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2009 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.)		



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"/>



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 2009?
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?
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 \$1,700 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 2009?
- 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?
- Did you create or transfer money or property to a foreign trust?
- Did you purchase a new "hybrid", or alternative technology vehicle, including a qualified plug-in electric drive motor vehicle in 2009?
- Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?
- Have you received a punitive damage award or an award for damages other than for physical injuries or illness?
- Were you notified by the IRS or other taxing authority of any changes in prior year returns?
- Did you lose your job during 2009 because of foreign competition and pay for your own health insurance?
- Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?
- 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?
- Were any distributions from your IRA and/or Roth IRA account(s) distributed to a charitable organization?

<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"/>
<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"/>



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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

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"/>

Taxpayer Spouse

Yes	No	Yes	No
<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?

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



Electronic Filing

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Electronic Filing: **Please enclose all copies of your current year Forms W-2**

Electronic filing is the means by which your return is transmitted directly to the IRS. Electronic filing is the only filing method that provides you with acknowledgement that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 2 weeks.

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

If you qualify for electronic filing, would you like to file the return electronically with the IRS? ☐ **Yes** ☐ **No**

Would you like your return prepared and filed electronically when you have a balance due? ☐ ☐

Would you like your federal return filed electronically only if your refund is greater than a certain minimum dollar amount? ☐ ☐

If Yes, enter the amount here.

If you qualify, would you like to file your state return electronically? ☐ ☐

If you file more than one state, do you want to file all of them electronically? ☐ ☐

The IRS has implemented a program to allow taxpayers to e-file without mailing a signature document. In order to participate, please provide a 5-digit self-selected Personal Identification Number (PIN).

Self-selected PIN:

Taxpayer PIN

Spouse PIN



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. 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

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

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

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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

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



Interest Income

5A

Interest Information:

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	2008 Interest Amount
Total					

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	2009 Interest Amount	2008 Interest Amount

Address of Individual to Whom Mortgage Interest Was Paid

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? ☐ ☐



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

Name of Business: _____
Principal Business or Profession: _____

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

If you are a statutory employee, 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 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
	Yes		No

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

	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



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	
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div>		<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div>	
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div>		<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div>	
2009 Miles	2008 Miles	2009 Miles	2008 Miles
2009 Amount	2008 Amount	2009 Amount	2008 Amount



Business Use of Home

6E

Name of Business:

Principal Business or Profession:

Partial Use of Your Home for Business:

2009	2008

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

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



Sale of Your Home and Moving Expenses

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Sale or Exchange of Your Home:

Please attach the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ
Date acquired (Mo/Da/Yr)
Date sold (Mo/Da/Yr)
Selling price

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No
If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live
in the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No
If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage
was acquired or the date the mortgage was most recently renegotiated

Moving Expenses:

TSJ

Were the moving expenses reimbursed by your employer? ☐ Yes ☐ No

Enter reimbursements not included in wages on your Form W-2

Mileage:

Number of miles from old home to new workplace
Number of miles from old home to old workplace
Number of automobile miles in move

Miles

Transportation Expenses:

Costs of transportation of household goods and personal effects
Costs of travel and lodging (do not include meals or automobile expenses)
Automobile expenses (gasoline, oil, etc.)
Meals (Pennsylvania only)

Amount

**Individual Retirement Account (IRA):**

TS
Name of payer

IRA Questions for 2009:

Yes	No

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.

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**

	Taxpayer		Spouse	
	Yes	No	Yes	No
Have you established a self-employed retirement or SIMPLE plan with deductible contributions?				
Do you wish to contribute the maximum amount allowed?				
Contributions to:	2009 Amount		2009 Amount	
Simplified employee pension				
Defined benefit plan				
Defined contribution plan				
SIMPLE plan				

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)?

2009	2008
%	

Income:

Rents received

Royalties received

Other Income:

2009 Amount	2008 Amount

Description	2009 Amount	2008 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]



**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 _____	
	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:

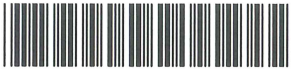
TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

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



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



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



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: _____

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



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)

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

2009 Amount	2008 Amount

Provider 2:

Name
Street address
City, state and ZIP code
Social security number OR
Employer identification number
Telephone number (California only)

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

2009 Amount	2008 Amount

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



General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$1,700 or more in 2009?

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

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

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

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

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

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

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

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

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

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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:

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

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)

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

