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2008 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2008 tax return.

To save you time, selected information from your 2007 tax return has been entered within this organizer. Please line through any information which does not apply to your 2008 tax return.

In some cases, 2007 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

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2008 TAX ORGANIZER

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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.

Taxpayer Signature	Date
Spouse Signature	Date

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



Questions (Page 1 of 3)

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

Personal Information:

	Yes	No
Did your marital status change during 2008?	<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 2008?	<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 \$900?	<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 \$900?	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings during 2008?	<input type="checkbox"/>	<input type="checkbox"/>

Purchases, Sales and Debt:

Did you have any debts canceled, forgiven or refinanced during 2008?	<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 2008?	<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 2008?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange or purchase any real estate in 2008? 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 2008?	<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 2008? 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 2008?	<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 2008?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell any securities not reported on your Form 1099-B?	<input type="checkbox"/>	<input type="checkbox"/>



Itemized Deductions:

- Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?
- Did you incur any casualty or theft losses during the year?
- Did you make any large purchases, such as motor vehicles and boats?
- Did you incur any casualty or loss attributable to a federally declared disaster?
- Did you incur any casualty or loss attributable to the Midwestern disaster area?

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"/>

Miscellaneous:

- Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2008?
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 2008?
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?
- 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?
- Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?
- Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q.
- Did you or your dependents incur any post-secondary education expenses, such as tuition?

<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"/>
<input type="checkbox"/>	<input type="checkbox"/>
<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?
- Did you move to a different home because of a change in the location of your job?
- Did you pay in excess of \$1,000 in any quarter, or \$1,600 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

Months
<input type="text"/>

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

- Did you receive unreported tip income of \$20 or more in any month of 2008?
- Did you or your spouse receive distributions from long-term care insurance contracts?
If Yes, please include Form 1099-LTC.
- 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"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- Did you create or transfer money or property to a foreign trust?

<input type="checkbox"/>	<input type="checkbox"/>
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- Did you purchase a new "hybrid", or alternative technology vehicle in 2008?

<input type="checkbox"/>	<input type="checkbox"/>
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- 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"/>
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- 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"/>
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- Were you notified by the IRS or other taxing authority of any changes in prior year returns?

<input type="checkbox"/>	<input type="checkbox"/>
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- Did you lose your job during 2008 because of foreign competition and pay for your own health insurance?

<input type="checkbox"/>	<input type="checkbox"/>
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- 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"/>
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- Were any distributions from your IRA and/or Roth IRA account(s) distributed to a charitable organization?

<input type="checkbox"/>	<input type="checkbox"/>
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**Miscellaneous: (continued)**

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you engage in any bartering transaction?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$12,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during 2008?	<input type="checkbox"/>	<input type="checkbox"/>

Severance/Retirement:

Did you retire or change jobs in 2008?	<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

Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking any distribution?	<input type="checkbox"/>	<input type="checkbox"/>
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Sale of Your Home:

Did you sell your home in 2008?	<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 2008?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2008?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2008 Amount Contributed



Personal Information, Dependent(s) and Wages

3

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

Taxpayer Spouse

Yes	No	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"/>

Are you considered legally blind per IRS regulations?
Do you want to contribute to the Presidential Election Campaign Fund?
Stimulus payment received before any reductions (If not received, enter -0)

Dependent Information:

Did dependent have income over \$3,500?

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

4B

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. If the account should be used for a refund anticipation loan, please mark both the refund anticipation loan box and either the checking or trad. savings box.

(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 ☐ Refund Anticipation Loan

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?

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

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

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

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

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 ☐ Refund Anticipation Loan

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?

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

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

<input type="checkbox"/>	<input type="checkbox"/>
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What amount do you want withdrawn if not the entire balance due?

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



Please enclose copies of all Forms 1099-INT or other documents relating to interest received

TSJ	Name of Payer	Savings & Loans, Bank and Other	U.S. Bonds and Obligations	Tax-Exempt Interest	2007 Interest Amount
Total					

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	2007 Gross Dividends Amount
	</					

Enter Any Additional Information:

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



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 2008:

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"/>
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Were you involved in the operations of this business on a regular, continuous and substantial basis?

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

2008 Amount	2007 Amount
Health insurance premiums paid for yourself and your dependents	

Income:

2008 Amount	2007 Amount
Gross receipts or sales	
Less returns and allowances	

Cost of Goods Sold:

2008 Amount	2007 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	2008 Amount	2007 Amount

Ending inventory

Other Income:

Description	2008 Amount	2007 Amount

Name of Business: _____

Principal Business or Profession:

Expenses:

Advertising	.....
Car and truck expenses	.....
Parking fees and tolls	.....
Commissions and fees	.....
Contract labor	.....
Employee benefit programs and health insurance (other than pension and profit-sharing plans)	.....
Insurance (other than health)	.....
Interest - mortgage (paid to banks, etc.)	.....
Interest - other	.....
Legal and professional fees	.....
Office expense	.....
Pension and profit-sharing plans	.....
Rent or lease - vehicles, machinery and equipment	.....
Rent or lease - other business property	.....
Repairs and maintenance	.....
Supplies (not included in Cost of Goods Sold)	.....
Taxes and licenses	.....
Travel	.....
Meals and entertainment	.....
Utilities	.....
Wages	.....
Dependent care benefits	.....

[illegible]

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



Business Expenses - Vehicle Information

6B

Name of Business:

Principal Business or Profession:

Vehicle Questions for 2008:

Do you have evidence to support your deduction?

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

If Yes, is the evidence written?

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

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

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

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

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

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

Yes	No
<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? ☐ Yes ☐ No

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

Mileage:

Total miles

Total business miles

Total business miles after June 30

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	
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	
2008 Miles	2007 Miles
2008 Amount	2007 Amount

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	
2008 Miles	2007 Miles
2008 Amount	2007 Amount

Location of Property:

TSJ _____

Type of property . . .

Ownership percentage if not 100%

How many days was this property rented at fair market value?

How many days was this property used personally (including use by family members)?

2008	2007
%	

Income:

Rents received

Royalties received

Other Income:

2008 Amount	2007 Amount

Description	2008 Amount	2007 Amount

Expenses:

Advertising

Auto and travel

Cleaning and maintenance

Commissions

Insurance

Legal and other professional fees

Management fees

Mortgage interest paid to banks, etc.

Mortgage interest paid to individuals

Other interest

Repairs

Supplies _____

Taxes

Utilities

Dependent care benefits

Other Expenses:

[illegible][illegible]



**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	
	2008 Amount	2007 Amount



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

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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



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 _____	
	2008 Amount	2007 Amount	2008 Amount	2007 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 2008				
Social security benefits received				
Social security benefits repaid in 2008				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2008				
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

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

TS	2008 Amount	2007 Amount

Other Income:

TSJ	Nature and Source	2008 Amount	2007 Amount

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

TSJ	Nature and Source	2008 Amount	2007 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2008 Amount	2007 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
Number of miles traveled for medical care after June 30
Lodging
Doctors, dentists, etc.
Hospitals
Lab fees
Eyeglasses and contacts

TSJ	2008 Amount	2007 Amount

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

2008 Amount	2007 Amount

Other Medical Expenses:

TSJ	Description	2008 Amount	2007 Amount

Taxes Paid: Please include copies of your tax bills

Personal property taxes paid (include vehicle taxes)
General sales taxes paid on specified items
Note: Real estate taxes are deductible for taxpayers not itemizing in 2008

TSJ	2008 Amount	2007 Amount

TSJ	Real Estate Taxes	2008 Amount	2007 Amount

Other Taxes Paid:

TSJ	Description	2008 Amount	2007 Amount

If you purchased or sold your home in 2008, 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 2008:

	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"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2008 Amount	2007 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2008 Amount	2007 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2008 Amount	2007 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2008 Amount

Investment Interest Expense:

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

TSJ	Paid To	2008 Amount	2007 Amount



Itemized Deductions - Contributions

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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	2008 Amount	2007 Amount

TSJ	Conservation Real Property	2008 Amount	2007 Amount
	100% limit		
	50% limit		

TSJ	Description	2008 Miles	2007 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		
	Number of miles traveled performing volunteer work for qualified charitable organizations for Midwest disaster relief work before July 1, 2008		
	Number of miles traveled performing volunteer work for qualified charitable organizations for Midwest disaster relief work after June 30, 2008		

TSJ	Description	2008 Amount
	Cash contributions made on or after May 2, 2008, in support of Midwestern disaster area relief efforts	

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

TSJ	Description of Donated Property	2008 Amount	2007 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



Itemized Deductions - Miscellaneous

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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	2008 Amount	2007 Amount

Other Itemized Deductions:

Examples:

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

TSJ	Description	2008 Amount	2007 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

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



Employee Business Expenses

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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:

2008 Amount	2007 Amount

Description	2008 Amount	2007 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

2008 Amount	2007 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
Total business miles after June 30
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
Other Vehicle Expenses:

2008	2007

Description	2008 Amount	2007 Amount



Child/Dependent Care Expenses & Education Expenses

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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 2007 but paid in 2008

Employer-provided dependent care benefits that were forfeited in 2008

2007 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)

2008 Amount

2007 Amount

Expenses incurred and paid in 2008

Expenses incurred and not paid in 2008

Provider 2:

Name

Street address

City, state and ZIP code

Social security number OR

Employer identification number

Telephone number (California only)

2008 Amount

2007 Amount

Expenses incurred and paid in 2008

Expenses incurred and not paid in 2008

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2008 Expenses Incurred	2007 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	2008 Qualified Expenses



Federal Tax Payments

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Refund Application:

If you have an overpayment of 2008 taxes, do you want the excess:

Refunded ☐ Yes ☐ No
Applied to your 2009 estimated tax liability ☐ Yes ☐ No

Federal Estimated Tax Payments:

2008 1st Quarter Estimate (Due 04-15-2008)
2008 2nd Quarter Estimate (Due 06-16-2008)
2008 3rd Quarter Estimate (Due 09-15-2008)
2008 4th Quarter Estimate (Due 01-15-2009)

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

2007 overpayment applied to 2008 estimate

Tax Planning Information for Tax Year 2009:

Do you expect any of the following to occur in 2009?

	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

2008 1st Quarter Estimate
2008 2nd Quarter Estimate
2008 3rd Quarter Estimate
2008 4th Quarter Estimate

2007 overpayment applied to 2008 estimate

Balance of prior year(s)' tax paid in 2008 plus
amount paid with 2007 extensions

Estimated tax payments for 2007 paid in 2008

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2008 1st Quarter Estimate
2008 2nd Quarter Estimate
2008 3rd Quarter Estimate
2008 4th Quarter Estimate

2007 overpayment applied to 2008 estimate

Balance of prior year(s)' tax paid in 2008 plus
amount paid with 2007 extensions

Estimated tax payments for 2007 paid in 2008

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2008 1st Quarter Estimate
2008 2nd Quarter Estimate
2008 3rd Quarter Estimate
2008 4th Quarter Estimate

2007 overpayment applied to 2008 estimate

Balance of prior year(s)' tax paid in 2008 plus
amount paid with 2007 extensions

Estimated tax payments for 2007 paid in 2008