

# 2009 Client Organizer

*Compliments of:*



**Cunningham, Malone & Morton**  
*The Tax Professionals*

710 E Street, Suite 100, Eureka, CA 95501—(707) 441-1111



**Cunningham,  
Malone & Morton**  
*The Tax Professionals*

**710 E Street, Suite 100, Eureka, CA 95501**  
Telephone (707) 441-1111 - Fax (707) 444-0210  
*E-mail: [cmmtax@cmmtax.com](mailto:cmmtax@cmmtax.com)*  
*Website: [www.cmmtax.com](http://www.cmmtax.com)*

This Client Organizer is designed to help you gather tax information needed to prepare your 2009 personal income tax return. We have preprinted certain information from your 2008 personal income tax return to help you complete the organizer with minimal time and effort.

Enter 2009 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Thank you for the opportunity to serve you.

Sincerely,

**Cunningham, Malone & Morton**

**Cunningham,  
Malone & Morton**  
*The Tax Professionals*

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*Engagement Letter*

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2009 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

**Cunningham, Malone & Morton**

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

Sincerely,

Cunningham, Malone & Morton

## Questions

Please check the appropriate box and include all necessary details and documentation .

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1900?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) during the 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"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information</b>		
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, SEP, or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals/contributions from/to a retirement plan (including IRA) due to Midwestern Disaster area relief?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>

**Itemized Deduction Information**

Did you incur a casualty or theft loss during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to substantiate charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an expense account or allowance during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job, for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town for part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous Information**

Did you make gifts of more than \$13,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term health care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any COBRA health care coverage continuation premiums?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a job change?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or your dependents attend a post-secondary school during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the Internal Revenue Service? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.	<input type="checkbox"/>	<input type="checkbox"/>

Form ID: 1040 **Personal Information** 1

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) [1] \_\_\_\_\_

Mark if you were married but living apart all year [2] \_\_\_\_\_

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

**Present Mailing Address**

Address \_\_\_\_\_ [35]

Apartment number \_\_\_\_\_ [36]

City, state postal code, zip code \_\_\_\_\_ [37] \_\_\_\_\_ [38] \_\_\_\_\_ [39]

In care of addressee \_\_\_\_\_ [40]

**Dependent Information**

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

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

Name of child who lived with you but is not your dependent \_\_\_\_\_ [42]

Social security number of qualifying person \_\_\_\_\_ [43]

Dependent Codes			
<b>*Basic</b>	1 = Child who lived with you	<b>**Other</b>	1 = Student (Age 19 - 23)
	2 = Child who did not live with you		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	4 = Claimed under pre-1985 agreement		
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit		

Form ID: Info	<b>Direct Deposit/Electronic Funds Withdrawal Information</b>	2
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If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter the following information:

**Primary account:**

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

**Secondary account #1:**

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

**Secondary account #2:**

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

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

<b>Client Contact Information</b>
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**Preparer - Enter on Screen Contact**

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

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

**NOTES/QUESTIONS:**



Form ID: Est	<b>Estimated Taxes</b>	<b>5</b>
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If you have an overpayment of 2009 taxes, do you want the excess:

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

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

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

If yes, please explain any differences:

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

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

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

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

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

If yes, please explain any differences:

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

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

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

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

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

If yes, please explain any differences:

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

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

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

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

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

If yes, please explain any differences:

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

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

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

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

<b>2009 Federal Estimated Tax Payments</b>
--

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

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

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

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

**NOTES/QUESTIONS:**

Form ID: St Pmt **2009 State Estimated Tax Payments** 6

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
**State postal code** \_\_\_\_\_ [2]

Amount paid with 2008 return + \_\_\_\_\_ [3]  
 2008 overpayment applied to '09 estimates + \_\_\_\_\_ [4]  
 Treat calculated amounts as paid \_\_\_\_\_ [8]

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

**2009 City Estimated Tax Payments**

<p><b>City #1</b></p> <p>City name _____ [28]</p> <p>Amount paid with 2008 return + _____ [31]</p> <p>2008 overpayment applied to '09 estimates + _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p><b>City #2</b></p> <p>City name _____ [50]</p> <p>Amount paid with 2008 return + _____ [53]</p> <p>2008 overpayment applied to '09 estimates + _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
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<table border="0"> <thead> <tr> <th></th> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment</td> <td>_____ [37]</td> <td>+ _____ [38]</td> </tr> <tr> <td>2nd quarter payment</td> <td>_____ [39]</td> <td>+ _____ [40]</td> </tr> <tr> <td>3rd quarter payment</td> <td>_____ [41]</td> <td>+ _____ [42]</td> </tr> <tr> <td>4th quarter payment</td> <td>_____ [43]</td> <td>+ _____ [44]</td> </tr> </tbody> </table>		Date Paid	Amount Paid	1st quarter payment	_____ [37]	+ _____ [38]	2nd quarter payment	_____ [39]	+ _____ [40]	3rd quarter payment	_____ [41]	+ _____ [42]	4th quarter payment	_____ [43]	+ _____ [44]	<table border="0"> <thead> <tr> <th></th> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment</td> <td>_____ [59]</td> <td>+ _____ [60]</td> </tr> <tr> <td>2nd quarter payment</td> <td>_____ [61]</td> <td>+ _____ [62]</td> </tr> <tr> <td>3rd quarter payment</td> <td>_____ [63]</td> <td>+ _____ [64]</td> </tr> <tr> <td>4th quarter payment</td> <td>_____ [65]</td> <td>+ _____ [66]</td> </tr> </tbody> </table>		Date Paid	Amount Paid	1st quarter payment	_____ [59]	+ _____ [60]	2nd quarter payment	_____ [61]	+ _____ [62]	3rd quarter payment	_____ [63]	+ _____ [64]	4th quarter payment	_____ [65]	+ _____ [66]
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**Calculated Amount**

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

**Calculated Amount**

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

<p><b>City #3</b></p> <p>City name _____ [72]</p> <p>Amount paid with 2008 return + _____ [75]</p> <p>2008 overpayment applied to '09 estimates + _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p><b>City #4</b></p> <p>City name _____ [94]</p> <p>Amount paid with 2008 return + _____ [97]</p> <p>2008 overpayment applied to '09 estimates + _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
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3rd quarter payment	_____ [107]	+ _____ [108]																													
4th quarter payment	_____ [109]	+ _____ [110]																													

**Calculated Amount**

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

**Calculated Amount**

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

Please provide all copies of Form W-2.

**2009 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	__[1]	
Employer name _____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 4 = National Guard)	__[5]	
Mark if this is your current employer	__[6]	
Federal wages and salaries <b>(Box 1)</b>	+ _____[10]	_____
Federal tax withheld <b>(Box 2)</b>	+ _____[12]	_____
Social security wages <b>(Box 3)</b> (If different than federal wages)	+ _____[14]	_____
Social security tax withheld <b>(Box 4)</b>	+ _____[16]	_____
Medicare wages <b>(Box 5)</b> (If different than federal wages)	+ _____[18]	_____
Medicare tax withheld <b>(Box 6)</b>	+ _____[20]	_____
SS tips <b>(Box 7)</b>	+ _____[22]	_____
Allocated tips <b>(Box 8)</b>	+ _____[24]	_____
Advanced EIC <b>(Box 9)</b>	+ _____[26]	_____
Dependent care benefits <b>(Box 10)</b>	+ _____[28]	_____
<b>Box 13 -</b>		
Statutory employee	__[30]	
Retirement plan	__[31]	
Third-party sick pay	__[32]	
State postal code <b>(Box 15)</b>	____[33]	
State wages <b>(Box 16)</b> (If different than federal wages)	+ _____[35]	_____
State tax withheld <b>(Box 17)</b>	+ _____[37]	_____
Local wages <b>(Box 18)</b>	+ _____[39]	_____
Local tax withheld <b>(Box 19)</b>	_____ [41]	_____
Name of locality <b>(Box 20)</b>	_____ [44]	_____

	<b>Control Totals +</b>	
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## Wages and Salaries #2

Please provide all copies of Form W-2.

**2009 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	__[1]	
Employer name _____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 4 = National Guard)	__[5]	
Mark if this your current employer	__[6]	
Federal wages and salaries <b>(Box 1)</b>	+ _____[10]	_____
Federal tax withheld <b>(Box 2)</b>	+ _____[12]	_____
Social security wages <b>(Box 3)</b> (If different than federal wages)	+ _____[14]	_____
Social security tax withheld <b>(Box 4)</b>	+ _____[16]	_____
Medicare wages <b>(Box 5)</b> (If different than federal wages)	+ _____[18]	_____
Medicare tax withheld <b>(Box 6)</b>	+ _____[20]	_____
SS tips <b>(Box 7)</b>	+ _____[22]	_____
Allocated tips <b>(Box 8)</b>	+ _____[24]	_____
Advanced EIC <b>(Box 9)</b>	+ _____[26]	_____
Dependent care benefits <b>(Box 10)</b>	+ _____[28]	_____
<b>Box 13 -</b>		
Statutory employee	__[30]	
Retirement plan	__[31]	
Third-party sick pay	__[32]	
State postal code <b>(Box 15)</b>	____[33]	
State wages <b>(Box 16)</b> (If different than federal wages)	+ _____[35]	_____
State tax withheld <b>(Box 17)</b>	+ _____[37]	_____
Local wages <b>(Box 18)</b>	+ _____[39]	_____
Local tax withheld <b>(Box 19)</b>	_____ [41]	_____
Name of locality <b>(Box 20)</b>	_____ [44]	_____

	<b>Control Totals +</b>	
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## Interest Income

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

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

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

## Dividend Income

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

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

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

Please provide copies of all Form 1099-INT or other statements reporting interest income.

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2009	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2009	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2009	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2009	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2009	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2009	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2009	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2009	+ _____ [1]	



Form ID: 1099R	<b>Pension, Annuity, and IRA Distributions #1</b>	15
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Please provide all Forms 1099-R.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__ [1]	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Name of payer _____	[3]	
State postal code _____	[5]	
Gross distributions received <b>(Box 1)</b>	+ _____ [7]	
Taxable amount received <b>(Box 2a)</b>	+ _____ [9]	
Federal withholding <b>(Box 4)</b>	+ _____ [11]	
Distribution code <b>(Box 7)</b>	__ [13]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	__ [14]	
State withholding <b>(Box 10)</b>	+ _____ [15]	
Local withholding <b>(Box 13)</b>	+ _____ [17]	
Amount of rollover	+ _____ [19]	
Mark if distribution was due to a pre-retirement age disability	__ [21]	
Mark if distribution was from an inherited IRA	__ [22]	

	Control Totals +	
--	------------------	--

<b>Pension, Annuity, and IRA Distributions #2</b>
---

Please provide all Forms 1099-R.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__ [1]	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Name of payer _____	[3]	
State postal code _____	[5]	
Gross distributions received <b>(Box 1)</b>	+ _____ [7]	
Taxable amount received <b>(Box 2a)</b>	+ _____ [9]	
Federal withholding <b>(Box 4)</b>	+ _____ [11]	
Distribution code <b>(Box 7)</b>	__ [13]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	__ [14]	
State withholding <b>(Box 10)</b>	+ _____ [15]	
Local withholding <b>(Box 13)</b>	+ _____ [17]	
Amount of rollover	+ _____ [19]	
Mark if distribution was due to a pre-retirement age disability	__ [21]	
Mark if distribution was from an inherited IRA	__ [22]	

	Control Totals +	
--	------------------	--

<b>Pension, Annuity, and IRA Distributions #3</b>
---

Please provide all Forms 1099-R.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__ [1]	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Name of payer _____	[3]	
State postal code _____	[5]	
Gross distributions received <b>(Box 1)</b>	+ _____ [7]	
Taxable amount received <b>(Box 2a)</b>	+ _____ [9]	
Federal withholding <b>(Box 4)</b>	+ _____ [11]	
Distribution code <b>(Box 7)</b>	__ [13]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	__ [14]	
State withholding <b>(Box 10)</b>	+ _____ [15]	
Local withholding <b>(Box 13)</b>	+ _____ [17]	
Amount of rollover	+ _____ [19]	
Mark if distribution was due to a pre-retirement age disability	__ [21]	
Mark if distribution was from an inherited IRA	__ [22]	

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

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [2]

<b>Social Security Benefits</b>
---------------------------------

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

<b>Tier 1 Railroad Benefits</b>
---------------------------------

	2009 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2009 <b>(Box 5)</b>	+ _____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

<b>Additional Information About Benefits Received</b>
---

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

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

**NOTES/QUESTIONS:**

The American Recovery and Reinvestment Act of 2009 provided for a one-time payment of \$250 to retirees, disabled individuals, Social Security beneficiaries and SSI recipients receiving benefits from the Social Security Administration, Railroad Retirement beneficiaries, and veterans receiving disability compensation and pension benefits from the U.S. Department of Veterans' Affairs.

	<b>Taxpayer</b>		<b>Spouse</b>
Economic recovery payment received in 2009 (Do not enter more than \$250 per person)	+ _____	[19]	+ _____
Did you receive a government pension but do not qualify for Social Security benefits? (Y, N)	_____	[21]	_____
			[20]
			[22]

	2009 Information			Prior Year Information
	<b>Taxpayer</b>	<b>Spouse</b>		
State and local income tax refunds	+ _____	[1]		
Alimony received	+ _____	[3]	+ _____	
Unemployment compensation	+ _____	[8]	+ _____	
Unemployment compensation federal withholding	+ _____	[8]	+ _____	
Unemployment compensation state withholding	+ _____	[8]	+ _____	
Unemployment compensation repaid	+ _____	[11]	+ _____	
Alaska Permanent Fund dividends	+ _____	[16]	+ _____	
			[4]	
			[9]	
			[9]	
			[9]	
			[12]	
			[17]	

T/S/J	Self-Employment Income ? (Y, N)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		2009 Information		Prior Year Information			
—	—	_____	+ _____	[14]					
—	—	_____	+ _____						
—	—	_____	+ _____						
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—	—	_____	+ _____						

Form ID: 1099M	<b>Miscellaneous Income #1</b>	<b>17a</b>
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Please provide all Forms 1099-MISC

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

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

	<b>Control Totals +</b>	
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<b>Miscellaneous Income #2</b>
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Please provide all Forms 1099-MISC

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

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

	<b>Control Totals +</b>	
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Form ID: 1099C	<b>Cancellation of Debt, Abandonment #1</b>	<b>18</b>
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Please provide all Forms 1099-C and 1099-A

**If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.**

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

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

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [3]  
 Name of creditor/lender \_\_\_\_\_ [4]  
 Activity identification (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835) \_\_\_\_\_ [7]

**Form 1099-C Cancellation of Debt**

Date canceled (Box 1) \_\_\_\_\_ [9]  
 Amount of debt canceled (Box 2) + \_\_\_\_\_ [10]  
 Interest if included in box 2 (Box 3) + \_\_\_\_\_ [11]  
 Personally liable for repayment of the debt? (Box 5) Yes \_\_\_ [12] No \_\_\_ [13]  
 Bankruptcy (if checked) (Box 6) \_\_\_\_\_ [14]  
 Fair market value of property (Box 7) + \_\_\_\_\_ [15]

**Form 1099-A Acquisition or Abandonment of Secured Property**

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [16]  
 Balance of principal outstanding (Box 2) + \_\_\_\_\_ [17]  
 Fair market value of property (Box 4) + \_\_\_\_\_ [18]  
 Personally liable for repayment of the debt? (Box 5) Yes \_\_\_ [19] No \_\_\_ [20]

	<b>Control Totals +</b>	
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<b>Cancellation of Debt, Abandonment #2</b>
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Please provide all Forms 1099-C and 1099-A

**If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.**

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

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

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [3]  
 Name of creditor \_\_\_\_\_ [4]  
 Activity identification (C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835) \_\_\_\_\_ [7]

**Form 1099-C Cancellation of Debt**

Date canceled (Box 1) \_\_\_\_\_ [9]  
 Amount of debt canceled (Box 2) + \_\_\_\_\_ [10]  
 Interest if included in box 2 (Box 3) + \_\_\_\_\_ [11]  
 Personally liable for repayment of the debt? (Box 5) Yes \_\_\_ [12] No \_\_\_ [13]  
 Bankruptcy (if checked) (Box 6) \_\_\_\_\_ [14]  
 Fair market value of property (Box 7) + \_\_\_\_\_ [15]

**Form 1099-A Acquisition or Abandonment of Secured Property**

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [16]  
 Balance of principal outstanding (Box 2) + \_\_\_\_\_ [17]  
 Fair market value of property (Box 4) + \_\_\_\_\_ [18]  
 Personally liable for repayment of the debt? (Box 5) Yes \_\_\_ [19] No \_\_\_ [20]

	<b>Control Totals +</b>	
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**NOTES/QUESTIONS:**

Form ID: W2G	<b>Gambling Winnings #1</b>	19
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Please provide all copies of Form W-2G.

**2009 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	__	[1]	
Payer name	_____	[3]	
State postal code	_____	[4]	
Mark if professional gambler		[9]	
Gross winnings <b>(Box 1)</b>	+ _____	[11]	
Federal withholding <b>(Box 2)</b>	+ _____	[13]	
Type of wager <b>(Box 3)</b>	_____	[15]	
Date won <b>(Box 4)</b>	_____	[17]	
Transaction <b>(Box 5)</b>	_____	[19]	
Race <b>(Box 6)</b>	_____	[21]	
Identical wager winnings <b>(Box 7)</b>	+ _____	[23]	
Cashier <b>(Box 8)</b>	_____	[25]	
Taxpayer identification number <b>(Box 9)</b>	_____	[27]	
Window <b>(Box 10)</b>	_____	[28]	
First ID <b>(Box 11)</b>	_____	[30]	
Second ID <b>(Box 12)</b>	_____	[31]	
Payer's state ID no. <b>(Box 13)</b>	_____	[32]	
State withholding <b>(Box 14)</b>	+ _____	[33]	
Name of locality	_____	[36]	
Local withholding	_____	[37]	

	<b>Control Totals +</b>		
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<b>Gambling Winnings #2</b>
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Please provide all copies of Form W-2G.

**2009 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	__	[1]	
Payer name	_____	[3]	
State postal code	_____	[4]	
Mark if professional gambler		[9]	
Gross winnings <b>(Box 1)</b>	+ _____	[11]	
Federal withholding <b>(Box 2)</b>	+ _____	[13]	
Type of wager <b>(Box 3)</b>	_____	[15]	
Date won <b>(Box 4)</b>	_____	[17]	
Transaction <b>(Box 5)</b>	_____	[19]	
Race <b>(Box 6)</b>	_____	[21]	
Identical wager winnings <b>(Box 7)</b>	+ _____	[23]	
Cashier <b>(Box 8)</b>	_____	[25]	
Taxpayer identification number <b>(Box 9)</b>	_____	[27]	
Window <b>(Box 10)</b>	_____	[28]	
First ID <b>(Box 11)</b>	_____	[30]	
Second ID <b>(Box 12)</b>	_____	[31]	
Payer's state ID no. <b>(Box 13)</b>	_____	[32]	
State withholding <b>(Box 14)</b>	+ _____	[33]	
Name of locality	_____	[36]	
Local withholding	_____	[37]	

	<b>Control Totals +</b>		
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**NOTES/QUESTIONS:**

**Preparer use only**

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

**Business Income**

	2009 Information	Prior Year Information
Gross receipts or sales	+ _____ [43]	_____
Returns and allowances	+ _____ [45]	_____
Other income:	+ _____ [47]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

**Cost of Goods Sold**

	2009 Information	Prior Year Information
Beginning inventory	+ _____ [49]	_____
Purchases	+ _____ [51]	_____
Labor:	+ _____ [53]	_____
_____	+ _____	_____
_____	+ _____	_____
Materials	+ _____ [55]	_____
Other costs:	+ _____ [57]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Ending inventory	+ _____ [59]	_____

### Schedule C - Expenses

Preparer use only

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

**2009 Information**

**Prior Year Information**

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

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

**Control Totals +**



**Preparer use only**

Description \_\_\_\_\_

**Vacation Home Information**

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

**Passive and Other Information**

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

**NOTES/QUESTIONS:**

**Preparer use only**

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____[2]	
Employer identification number	_____[3]	
Description	_____[4]	
Principal Product	_____[5]	
State postal code	_____[6]	
Accounting method (1 = Cash, 2 = Accrual)	_____[7]	—
Agricultural activity code	_____[9]	_____
Did you "materially participate" in this business? (Y, N)	_____[12]	—
Mark if Schedule F net income or loss should be excluded from self employment income	_____[14]	—
Medical insurance premiums paid by this activity	+ _____[16]	_____
Long-term care premiums paid by this activity	+ _____[18]	

**Cash or Accrual Income Items**

	2009 Information	Prior Year Information
Sales of livestock and other items you bought for resale:		
_____	+ _____[26]	_____
_____	+ _____	_____
_____	+ _____	_____
Cost or other basis of livestock and other items you bought for resale	+ _____[28]	_____
Sale of livestock, produce, grains, other products you raised:		
_____	+ _____[30]	_____
_____	+ _____	_____
_____	+ _____	_____
Taxable crop insurance proceeds received in 2009	+ _____[32]	_____
Mark if electing to defer crop insurance proceeds to 2010	_____[34]	—
Crop insurance proceeds deferred from 2008	+ _____[36]	_____
Accrual sales of livestock, produce, grains, and other products:		
_____	+ _____[38]	_____
_____	+ _____	_____
_____	+ _____	_____
Beginning inventory of livestock and other items	+ _____[40]	_____
Accrual cost of livestock, produce, grains, and other products purchased	+ _____[42]	_____
Ending Inventory of livestock and other items	+ _____[44]	_____

**Cash and Accrual Income Items**

	2009 Information	Prior Year Information
Total cooperative distributions you received	+ _____[46]	_____
Taxable cooperative distributions you received	+ _____[48]	_____
Total agricultural program payments	+ _____[50]	_____
Taxable agricultural program payments	+ _____[52]	_____
CRP payments received while enrolled to receive social security or disability benefits	+ _____[54]	_____
Commodity credit loans reported under election:		
_____	+ _____[56]	_____
_____	+ _____	_____
Total commodity credit loans forfeited	+ _____[58]	_____
Taxable commodity credit loans forfeited	+ _____[60]	_____
Total crop insurance proceeds you received in 2009	+ _____[62]	_____
Custom hire (machine work) income	+ _____[64]	_____
Other income:		
_____	+ _____[66]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
	+ _____	_____



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Form ID: Home	<b>Sale of Principal Residence</b>	33
---------------	------------------------------------	----

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

<b>Exclusion Information</b>
------------------------------

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

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

<b>Form 6252 - Current Year Installment Sale</b>
--

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

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

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

**NOTES/QUESTIONS:**

		<b>Preparer use only</b>
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	2009 Information	Prior Year Information
Description _____	[3]	<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[15]	
Date sold _____	[16]	
Gross sales price of property sold + _____	[17]	
Mortgage and other debts the buyer assumed + _____	[19]	
Cost or other basis + _____	[21]	
Commissions and other expenses of the sale + _____	[23]	
Gross profit percentage _____	[25]	
Total current year principal payments received + _____	[31]	
Prior year principal payments received + _____	[33]	
Total ordinary income to recapture + _____	[35]	
Total ordinary income previously recaptured + _____	[37]	

	<b>Control Totals +</b>			
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<b>Prior Year Installment Sale</b>
------------------------------------

		<b>Preparer use only</b>
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	2009 Information	Prior Year Information
Description _____	[3]	<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[15]	
Date sold _____	[16]	
Gross sales price of property sold + _____	[17]	
Mortgage and other debts the buyer assumed + _____	[19]	
Cost or other basis + _____	[21]	
Commissions and other expenses of the sale + _____	[23]	
Gross profit percentage _____	[25]	
Total current year principal payments received + _____	[31]	
Prior year principal payments received + _____	[33]	
Total ordinary income to recapture + _____	[35]	
Total ordinary income previously recaptured + _____	[37]	

	<b>Control Totals +</b>			
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**NOTES/QUESTIONS:**

Form ID: Sale	<b>Form 4797 and 6252 - General Information</b>	35
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		<b>Preparer use only</b>	
Description			[3]
Taxpayer/Spouse/Joint (T, S, J)			[8]
State postal code			[9]
Mark to include gross proceeds for 1099-S reporting on Form, line 1			[13]
Mark if disposition is due to casualty or theft			[17]
Mark if disposition was to a related party			[19]

<b>Sale Information</b>
-------------------------

Date acquired	[23]
Date sold	[24]
Gross sales price or insurance proceeds received	+ [25]
Cost or other basis	+ [26]
Commissions and other expenses of sale	+ [27]
Depreciation allowed or allowable	+ [28]

<b>Form 4797, Part III - Recapture</b>
--

Additional depreciation after 1975 ( <b>Section 1250</b> )	+ [30]
Applicable percentage (if not 100%) ( <b>Section 1250</b> )	[31]
Additional depreciation after 1969 ( <b>Section 1250</b> )	+ [32]
Soil, water and land clearing expenses ( <b>Section 1252</b> )	+ [33]
Applicable percentage (if not 100%) ( <b>Section 1252</b> )	[34]
Intangible drilling and development costs ( <b>Section 1254</b> )	+ [35]
Applicable payments excluded from income under sec. 126 ( <b>Section 1255</b> )	+ [36]

<b>Form 6252 - Current Year Installment Sale</b>
--

Mortgage and other debts the buyer assumed	+ [37]
Total current year payments received	+ <b>0</b> [38]

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

Related party name			[39]
Address			[40]
State, City and Zip	[41]	[42]	[43]
Identifying number of related party			[44]
Was the property sold as a marketable security? (Y, N)			[45]
Enter date of second sale			[46]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)			[47]
Selling price of property sold by a related party			+ [49]

**NOTES/QUESTIONS:**

Form ID: IRA	<b>Traditional IRA</b>	<b>39</b>
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	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2009	+ _____ [5]	+ _____ [6]
	<b>Taxpayer</b>	<b>Spouse</b>
Enter the nondeductible contribution amount made for use in 2009	+ _____ [9]	+ _____ [10]
Enter the nondeductible contribution amount made in 2010 for use in 2009	+ _____ [11]	+ _____ [12]
Traditional IRA basis	+ _____ [13]	+ _____ [14]
Value of all your traditional IRA's on December 31, 2009:	+ _____ [15]	+ _____ [16]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

<b>Roth IRA</b>
-----------------

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

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

**NOTES/QUESTIONS:**

Please provide all Forms 5498-SA.

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
Name of Trustee _____	[4]	
State postal code _____	[2]	
Archer MSA contributions made in 2009 and 2010 for 2009 <b>(Box 1)</b>	+ _____ [6]	
Total contributions made in 2009 <b>(Box 2)</b>	+ _____ [7]	
Total HSA or Archer MSA contributions made in 2010 for 2009 <b>(Box 3)</b>	+ _____ [8]	
Rollover contribution <b>(Box 4)</b>	+ _____ [9]	
Fair market value of HSA, Archer MSA, or MA MSA <b>(Box 5)</b>	+ _____ [10]	
<b>Box 6 -</b>		
HSA	__ [11]	
Archer MSA	__ [12]	
MA (Medicare Advantage) MSA	__ [13]	

<b>Additional Information</b>
-------------------------------

	2009 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	__ [20]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
Number of months in qualified high deductible health plan in 2009	__ [21]	
Excess contributions for 2008 taken as constructive contributions for 2009	+ _____ [23]	
<b>Complete this section if your account is an Archer MSA or MA MSA</b>		
Amount of annual deductible	+ _____ [30]	
Enter compensation from employer maintaining high deductible health plan	+ _____ [32]	
If self-employed, enter earned income from business under which plan was established +	_____ [35]	
<b>Complete this section if your account is an HSA</b>		
Was the high deductible health plan in effect for December 2009? (Y, N)	__ [39]	
Enter any qualified HSA distribution from health flexible spending arrangement (FSA)	+ _____ [41]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA)	+ _____ [42]	

**NOTES/QUESTIONS:**

**Preparer use only**

Description of move		_____ [2]
Taxpayer/Spouse/Joint (T, S, J)		_____ [3]
Mark if the move was due to service in the armed forces		_____ [7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions		_____ [10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Total amount reimbursed for moving expenses	+ _____	[13]

**NOTES/QUESTIONS:**

		<b>Preparer use only</b>
--	--	--------------------------

Business activity or profession name \_\_\_\_\_ [3]  
 Taxpayer/Spouse (T, S) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) \_\_\_\_\_ [6]  
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) \_\_\_\_\_ [7]  
 Enter the total amount of contributions made to a Keogh plan in 2009 + \_\_\_\_\_ [8]  
 Enter the total amount of contributions made to a Solo 401(k) plan in 2009 + \_\_\_\_\_ [9]  
 Enter the total amount of contributions made to a SEP plan in 2009 + \_\_\_\_\_ [10]  
 Enter the total amount of contributions made to a SARSEP plan in 2009 + \_\_\_\_\_ [11]  
 Enter the total amount of contributions made to a defined benefit plan in 2009 + \_\_\_\_\_ [12]  
 Enter the total amount of contributions made to a profit-sharing plan in 2009 + \_\_\_\_\_ [13]  
 Enter the total amount of contributions made to a money purchase plan in 2009 + \_\_\_\_\_ [14]  
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2009 + \_\_\_\_\_ [15]  
 Enter the total amount of contributions to a SIMPLE IRA plan in 2009 + \_\_\_\_\_ [16]

<b>Catch-up Contributions</b>
-------------------------------

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2009 + \_\_\_\_\_ [17]  
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2009 + \_\_\_\_\_ [18]

<b>Elective Deferrals</b>
---------------------------

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2009 + \_\_\_\_\_ [19]  
 Enter the amount of elective deferrals designated as Roth contributions in 2009 + \_\_\_\_\_ [20]

**NOTES/QUESTIONS:**





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

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

**Education Credits and Tuition and Fees Deduction**

Complete this form if you paid qualified education expenses for higher education costs in 2009. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

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

Important: You cannot claim the following for the same student in the same year:  
 - Hope credit and Lifetime learning credit

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

To qualify for the Hope credit, the student must:

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

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

**NOTES/QUESTIONS:**

Please provide all copies of Form 1099Q

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

<b>Contributions and Basis</b>
--------------------------------

Beneficiary's Information (if not taxpayer or spouse)

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

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

<b>Payments from Qualified Education Programs</b>
---

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

**NOTES/QUESTIONS:**



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

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home  
 1 = Not used to buy, build, improve home or investment  
 2 = Used to pay off previous mortgage  
 3 = Used to pay off previous mortgage, excess proceeds invested  
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

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

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

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

Refinancing Points paid in 2009:

— Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [8]  
 — Description \_\_\_\_\_  
 — Total points paid \_\_\_\_\_  
 — Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 — Points paid in 2009 (**Preparer use only**) \_\_\_\_\_ [9]  
 — Date of refinance \_\_\_\_\_  
 — Total number of payments \_\_\_\_\_  
 — Reported on Form 1098 in 2009 \_\_\_\_\_  
 — Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 — Description \_\_\_\_\_  
 — Total points paid \_\_\_\_\_  
 — Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 — Points paid in 2009 (**Preparer use only**) \_\_\_\_\_  
 — Date of refinance \_\_\_\_\_  
 — Total number of payments \_\_\_\_\_  
 — Reported on Form 1098 in 2009 \_\_\_\_\_

T/S/J	2009 Information	Prior Year Information
	Investment interest expense, other than on K-1s:	
[11]	+	[12]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

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

**Miscellaneous Deductions**

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

Form ID: MortgInt **Home Mortgage Interest Subject To Limitations #1** 51

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2009 Information	Prior Year Information
Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2009, if not 12 _____	[7]	
Principal paid in 2009 + _____	[9]	
Interest paid during 2009 + _____	[11]	
Points reported on Form 1098 for 2009 + _____	[13]	
Grandfather debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[15]	
Grandfather debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[17]	
Home acquisition/improvement debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[19]	
Home acquisition/improvement debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[21]	
Home equity debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[23]	
Home equity debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[25]	
Average balance in 2009 of grandfather debt + _____	[27]	
Average balance in 2009 of home acquisition/improvement debt + _____	[29]	
Average balance for 2009 all types of debt + _____	[31]	
<b>Control Totals +</b>		

**Home Mortgage Interest Subject To Limitations #2**

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2009 Information	Prior Year Information
Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2009, if not 12 _____	[7]	
Principal paid in 2009 + _____	[9]	
Interest paid during 2009 + _____	[11]	
Points reported on Form 1098 for 2009 + _____	[13]	
Grandfather debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[15]	
Grandfather debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[17]	
Home acquisition/improvement debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[19]	
Home acquisition/improvement debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[21]	
Home equity debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[23]	
Home equity debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[25]	
Average balance in 2009 of grandfather debt + _____	[27]	
Average balance in 2009 of home acquisition/improvement debt + _____	[29]	
Average balance for 2009 all types of debt + _____	[31]	

**NOTES/QUESTIONS:**



**Preparer use only**

Taxpayer/Spouse (T, S) \_\_\_\_\_  
 Occupation in which expenses were incurred \_\_\_\_\_  
 State postal code \_\_\_\_\_

**Vehicle Questions**

	<b>2009 Information</b>	<b>Prior Year Information</b>
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	____[8]	____
Was another vehicle available for personal use? (Y, N)	____[10]	____
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	____[12]	

**Vehicles #1 and #2 Actual Expenses**

Vehicle 1 description \_\_\_\_\_[16]  
 Comments \_\_\_\_\_  
 Vehicle 2 description \_\_\_\_\_[44]  
 Comments \_\_\_\_\_

	<b>Vehicle 1</b>	<b>Prior Year Information</b>	<b>Vehicle 2</b>	<b>Prior Year Information</b>
Date vehicle placed in service	____[19]	_____	____[47]	_____
Total mileage	____[21]	_____	____[49]	_____
Business mileage	____[23]	_____	____[51]	_____
Average daily round trip commuting mileage	____[26]	_____	____[54]	_____
Total commuting mileage	____[28]	_____	____[56]	_____
Gasoline, oil, repairs, insurance, etc.	+ ____[30]	_____	+ ____[58]	_____
Vehicle rentals	+ ____[32]	_____	+ ____[60]	_____
Inclusion amount <b>(Preparer use only)</b>	+ ____[34]	_____	+ ____[62]	_____
Value of employer-provided vehicle	+ ____[40]	_____	+ ____[68]	_____
Depreciation	+ ____[42]	_____	+ ____[70]	_____

**Vehicles #3 and #4 Actual Expenses**

Vehicle 3 description \_\_\_\_\_[74]  
 Comments \_\_\_\_\_  
 Vehicle 4 description \_\_\_\_\_[102]  
 Comments \_\_\_\_\_

	<b>Vehicle 3</b>	<b>Prior Year Information</b>	<b>Vehicle 4</b>	<b>Prior Year Information</b>
Date vehicle placed in service	____[77]	_____	____[105]	_____
Total mileage	____[79]	_____	____[107]	_____
Business mileage	____[81]	_____	____[109]	_____
Average daily round trip commuting mileage	____[84]	_____	____[112]	_____
Total commuting mileage	____[86]	_____	____[114]	_____
Gasoline, oil, repairs, insurance, etc.	+ ____[88]	_____	+ ____[116]	_____
Vehicle rentals	+ ____[90]	_____	+ ____[118]	_____
Inclusion amount <b>(Preparer use only)</b>	+ ____[92]	_____	+ ____[120]	_____
Value of employer-provided vehicle	+ ____[98]	_____	+ ____[126]	_____
Depreciation	+ ____[100]	_____	+ ____[128]	_____

**NOTES/QUESTIONS:**

Form ID: 8283	<b>Noncash Contributions Exceeding \$500</b>	<b>54</b>
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Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

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

<b>Noncash Contributions Exceeding \$500</b>
--

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

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

<b>Noncash Contributions Exceeding \$500</b>
--

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

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

**NOTES/QUESTIONS:**

**Preparer use only**

Principal business or profession \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

**Business Use of Home**

	2009 Information	Prior Year Information
Total area of home	_____ [10]	_____
Area used exclusively for business	_____ [12]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [14]	_____
Total hours used this year, if less than 8,760	_____ [16]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [18]	_____
Area used partly for day-care business	_____ [20]	_____

**List as direct expenses any expenses which are attributable only to the business part of your home.  
 List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.**

	2009 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest	+ _____ [25]	+ _____ [26]	_____
Mortgage insurance premiums	+ _____ [28]	+ _____ [29]	_____
Real estate taxes	+ _____ [31]	+ _____ [32]	_____
Excess mortgage interest and insurance premiums	+ _____ [34]	+ _____ [35]	_____
Insurance	+ _____ [37]	+ _____ [38]	_____
Rent	+ _____ [40]	+ _____ [41]	_____
Repairs & maintenance	+ _____ [43]	+ _____ [44]	_____
Utilities	+ _____ [46]	+ _____ [47]	_____
Other expenses, such as: Supplies & Security system	+ _____ [49]	+ _____ [50]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [52]	_____
Carryovers:			
Operating expenses		+ _____ [53]	_____
Casualty losses		+ _____ [54]	_____
Depreciation		+ _____ [56]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [57]	_____
Depreciation		+ _____ [61]	_____

**NOTES/QUESTIONS:**

**If you used your automobile for business purposes, please complete the following information.**

**Preparer use only**

Description of business or profession \_\_\_\_\_ [3]

**Vehicles 1 - 2**

Vehicle 1 - Date placed in service \_\_\_\_\_ [5]  
 Description \_\_\_\_\_ [6]  
 Comments \_\_\_\_\_

Vehicle 2 - Date placed in service \_\_\_\_\_ [41]  
 Description \_\_\_\_\_ [42]  
 Comments \_\_\_\_\_

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____ [10]	_____	_____ [46]	_____
Commuting miles	_____ [12]	_____	_____ [48]	_____
Business miles	_____ [14]	_____	_____ [50]	_____
<b>Vehicle use questions:</b>				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [17]	---	_____ [53]	---
Was another vehicle available for personal use? (Y, N)	_____ [19]	---	_____ [55]	---
Do you have evidence to support your deduction? (Y, N)	_____ [21]	---	_____ [57]	---
Is this evidence written? (Y, N)	_____ [23]	---	_____ [59]	---
Parking, fees and tolls	+ _____ [25]	_____	+ _____ [61]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [27]	_____	+ _____ [63]	_____
Interest	+ _____ [29]	_____	+ _____ [65]	_____
Registration	+ _____ [31]	_____	+ _____ [67]	_____
Property taxes	+ _____ [33]	_____	+ _____ [69]	_____
Vehicle rentals	+ _____ [35]	_____	+ _____ [71]	_____
Inclusion amount <b>(Preparer use only)</b>	+ _____ [37]	_____	+ _____ [73]	_____
Depreciation	+ _____ [39]	_____	+ _____ [75]	_____

**Vehicles 3 - 4**

Vehicle 3 - Date placed in service \_\_\_\_\_ [77]  
 Description \_\_\_\_\_ [78]  
 Comments \_\_\_\_\_

Vehicle 4 - Date placed in service \_\_\_\_\_ [113]  
 Description \_\_\_\_\_ [114]  
 Comments \_\_\_\_\_

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____ [82]	_____	_____ [118]	_____
Commuting miles	_____ [84]	_____	_____ [120]	_____
Business miles	_____ [86]	_____	_____ [122]	_____
<b>Vehicle use questions:</b>				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [89]	---	_____ [125]	---
Was another vehicle available for personal use? (Y, N)	_____ [91]	---	_____ [127]	---
Do you have evidence to support your deduction? (Y, N)	_____ [93]	---	_____ [129]	---
Is this evidence written? (Y, N)	_____ [95]	---	_____ [131]	---
Parking, fees and tolls	+ _____ [97]	_____	+ _____ [133]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [99]	_____	+ _____ [135]	_____
Interest	+ _____ [101]	_____	+ _____ [137]	_____
Registration	+ _____ [103]	_____	+ _____ [139]	_____
Property taxes	+ _____ [105]	_____	+ _____ [141]	_____
Vehicle rentals	+ _____ [107]	_____	+ _____ [143]	_____
Inclusion amount <b>(Preparer use only)</b>	+ _____ [109]	_____	+ _____ [145]	_____
Depreciation	+ _____ [111]	_____	+ _____ [147]	_____

State postal code	Taxpayer ____[13]	Spouse ____[14]
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	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, please complete the following information:			
Fair rental value of parsonage provided by church	+ _____[17]	+ _____[18]	
Utilities allowance provided in addition to parsonage	+ _____[20]	+ _____[21]	
Actual parsonage utilities expense	+ _____[23]	+ _____[24]	
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance, if separate from parsonage allowance	+ _____[29]	+ _____[30]	
Actual parsonage expense	+ _____[32]	+ _____[33]	
Fair rental value of home	+ _____[35]	+ _____[36]	
Actual utilities expense	+ _____[38]	+ _____[39]	
Mark if you have claimed exemption from self-employment tax			
by filing Form 4361 with the IRS	__[41]	__[42]	
If you are a self-employed minister, enter any tax-deductible			
contributions to a 403(b) retirement plan	+ _____[45]	+ _____[46]	

**NOTES/QUESTIONS:**

**Enter parent's information for children under age 19 on 1/1/2010 or a full-time student under age 24 who have investment income of more than \$1,900.**

Parent's social security number (Enter the name and social security number of the parent listed first on the return) \_\_\_\_\_ [4]  
 Parent's first name \_\_\_\_\_ [5]  
 Parent's last name \_\_\_\_\_ [6]  
 Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [7]

<b>All Other Children's Information</b>
---

**Enter information for each child with investment income of more than \$1,900.**

Child #1 social security number \_\_\_\_\_ [23]  
 Child #1 first name \_\_\_\_\_ [24]  
 Child #1 last name \_\_\_\_\_ [25]  
 Child #1 birthdate (mm/dd/yyyy) \_\_\_\_\_ [26]

Child #2 social security number \_\_\_\_\_ [36]  
 Child #2 first name \_\_\_\_\_ [37]  
 Child #2 last name \_\_\_\_\_ [38]  
 Child #2 birthdate (mm/dd/yyyy) \_\_\_\_\_ [39]

Child #3 social security number \_\_\_\_\_ [49]  
 Child #3 first name \_\_\_\_\_ [50]  
 Child #3 last name \_\_\_\_\_ [51]  
 Child #3 birthdate (mm/dd/yyyy) \_\_\_\_\_ [52]

Child #4 social security number \_\_\_\_\_ [62]  
 Child #4 first name \_\_\_\_\_ [63]  
 Child #4 last name \_\_\_\_\_ [64]  
 Child #4 birthdate (mm/dd/yyyy) \_\_\_\_\_ [65]

Child #5 social security number \_\_\_\_\_ [75]  
 Child #5 first name \_\_\_\_\_ [76]  
 Child #5 last name \_\_\_\_\_ [77]  
 Child #5 birthdate (mm/dd/yyyy) \_\_\_\_\_ [78]

Child #6 social security number \_\_\_\_\_ [88]  
 Child #6 first name \_\_\_\_\_ [89]  
 Child #6 last name \_\_\_\_\_ [90]  
 Child #6 birthdate (mm/dd/yyyy) \_\_\_\_\_ [91]

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**NOTES/QUESTIONS:**

Form ID: 8814

### Children's Interest Income

65

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.  
Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number \_\_\_\_\_ [1]  
 Child's date of birth \_\_\_\_\_ [2]  
 Child's name \_\_\_\_\_ [4]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]

Type Code (**See codes below)	Payer	Interest Income [6]	Tax Exempt Income	U.S. Obligations Percent	Tax Exempt Percent	Prior Year Information
—	_____	+	_____	_____	_____	_____ _____ _____ _____ _____ _____
—	_____	+	_____	_____	_____	
—	_____	+	_____	_____	_____	
—	_____	+	_____	_____	_____	
—	_____	+	_____	_____	_____	
—	_____	+	_____	_____	_____	

**Interest Codes					
Blank = Regular Interest	3 = Nominee Distribution	4 = Accrued Interest	5 = OID Adjustment	6 = ABP Adjustment	

### Children's Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting child's dividend income.

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

**Dividend Codes	
Blank = Other	3 = Nominee

Alaska Permanent Fund dividends:

	+		2009 Information [10]	Prior Year Information
	+			

Form ID: H	<b>Household Employment Tax</b>	<b>66</b>
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**Complete if you paid cash wages of \$1,000 or more to any household employee.**

Taxpayer/Spouse (T, S)	_____	[1]
Employer identification number	_____	[2]
Total cash wages subject to social security taxes	+ _____	[4]
Total cash wages subject to Medicare taxes	+ _____	[5]
Federal income tax withheld	+ _____	[6]
State disability plan social security & Medicare withheld	+ _____	[7]
Advance earned income credit (EIC) payments	+ _____	[8]
Did you:		
(A) pay any household employee cash wages of \$1,700 or more in 2009? (Y, N)		_____[9]
(B) withhold Federal income tax for any household employee? (Y, N)		_____[10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2008 or 2009? (Y, N)		_____[11]

<b>Federal Unemployment (FUTA) Tax</b>
--

**If you answered "Yes" to question (C) above, complete the following information.  
Complete only items marked with an asterisk (\*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.**

Total cash wages subject to FUTA tax *	+ _____	[12]
Did you pay all state unemployment contributions for 2009 by 4/15/10? (Y, N) *		_____[13]
State #1 information		
State postal code where you have to pay unemployment contributions *		_____[14]
State reporting number as shown on state unemployment tax return *	_____	[15]
Taxable wages (as defined in state act)	+ _____	[16]
State experience rate period:		
From	_____	[17]
To	_____	[18]
State experience rate (xxx.xx)		_____[19]
Contributions paid to state unemployment fund *	+ _____	[20]
State #2 information		
State postal code where you have to pay unemployment contributions		_____[21]
State reporting number as shown on state unemployment tax return	_____	[22]
Taxable wages (as defined in state act)	+ _____	[23]
State experience rate period:		
From	_____	[24]
To	_____	[25]
State experience rate (xxx.xx)		_____[26]
Contributions paid to state unemployment fund	+ _____	[27]

**NOTES/QUESTIONS:**

## Child and Dependent Care Expenses

**Please enter all amounts paid in 2009 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2008 employer-provided dependent care benefits used during 2009 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2009	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2009		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, state, and zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_  
 Amount paid to care provider in 2009 + \_\_\_\_\_ [7]

Name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, state, and zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_  
 Amount paid to care provider in 2009 + \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, state, and zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_  
 Amount paid to care provider in 2009 + \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, state, and zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_  
 Amount paid to care provider in 2009 + \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, state, and zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_  
 Amount paid to care provider in 2009 + \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, state, and zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_  
 Amount paid to care provider in 2009 + \_\_\_\_\_

Name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, state, and zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_  
 Amount paid to care provider in 2009 + \_\_\_\_\_

**The Energy Tax Incentives Act of 2005 provides credits for energy efficient improvements made to personal residences beginning in 2006. There are certain restrictions and limits but some of the home improvements that may qualify include, solar electric, solar water heating**

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		_____	[2]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____	[3]
Enter the total amount of cost for exterior windows	+	_____	[4]
Enter the total amount of costs for exterior doors	+	_____	[5]
Enter the total amount of costs for qualified metal roofs	+	_____	[6]
Enter the total amount of costs for energy-efficient building property	+	_____	[7]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	_____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	_____	[9]
Enter the total amount of costs for qualified solar electric property	+	_____	[10]
Enter the total amount of costs for qualified solar water heating property	+	_____	[11]
Enter the total amount of costs for qualified small wind energy property	+	_____	[12]
Enter the total amount of costs for qualified geothermal heat pump property	+	_____	[13]
Enter the total amount of costs for qualified fuel cell property	+	_____	[14]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____	[15]

**NOTES/QUESTIONS:**

**If you or your spouse purchased a principal residence after December 31, 2008, and before May 1, 2010, you may qualify for the First-Time Homebuyer Credit. The home must be located within the United States and neither party may have owned, or held an ownership interest in a home during the three year period prior to the home's purchase date. If you owned and lived in a home for five consecutive years during an eight year period prior to the purchase of a new home, you may qualify for a reduced credit even though you are not a first-time homebuyer. If you a member of the U.S. uniformed services, Foreign Service, or intelligence community and have qualifying overseas duty during 2009, the purchase cut-off date is extended to May 1, 2011. If your home was purchased before May 1, 2010, you may enter your information. If you claimed a First-Time Homebuyer credit in 2008 and the home is no longer your main home, you may have to repay the credit.**

Mark if you or your spouse served at least 3 months of qualified overseas duty as a member of the military, Foreign Service, or intelligence corps in 2009 \_\_[2]

Principal residence address, if different from home address on Organizer Form ID: 1040

Address \_\_\_\_\_ [3]

City/State/Zip code \_\_\_\_\_ [4] \_\_\_\_ [5] \_\_\_\_\_ [6]

Date home acquired (After 4/8/08 and before 5/1/10) (After 11/30/09 and before 5/1/11 for service members) \_\_\_\_\_ [7]

Purchase price of the home \_\_\_\_\_ [9]

Date the home was sold or ceased being used as principal residence \_\_\_\_\_ [10]

In the period three years prior to the purchase date had the:

    Taxpayer owned a home or had ownership interest in a home? (Y, N) \_\_[12]

    Spouse owned a home or had ownership interest in a home? (Y, N) \_\_[13]

If you were an owner of a home and purchased a new home after November 6, 2009:

    Taxpayer used the same residence as home for 5 consecutive years? (Y, N) \_\_[14]

    Spouse used the same residence as home for 5 consecutive years? (Y, N) \_\_[15]

Were you and your spouse married on the purchase date? (Y, N) \_\_[16]

Mark if home was either purchased from a related party, is located outside the United States, or was acquired by gift or inheritance \_\_[17]

If you own the principal residence with another person enter their name and allocation percentage

    Other owner name \_\_\_\_\_ [20]

    Allocation percentage \_\_\_\_\_

If you sold your home, enter the selling price \_\_\_\_\_ [25]

If your home was transferred to your ex-spouse due to a divorce settlement, enter his or her full name \_\_\_\_\_ [26]

**NOTES/QUESTIONS:**



Form ID: CA **California General Information**

Mark if different from prior year return:

Prior year last name	_____	Social security number(s)	_____ [3]
Taxpayer	_____ [1]	Address	_____ [4]
Spouse	_____ [2]	Filing status	_____ [5]

**Contributions**

Amount of contributions you wish to make to:

Seniors Special Fund	_____ [6]	Peace Officer Memorial Foundation Fund	_____ [14]
Alzheimer's Disease/Related Disorders Fund	_____ [7]	Military Family Relief Fund	_____ [15]
Fund for Senior Citizens	_____ [8]	Sea Otter Fund	_____ [16]
Rare and Endangered Species Preservation Program	_____ [9]	Ovarian Cancer Research Fund	_____ [17]
Children's Trust Fund for the Prevention of Child Abuse	_____ [10]	Municipal Shelter Spay-Neuter Fund	_____ [18]
Breast Cancer Research Fund	_____ [11]	Cancer Research Fund	_____ [19]
Firefighters' Memorial Fund	_____ [12]	ALS Lou Gehrig's Disease Research Fund	_____ [20]
Emergency Food for Families Fund	_____ [13]		

**Renter Information**

Number of months rented principal residence in California in 2009 0 [21]  
 Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) \_\_\_\_\_ [22]  
 Property rented was exempt from property tax in 2009 \_\_\_\_\_ [23]  
 Taxpayer claimed homeowner's property tax exemption in 2009 \_\_\_\_\_ [24]  
 Spouse claimed homeowner's property tax exemption during 2009 \_\_\_\_\_ [25]  
 Maintained separate residences for the entire year \_\_\_\_\_ [26]  
 Addresses if more than one or different from mailing address

Address	_____ [27]	_____
City	_____	_____
State	_____	_____
Zip Code	_____	_____
Date Rented From	_____	_____
Date Rented To	_____	_____

Landlord information

Name	_____ [28]	_____
Address	_____	_____
City	_____	_____
State	_____	_____
Zip Code	_____	_____
Telephone	_____	_____

**NOTES/QUESTIONS:**

Form ID: CA2 **California Residency Information**

**Part-year, Nonresident only**

**Taxpayer**

**Spouse**

Enter the total number of days in California \_\_\_\_\_ [1] \_\_\_\_\_ [2]  
 Mark if owned CA home/property \_\_\_\_\_ [3] \_\_\_\_\_ [4]  
 If you became a resident:  
 Enter the date of your move \_\_\_\_\_ [5] \_\_\_\_\_ [6]  
 Enter your state of prior residency \_\_\_\_\_ [7] \_\_\_\_\_ [8]  
 If you became a nonresident:  
 Enter the date of your move \_\_\_\_\_ [9] \_\_\_\_\_ [10]  
 Enter your new state of residency \_\_\_\_\_ [11] \_\_\_\_\_ [12]  
 If you were a nonresident for the entire tax year:  
 Enter your state of residency \_\_\_\_\_ [13] \_\_\_\_\_ [14]  
 Country of residence (If outside the USA) \_\_\_\_\_ [15] \_\_\_\_\_ [16]

**Prior Year Residency Information**

**Taxpayer**

**Spouse**

If you were previously a resident, enter dates:  
 From \_\_\_\_\_ [17] \_\_\_\_\_ [18]  
 To \_\_\_\_\_ [19] \_\_\_\_\_ [20]  
 Enter the date you entered California \_\_\_\_\_ [21] \_\_\_\_\_ [22]  
 Enter the date you left California \_\_\_\_\_ [23] \_\_\_\_\_ [24]

**Military Personnel**

**Part-year, Nonresident only**

**Taxpayer**

**Spouse**

Enter your state of domicile \_\_\_\_\_ [25] \_\_\_\_\_ [26]  
 Enter the state where you were stationed \_\_\_\_\_ [27] \_\_\_\_\_ [29]  
 Enter the country where stationed (If outside the USA) \_\_\_\_\_ [28] \_\_\_\_\_ [30]

**Electronic Filing Information for Military**

**Taxpayer**

**Spouse**

Date deployed overseas or entered combat zone/QHDA \_\_\_\_\_ [31] \_\_\_\_\_ [32]  
 Date returned from overseas or combat zone/QHDA \_\_\_\_\_ [33] \_\_\_\_\_ [34]  
 Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard) \_\_\_\_\_ [35] \_\_\_\_\_ [36]  
 Combat Zone/QHDA Operation/Area served  
 Taxpayer \_\_\_\_\_ [37]  
 Spouse \_\_\_\_\_ [38]

**NOTES/QUESTIONS:**