

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2009 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2009 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2008 information is included for your reference. You do not need to make any 2008 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2008 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

General Questions

ORG3

PERSONAL INFORMATION		Yes	No
1	Did your marital status change during 2009? If yes , explain	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you want to allow your tax preparer to discuss this year's return with the IRS? If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy. Designee's Name ▶ _____ Phone Number ▶ _____ Personal Identification Number (5 digit PIN) ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you or your spouse plan to retire in 2010?	<input type="checkbox"/>	<input type="checkbox"/>
4	Were you or your spouse permanently and totally disabled in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
5	Enter date of death for taxpayer or spouse (if during 2009 or 2010): Taxpayer: _____ Spouse: _____		
6	Were you or your spouse a member of the U.S. Armed Forces during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT INFORMATION			
		Yes	No
7a	Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
b	If yes , do you want us to prepare the return(s)?	<input type="checkbox"/>	<input type="checkbox"/>
8a	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1,900?	<input type="checkbox"/>	<input type="checkbox"/>
b	If yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
10	Did you provide over half the support for any other person during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
11	Did you incur adoption expenses during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
IRA AND PENSION PLAN			
		Yes	No
12	Did you receive payments from a pension or profit-sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
13	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
14	Did you convert all or part of a regular IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
15	Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>
ITEMS RELATED TO INCOME/LOSSES			
		Yes	No
16	Did you receive any disability payments in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
17	Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
18a	Did you buy, sell, refinance, or abandon a principal residence or other real property in 2009? (Attach copies of any escrow statements or Forms 1099.)	<input type="checkbox"/>	<input type="checkbox"/>
b	Are you planning to purchase a home soon?	<input type="checkbox"/>	<input type="checkbox"/>
19	Did you incur any casualty or theft losses during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
20	Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
PRIOR YEAR TAX RETURNS			
		Yes	No
21	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
22	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS AND TAXES

- | | Yes | No |
|--|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24a At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2009? If yes , report all interest income on Org 11 | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

- | | Yes | No |
|---|--------------------------|--------------------------|
| 26 Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 30 Did you receive an economic stimulus payment in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received social security, railroad retirement, veterans disability compensation or some pension benefits you would probably have received an extra \$250 payment in 2009. Report the amount here ... _____ | | |
| 31 Did you add energy efficient property to your home in 2009? This refers to solar energy, solar water heating, fuel cell, small wind energy or a geothermal heat pump | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you start paying mortgage insurance premiums in 2009? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you purchase a motor vehicle or boat during 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , attach documentation showing sales tax paid. | | |
| 34 Did you purchase a hybrid vehicle in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , enter year, make, model, and date purchased: _____ | | |
| 35 Did you donate a vehicle in 2009? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 What was the sales tax rate in your locality in 2009? _____ % State ID | | |
| 37 Did you or your spouse make gifts of over \$13,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach details. | | |
| 40 Did you or your spouse participate in a medical savings account in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 41 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you pay any individual for domestic services in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you, your spouse, or your dependents attend post-secondary school in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did a lender cancel any of your debt in 2009? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach information. | | |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | Yes | No |
|--|--------------------------|--------------------------|
| 47 If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |

Caution: Review transferred information for accuracy.

- 49 If **yes**, please provide the following information:
- a Name of your financial institution
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32)
- c Account number
- d What type of account is this?
- Checking Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2009? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient.		
13 Did you purchase special fuels for non-highway use? If yes , please list the type of use and the number of gallons for each fuel. _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2008 federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>

Basic Taxpayer Information

ORG6

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name	_____	_____
First name	_____	_____
Middle initial and suffix	MI Suffix	MI Suffix
Social security number	_____	_____
Occupation	_____	_____
Work phone/extension	_____	_____
Cell phone	_____	_____
E-mail address	_____	_____
Birthdate or age as of 1-1-2010 ...	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Street address ... _____ Apartment number _____
 City State ZIP code
 Home phone Foreign country
 Fax Foreign phone

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

 Check this box if you **did not** live with spouse at any time during the year ▶

 Check this box if you are eligible to claim spouse's exemption ▶

 Check this box if your spouse itemizes deductions ▶

4 Head of household

 If the qualifying person is a child but not your dependent, enter

 Child's name Child's social security number

5 Qualifying widow(er)

 Check the box for the year the spouse died ▶ 2007 2008

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2009 Child Care Expense
		+Months in U.S.	*Not Citizen	2008 Child Care Expense
-----	-----		<input type="checkbox"/>	
-----	-----		<input type="checkbox"/>	
-----	-----		<input type="checkbox"/>	
-----	-----		<input type="checkbox"/>	

** For the Dependent Code, enter the following: L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies you for the earned income credit and/or the child tax credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

Attach all copies of your W-2 forms here.

1	Employer's name	Check if not applicable for 2009	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		_____
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4a Clergy: Enter your designated housing or parsonage allowance		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value		_____
	c Check SE tax on: (a) housing or parsonage allowance	(b) W-2 wages	(c) both
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

2	Employer's name	Check if not applicable for 2009	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		_____
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4a Clergy: Enter your designated housing or parsonage allowance		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value		_____
	c Check SE tax on: (a) housing or parsonage allowance	(b) W-2 wages	(c) both
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

Attach all copies of your 1099-R forms here.

1	Payer's name	Check if not applicable for 2009	<input type="checkbox"/>
	Payer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	2a If a partial rollover, enter the amount rolled over		_____
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		_____
	3 Health insurance premiums deductible on Schedule A		_____
	4a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
	b If only part of distribution is RMD, enter the part that is RMD		_____

2	Payer's name	Check if not applicable for 2009	<input type="checkbox"/>
	Payer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	2a If a partial rollover, enter the amount rolled over		_____
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		_____
	3 Health insurance premiums deductible on Schedule A		_____
	4a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
	b If only part of distribution is RMD, enter the part that is RMD		_____

W-2G – GAMBLING OR LOTTERY WINNINGS

Attach all copies of your W-2G forms here.

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

<input checked="" type="checkbox"/> Attach all copies of SSA and RRB forms.	Taxpayer	Spouse
1 Social Security Benefits from Form SSA-1099		
2 Federal income tax withheld from Form SSA-1099		
3 Medicare B premiums withheld from Form SSA-1099		
4 Medicare D premiums withheld from Form SSA-1099		
5 Railroad Retirement Benefits from Form RRB-1099		
6 Federal income tax withheld from Form RRB-1099		
7 Medicare premiums withheld from Form RRB-1099		

FORM 1099-G

Attach all copies of 1099-G forms.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name			
1	Unemployment compensation			
a	Unemployment benefits you repaid in 2009			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2007 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld			
5	Alternative Trade Adjustment Assistance			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	State income tax withheld			
	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation	_____	_____	_____
9	Market gain			

OTHER INCOME

Nature and Source	2009 Taxpayer	2009 Spouse	2008 Combined
1 Alimony received			
2 Scholarship/fellowship income not on Form W-2			
3 Recovery of bad debts previously deducted			
4 Jury duty pay			
5 Bartering income not reported elsewhere			
6 Income from the rental of personal property			
7 Other miscellaneous income items: Description:			

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

****Type of Interest**
 blank = Regular taxable interest
 ME1 = ME bond interest in federal income
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest
 NH1 = NH nontaxable interest — taxable federal
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest
 TN1 = TN nontaxable interest — taxable federal
 WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2009 Box 1 Interest	Type of Interest**	2009 Box 3 US/Treasury Interest	2009 Box 8 Tax Exempt	State	2008 Box 1 + 3

X* Check if you did not receive income from this account in 2009.

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2009 Box 1a Ordinary Dividends	2009 Box 1b Qualified Dividends	2009 Box 2a Capital Gains	State	2008 Box 1a + 2a

X* Check if you did not receive income from this account in 2009.

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2009	2008
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5a Insurance reimbursement		
b Medical (MSA) or health (HSA) savings account distributions		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees		
9 Expenses for qualified long-term care		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes		
13 Ambulance fees and other medical transportation costs		
14 Lodging		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2009	2008
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle		
19 Other personal property taxes		
20 Other taxes:		
_____		
_____		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2009	2008
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2009
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2008 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

INVESTMENT INTEREST		
	2009	2008
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

Interest Paid and Cash Contributions (continued)

ORG14

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2009	2008
	<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"/>		
Charitable miles driven			
Parking fees, tolls, and local transportation			

Noncash Contributions

ORG14A

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Amount
A _____	<input type="checkbox"/>		
B _____	<input type="checkbox"/>		
C _____	<input type="checkbox"/>		
D _____	<input type="checkbox"/>		
E _____	<input type="checkbox"/>		
F _____	<input type="checkbox"/>		
G _____	<input type="checkbox"/>		
H _____	<input type="checkbox"/>		
I _____	<input type="checkbox"/>		

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

* Method for Fair Market Value	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

*** Methods of determining FMV:**

- | | | |
|---------------|--------------------------|-------------------|
| Appraisal | Capitalization of income | Present value |
| Average share | Comparative sales | Replacement cost |
| Catalog | Consignment shop | Reproduction cost |
| | | Thrift shop |

**** Type of Donated Property**

- | | | |
|---------------------------------|-----------------------------------|--|
| Household/clothing items | Business equipment | Intellectual property |
| Motor vehicle, boat or airplane | Business inventory | Real property, conservation property |
| Art, other than self-created | Stock, publicly traded | Real property, other than conservation |
| Art, self-created | Stock, other than publicly traded | Other personal property |
| Collectibles | Securities, other than stock | Other intangible property |

***How Property was Acquired: Purchase, Gift, Inheritance, Exchange

Adjustments to Income

ORG28

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2009		
2 Check if you were covered by a retirement plan at work	<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return	<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount	<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute		
If you (a) received traditional IRA distributions during 2009 and you have made nondeductible IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, OR (b) choose to make any nondeductible traditional IRA contributions for 2009, please provide this information:		
6 Enter the value of all of your IRAs on 12/31/2009		
7 Enter the value of all recharacterizations after 12/31/2009		
8 Enter the amount of any outstanding rollovers as of 1/1/2010		
If you received IRA distributions during 2009, please complete ORG7.		
ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2009		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return	<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount	<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute		
SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
Money Purchase Plan Keogh and Multiple Plans:		
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2009		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2009	<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing Plan Keogh:		
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2009		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2009	<input type="checkbox"/>	<input type="checkbox"/>
Defined Benefit Plan Keogh:		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2009		
SEP:		
4 a Payments made and/or expected to be made to a SEP for 2009		
b Check this box if you wish to contribute the maximum amount to your SEP for 2009	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed SIMPLE Plan:		
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2009		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2009		
Individual 401(k):		
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2009		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2009		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2009		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2009	<input type="checkbox"/>	<input type="checkbox"/>
Roth 401(k):		
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2009		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2009		
ALIMONY PAID		
1 Recipient's social security number	Alimony paid	
2 Recipient's social security number	Alimony paid	

Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES			
Enter below the persons or organizations who provided the child and dependent care.			
Name	Address	ID Number	Amount Paid
1 _____	_____		
2 _____	_____		
3 _____	_____		
4 _____	_____		
EXPENSES		2009	2008
1 Total employment taxes paid on wages for child care expenses			
2 Total expenses paid in 2009 but not incurred in 2009			
3 Total expenses incurred in 2009 but not paid in 2009			
4 Medical expenses paid for qualifying persons unable to care for themselves			
STUDENT/DISABLED PERSON INFORMATION		Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled, answer the following questions:			
a Enter the number of months that taxpayer/spouse did not work and was a full-time student or disabled			
b Enter earned income if the taxpayer/spouse who was a student or disabled did work			

Education Information

ORG36

EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified education expense.

Student's First Name Student's Last Name Social Security Number	Middle Initial Suffix	Student is qualified for:	
		Yes	No
-----	-----	American Opportunity Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	Hope Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	Lifetime Learning Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	Tuition and Fees Deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	Midwest Disaster Area	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	American Opportunity Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	Hope Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	Lifetime Learning Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	Tuition and Fees Deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	Midwest Disaster Area	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	American Opportunity Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	Hope Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	Lifetime Learning Credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	Tuition and Fees Deduction	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	-----	Midwest Disaster Area	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATOR EXPENSES	2009	2008
1 a Taxpayer educator expenses		
b Spouse educator expenses		

STUDENT LOAN INTEREST PAID	2009	2008
2 Enter the total interest you paid in 2009 on qualified student loans		

FORM 1099-Q

State Code	Name of Payer or Program	Check if Spouse	Gross Distribution Box 1	Earnings Box 2	Type Box 5
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

Tax Payments

ORG40

2009 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/15/09								
2 Qtr 2 due by 06/15/09								
3 Qtr 3 due by 09/15/09								
4 Qtr 4 due by 01/15/10								
5a Additional payments ..								
b Additional payments ..								
c Additional payments ..								
d Additional payments ..								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2008 overpayment applied to 2009			
7 Balance due paid with 2008 return			
8a 2008 Quarter 4 payments paid in 2009			
b 2008 extension payments paid in 2009			
9 Other taxes paid in 2009 for prior years (include explanation)			

2010 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2010, please enter the increase or decrease below.

Income

10 Wages	Taxpayer	<input style="width: 90%;" type="text"/>
	Spouse	<input style="width: 90%;" type="text"/>
11 Self-Employment Income	Taxpayer	<input style="width: 90%;" type="text"/>
	Spouse	<input style="width: 90%;" type="text"/>
12 Capital Gains (sale of stock, real estate, etc)		<input style="width: 90%;" type="text"/>
13 Other Income:		
Description		<input style="width: 90%;" type="text"/>

Deductions

14 Allowable Itemized Deductions	<input style="width: 90%;" type="text"/>
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	<input style="width: 90%;" type="text"/>
16 Federal Withholding	<input style="width: 90%;" type="text"/>
17 Number of personal exemptions expected for 2010	<input style="width: 90%;" type="text"/>

ADDITIONAL INFORMATION

18 Check to use your 2009 tax amount for your 2010 estimate	<input type="checkbox"/>
19 If you have an overpayment of 2009 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20 Amount to apply if not entire overpayment	<input style="width: 90%;" type="text"/>
21 Number of installments for estimated tax (1 - 4)	<input style="width: 90%;" type="text"/>

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence		
2 Check the appropriate box if:	Taxpayer	Spouse
a Full year resident	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____ School district: _____ School district number: _____		
	Taxpayer	Spouse
5 Check if disabled	<input type="checkbox"/>	<input type="checkbox"/>

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

		Yes	No
8 Did you file a state return for 2008?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded <input type="checkbox"/>	b Apply to 2010 estimates <input type="checkbox"/>	c Apply to 2010 taxes <input type="checkbox"/>	
12 Additional state information: _____			

