .....		

2008 overpayment applied to 2009 estimate .....

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

Estimated tax payments for 2008 paid in 2009 .....

### State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2009 1st Quarter Estimate .....		
2009 2nd Quarter Estimate .....		
2009 3rd Quarter Estimate .....		
2009 4th Quarter Estimate .....		

2008 overpayment applied to 2009 estimate .....

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

Estimated tax payments for 2008 paid in 2009 .....

### State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2009 1st Quarter Estimate .....		
2009 2nd Quarter Estimate .....		
2009 3rd Quarter Estimate .....		
2009 4th Quarter Estimate .....		

2008 overpayment applied to 2009 estimate .....

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

Estimated tax payments for 2008 paid in 2009 .....



**Foreign Employment Information**  
**(Page 1 of 3)**

**30**

**General Information:**

TS .....	_____
Foreign address .....	_____
	_____
	_____
Name of employer .....	_____
Employer's U.S. address .....	_____
	_____
	_____
Employer's foreign address .....	_____
	_____
	_____
Employer type: Foreign entity, U.S. company, Foreign affiliate of a U.S. company, Self .....	_____
Enter the last year (after 1981) that Form 2555 was filed to claim either of the exclusions .....	_____
Type of exclusions revoked in prior years .....	_____
If a separate foreign residence was maintained for your family due to adverse living conditions, please provide the city, country, and number of days maintained .....	_____
List tax home(s) during tax year and dates established .....	_____
Country of citizenry or nationality .....	_____
Qualified housing expenses for the tax year .....	<input type="text"/>
Adjustment to employer provided amounts for qualified housing expense .....	<input type="text"/>





**Foreign Employment Information**  
**(Page 3 of 3)**

**30B**

**Days Present in the U.S. or Its Possessions During the Tax Year (Bona Fide Residence Test):**

Date Arrived in U.S. (Mo/Da/Yr)	Date Left U.S. (Mo/Da/Yr)	Number of Days in U.S. on Business	Date Arrived in U.S. (Mo/Da/Yr)	Date Left U.S. (Mo/Da/Yr)	Number of Days in U.S. on Business

**Physical Presence Test Information:**

**Tax Home History:**

Most recent tax home . . . . .  
First previous tax home . . . . .  
Second previous tax home . . . . .  
Third previous tax home . . . . .

Principal City and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)

**Travel Abroad for 12 Month Period (Physical Presence Test):**

Name of Country (Including U.S.)	Date Arrived (Mo/Da/Yr)	Date Left (Mo/Da/Yr)	Full Days in Country	Number of Days Present in U.S. on Business



# Foreign Wages and Other Income

(Page 1 of 2)

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## Foreign Questions for 2009:

If you will be outside the U.S., do you want an automatic extension if you qualify? .....

Will any tax due be paid with the extension? .....

If you were working outside the U.S., did you terminate your foreign employment in 2009? .....

Did you have foreign income derived from sources within designated "Boycott Activities"? .....

If Yes, please provide all information pertaining to the boycott activities.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Foreign Source Wages and Salaries:

Please enclose all copies of your current year Forms W-2 or other wage statements

TS \_\_\_\_\_ Employer name .....

Employer address .....

Employer city .....

Employer state .....

Employer ZIP .....

Employer foreign country .....

Base wages .....

Federal tax withheld .....

FICA withheld .....

Medicare tax withheld .....

Days in foreign country before foreign assignment .....

Days in foreign country after foreign assignment .....

Days in U.S. while on foreign assignment .....

2009 Amount	2008 Amount

## Allowances and Reimbursements:

Cost of living and overseas differential .....

Moving expense reimbursement .....

Family .....

Education .....

Home leave .....

Quarters .....

Bonus .....

Stock option .....

Tax reimbursement .....

Survivor's insurance .....

Automobile .....

Hardship premium .....

Other Allowances and Reimbursements:

2009 Amount	2008 Amount

Description	2009 Amount	2008 Amount

## State and Local Information:

State	Employer's State I.D. No.	State Wages, Tips	State Income Tax	Local Wages, Tips	Local Income Tax	City	Locality Name



