

2009	1040	US	Client Information	1
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Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2009 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table).....	1	<p style="text-align: center;">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse.....		
	Year spouse died, if qualifying widow(er) (2007 or 2008).....		
Taxpayer	First name and initial.....		
	Last name.....		
	Title/suffix.....		
	Social security number.....		
	Occupation.....		
	Date of birth (m/d/y).....		
	Date of death (m/d/y).....		
1=blind.....			
Spouse	First name and initial.....		
	Last name.....		
	Title/suffix.....		
	Social security number.....		
	Occupation.....		
	Date of birth (m/d/y).....		
	Date of death (m/d/y).....		
1=blind.....			
Address	In care of.....		
	Street address.....		
	Apartment number.....		
	City.....		
	State.....	AZ	
Foreign Address	ZIP code.....		
	Region.....		
	Postal code.....		
	Country.....		

2009

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US

Client Information (continued)

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Please add, change or delete information for 2009.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone.		
	Work extension.		
	Daytime phone (table)	1	
	Mobile phone.		
	Pager number.		
	Fax number.		
	E-mail address.		
Spouse Contact Information	Home phone.		
	Work phone.		
	Work extension.		
	Daytime phone (table)		
	Mobile phone.		
	Pager number.		
	Fax number.		
	E-mail address.		

1 p2

2009	1040	US/AZ	Dependents	2
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Please add, change or delete information for 2009.

DEPENDENTS

	Dependent	Dependent	
First name			<p style="text-align:center;">Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p> <p style="text-align:center;">Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p>
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
1=AZ only dependent			
1=qualifying AZ parent/ancestor			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
1=AZ only dependent			
1=qualifying AZ parent/ancestor			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
1=AZ only dependent			
1=qualifying AZ parent/ancestor			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
1=AZ only dependent			
1=qualifying AZ parent/ancestor			

Please enter all pertinent 2009 information.

ECONOMIC RECOVERY PAYMENT / DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

NOTE: You may have received an economic recovery payment if you received social security benefits, supplemental security benefits, railroad retirement benefits, or veterans disability compensation or pension benefits.

1=taxpayer received \$250 economic recovery payment		
1=spouse received \$250 economic recovery payment		
1=taxpayer received government pension not covered by social security		
1=spouse received government pension not covered by social security		
1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		
1=state direct deposit		
1=state electronic payment of balance due		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2009 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008				
1st quarter payment (due 4/15/09)				
2nd quarter payment (due 6/15/09)				
3rd quarter payment (due 9/15/09)				
4th quarter payment (due 1/15/10)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/10)				

State

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008				
1st quarter payment (due 4/15/09)				
2nd quarter payment (due 6/15/09)				
3rd quarter payment (due 9/15/09)				
4th quarter payment (due 1/15/10)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/10)				

1	Type of Account
	1 = Savings 2 = Checking

2	Type of Investment
	1 = Checking or savings (default) 6 = Coverdell savings account (ESA) 2 = Taxpayer's IRA (next year limits) 7 = Other 3 = Spouse's IRA (next year limits) 8 = Taxpayer's IRA (current year limits) 4 = Health savings account (HSA) 9 = Spouse's IRA (current year limits) 5 = Archer MSA 10 = Series 1 treasury bonds

2009	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2009 information.

APPLICATION OF 2009 OVERPAYMENT (7.1)

If you have an overpayment of 2009 taxes, do you want the excess refunded? or applied to 2010 estimate? ...

Other (please explain): _____

2010 ESTIMATED TAX INFORMATION

Do you expect your 2010 taxable income to be different from 2009? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2010 withholding to be different from 2009? Yes No

If "yes" explain any differences: _____

	Hash Total		7.1
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2009	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2009 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2008 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/09	2008 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE	1=spouse						

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2008 Winnings
				Federal (Box 2)	State (Box 14)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2009 Amount	TS		2008 Amount
Total gambling losses				
Winnings not reported on Form W-2G				

10, 13.1, 13.2

2009	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2009 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2008 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2008 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

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Miscellaneous Income

14.1

Please enter all pertinent 2009 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
Tier 1 RR retirement benefits (RRB-1099, box 5)....				
1=lump-sum election for SS benefits.....				
Alimony received.....				
Taxable scholarships and fellowships.....				
Jury duty pay.....				
Household employee income not on W-2.....				
Excess minister's allowance.....				
Alaska permanent fund dividends.....				
Income from rental of personal property.....				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld.....				
State income tax withheld.....				
Local income tax withheld.....				

14.1

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2009 information as appropriate.
Be sure to attach all 1099-G forms.

STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)

2009 1099-G Amount

No. <input type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation:		
	Total received (Box 1)		
	2009 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2008 (Box 3)		
	Federal income tax withheld (Box 4)		
	ATAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7)			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9)			
Number of farm			
1=box 2 is trade or business income (Box 8)			
State income tax withheld			

No. <input type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation:		
	Total received (Box 1)		
	2009 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2008 (Box 3)		
	Federal income tax withheld (Box 4)		
	ATAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7)			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9)			
Number of farm			
1=box 2 is trade or business income (Box 8)			
State income tax withheld			

14.2

2009	1040	US	Education Distributions (ESA's and QTP's)	14.3
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Please enter all pertinent 2009 amounts and attach all 1099-Q forms.
 Enter qualified education expenses below that are not entered elsewhere.
 Last year's amounts are provided for your reference.

ESA'S AND QTP'S (Form 1099-Q)

		2009 Amount	2008 Amount
No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)...		
	ESA's only:		
2009 contributions to this ESA.....			
Value of this account at 12/31/09 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/08.....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)...		
	ESA's only:		
2009 contributions to this ESA.....			
Value of this account at 12/31/09 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/08.....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)...		
	ESA's only:		
2009 contributions to this ESA.....			
Value of this account at 12/31/09 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/08.....			

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Business Income (Schedule C)

No.

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Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, state, ZIP code, if different from Form 1040	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower cost/market, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
1=W-2 earnings as statutory employee		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=personal services is not a material income producing factor		
1=investment		
1=minister's Schedule C		
1=single member limited liability company		

INCOME

	2009 Amount	2008 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year		

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US

Business Income (Schedule C) (cont.)

No.

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Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2009 Amount	2008 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (80%)		
Uniforms		
Utilities		
Wages		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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2009	1040	US	Capital Gains & Losses (Schedule D)	17
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If you sold any stocks, bonds, or other investment property in 2009, please list the pertinent information for each sale below or provide a spreadsheet file with this information.
Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity (Box 5)	Description of Property (Box 7)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								

								17
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2009

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Installment Sales (Form 6252)

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Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2009 Amount	2008 Amount
No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

2009	1040	US	Sale of Home & Moving Expenses	17, 27
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If you sold your home or moved in 2009, please complete the information below.
 For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)	
Date acquired (m/d/y)	
Date sold (m/d/y) (Box 1)	
Sales price (Box 2)	
1=sale of home	
1=owned and used property as main home for at least 2 of 5 years before sale	
1=first-time homebuyer credit was previously taken on this home	
1=business use in year of sale	
Number of days after December 31, 2008 that home was not used as principal residence	

Adjusted Basis

Original cost	
Improvements:	

Adjusted basis	

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale	

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
 a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) .	
1=sale due to change in health, employment or unforeseen circumstances	
Days used as main home - taxpayer	
Days used as main home - spouse	
Days property owned - taxpayer	
Days property owned - spouse	

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint	
1=armed forces move due to permanent change of station	
Miles from old home to new work place	
Miles from old home to old work place	
Expenses for transportation and storage of household goods and personal effects	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile)	
Parking fees and tolls	
Gas and oil	
Miles driven to new home	

(* owned and used property as main home for at least 2 of 5 years before sale)

				17, 27
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Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property	<input style="width:90%;" type="text"/>
Location of property	<input style="width:90%;" type="text"/>

Percentage of ownership if not 100% (.xxxx)	<input style="width:90%;" type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx)	<input style="width:90%;" type="text"/>	
1=spouse, 2=joint	<input style="width:90%;" type="text"/>	
1=nonpassive activity, 2=passive royalty	<input style="width:90%;" type="text"/>	
1=did not actively participate	<input style="width:90%;" type="text"/>	
1=real estate professional	<input style="width:90%;" type="text"/>	
1=rental other than real estate	<input style="width:90%;" type="text"/>	
1=investment	<input style="width:90%;" type="text"/>	
1=single member limited liability company	<input style="width:90%;" type="text"/>	

INCOME

	2009 Amount	2008 Amount
Rents received (Form 1099-MISC, box 1)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Royalties received (Form 1099-MISC, box 2)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Association dues	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Auto and travel (not entered elsewhere)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Cleaning and maintenance	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Commissions	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Gardening	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Insurance	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Legal and professional fees	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Licenses and permits	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Management fees	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Miscellaneous	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Mortgage interest (paid to banks, etc.)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Qualified mortgage insurance premiums	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Excess mortgage interest	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Other interest (not entered elsewhere)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Painting and decorating	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Pest control	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Plumbing and electrical	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Repairs	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Supplies	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Taxes - real estate	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Taxes - other (not entered elsewhere)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Telephone	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Utilities	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Wages and salaries	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Other:		
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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Rental & Royalty Income (Sch. E) (cont.)

No.

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Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2009 Amount	2008 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days rented at fair market value		
Number of days personal use		
Number of days owned (if optional method elected)		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		

Other:

2009	1040	US	Farm Income (Schedule F/Form 4835)	No. <input style="width:30px;" type="text"/>	19
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Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product	<input style="width:95%;" type="text"/>
Employer ID number	<input style="width:95%;" type="text"/>

Agricultural activity code	<input style="width:95%;" type="text"/>	
Accounting method: 1=cash, 2=accrual	<input style="width:95%;" type="text"/>	
1=spouse, 2=joint	<input style="width:95%;" type="text"/>	
1=farm rental (Form 4835)	<input style="width:95%;" type="text"/>	
1=crop insurance proceeds election	<input style="width:95%;" type="text"/>	
1=did not "materially participate" (Schedule F only)	<input style="width:95%;" type="text"/>	
1=did not actively participate (Form 4835 only)	<input style="width:95%;" type="text"/>	
1=real estate professional (Form 4835 only)	<input style="width:95%;" type="text"/>	
1=single member limited liability company	<input style="width:95%;" type="text"/>	
% of ownership if not 100% (.xxxx) (Form 4835 only)	<input style="width:95%;" type="text"/>	

FARM INCOME

	2009 Amount	2008 Amount
Cash method:		
Sales of livestock, etc. bought for resale	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cost or basis of livestock, etc. bought for resale	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Sales of livestock, etc. you raised	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Accrual method:		
Sales of livestock, produce, grains, etc.	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Inventory of livestock, etc. at beginning of year	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cost of livestock, etc. purchased	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Inventory of livestock, etc. at end of year	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other farm income:		
Total cooperative distributions	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable cooperative distributions	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total agricultural program payments (other than CRP)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable agricultural program payments (other than CRP)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total conservation reserve program payments	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable conservation reserve program payments	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Commodity credit loans reported under election	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total commodity credit loans forfeited or repaid	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable commodity credit loans forfeited or repaid	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total crop insurance proceeds received in 2009	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable crop insurance proceeds received in 2009	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable crop insurance proceeds deferred from 2008	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Custom hire (machine work) income	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other income:		
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

2009	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2009 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

2009	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2009 information as appropriate.
 Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

	20.3,20.4
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2009	1040	US	Asset Acquisition List	22 p2
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If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2009, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

2009

1040

US

Vehicle Expenses

No.

22 p3

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2009 Amount	2008 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months your job required a vehicle (if not 12 months)		

AUTOMOBILE MILEAGE

Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

2009

1040

US

Adjustments to Income

24

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2009 payments from 1/1/10 to 4/15/10				

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older)				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				

Alimony paid:	Taxpayer	Spouse
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	2009 amt:	2008 amt:

2009	1040	US	Itemized Deductions	25
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Please enter all pertinent 2009 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2009 Amount	TS	2008 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2009 estimates are automatic.)

State income taxes - 1/09 payment on 2008 state estimate			
State income taxes - paid with 2008 state extension			
State income taxes - paid with 2008 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/09 payment on 2008 city/local estimate			
City/local income taxes - paid with 2008 city/local extension			
City/local income taxes - paid with 2008 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2009 purchases			
Use taxes paid with 2008 state return			
New passenger auto's, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 *			
Vehicle #1 description			
Vehicle #1 purchase price			
Vehicle #1 sales tax paid			
Vehicle #1 other qualified taxes/fees			
Sales tax on auto's not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes			
Other taxes:			

2009

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US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2009 Amount

TS

2008 Amount

Home mortgage interest not reported on Form 1098:

Payee's name	_____		
Payee's SSN or FEIN	_____		
Payee's street address	_____		
Payee's city, state, ZIP	_____		
Amount paid			

Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Investment interest (interest on margin accounts):

Passive interest

Certain home mortgage interest included above (6251)

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

25 p2

2009

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US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2009 Amount

TS

2008 Amount

Four horizontal lines for entering 50% limitation amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 4 rows.

30% limitation (see above):

Four horizontal lines for entering 30% limitation amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 4 rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Four horizontal lines for entering 30% capital gain property amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 4 rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Four horizontal lines for entering 20% capital gain property amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 4 rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering other unreimbursed employee expenses.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 5 rows.

Investment expense:

Five horizontal lines for entering investment expenses.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 5 rows.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 2 rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering miscellaneous deductions.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 5 rows.

25 p3

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2009 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
2. Total home acquisition debt exceeded \$1,000,000 at any time during 2009 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2009 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

	2009 Amount	TS	2008 Amount
Fair market value of the property on the date that the last debt was secured.			
Home acquisition and grandfather debt on the date that the last debt was secured.			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table).			
Number of form.			
1=taxpayer, 2=spouse, blank=joint.			
Interest paid.			
Points paid.			
Total principal paid.			
Lump sum principal payment (if paid off).			
Months outstanding (if not 12).			
Home acquisition debt balance - beginning of year.			
Home acquisition debt borrowed in 2009.			
Home equity debt balance - beginning of year.			
Home equity debt borrowed in 2009.			
Grandfather debt balance - beginning of year.			

Loan #2

Lender's name			
Form (see table).			
Number of form.			
1=taxpayer, 2=spouse, blank=joint.			
Interest paid.			
Points paid.			
Total principal paid.			
Lump sum principal payment (if paid off).			
Months outstanding (if not 12).			
Home acquisition debt balance - beginning of year.			
Home acquisition debt borrowed in 2009.			
Home equity debt balance - beginning of year.			
Home equity debt borrowed in 2009.			
Grandfather debt balance - beginning of year.			

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

2009

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US

Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2009, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in good used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input type="text"/>	Vehicle	Name of charitable organization (donee)	
		Street address	
		City, state, ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
		Year (yyyy)	
		Make and model	
		Condition and mileage	
		Date of contribution (m/d/y) *	
		Date acquired by donor (m/y) *	
		How acquired by donor (Table 1 or describe)	
		Donor's cost or basis	
Fair market value			
Method used to determine FMV (Table 2 or describe)			
No. <input type="text"/>	Vehicle	Name of charitable organization (donee)	
		Street address	
		City, state, ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
		Year (yyyy)	
		Make and model	
		Condition and mileage	
		Date of contribution (m/d/y) *	
		Date acquired by donor (m/y) *	
		How acquired by donor (Table 1 or describe)	
		Donor's cost or basis	
Fair market value			
Method used to determine FMV (Table 2 or describe)			
No. <input type="text"/>	Vehicle	Name of charitable organization (donee)	
		Street address	
		City, state, ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
		Year (yyyy)	
		Make and model	
		Condition and mileage	
		Date of contribution (m/d/y) *	
		Date acquired by donor (m/y) *	
		How acquired by donor (Table 1 or describe)	
		Donor's cost or basis	
Fair market value			
Method used to determine FMV (Table 2 or describe)			

<p>1 How Property was Acquired</p> <p>1 = Purchase 3 = Inheritance 2 = Gift 4 = Exchange</p>	<p>2 Method Used to Determine FMV</p> <p>1 = Appraisal 3 = Catalog 2 = Thrift shop value 4 = Comparable sales</p> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>
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26

2009	1040	US	Business Use of Home (Form 8829)	No. <input style="width:30px;" type="text"/>	29
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Please enter 2009 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2009 Amount	2008 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		

2009	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No. <input style="width:30px;" type="text"/>	30
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Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....		
Form.....		
Number of form (1=first Schedule C, 2=second, etc.).....		
1=spouse.....		
1=performance artist, 2=handicapped, 3=fee-basis government official.....		

EMPLOYEE BUSINESS EXPENSES

	2009 Amount	2008 Amount
Meal and entertainment expenses.....		
Reimbursements for meals and entertainment not on W-2, box 1.....		
1=Department of Transportation (80% meal allowance).....		
Local transportation (bus, taxi, train, etc.).....		
Travel expenses while away from home overnight.....		
Reimbursements not included on Form W-2, box 1.....		
Other business expenses:		

2009

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2009 Amount	2008 Amount
1=vehicle used primarily by more than 5% owner		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		

VEHICLE 1

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

VEHICLE 2

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E and F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

2009

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US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2009 information.

GENERAL INFORMATION

1=spouse.....

Foreign address of taxpayer, if different from Form 1040:
Street address
City
Region
Postal code
Country.....

Employer:
Name
U.S. street address
U.S. city
U.S. state
U.S. ZIP code
Foreign street address
Foreign city
Foreign region
Foreign postal code
Foreign country.....
Employer type: 1=foreign entity, 2=U.S. company,
3=self, 4=foreign affiliate of U.S. company, 5=other
Employer type, if other.....

Type of exclusion revoked if revoked in earlier year (if applicable): Tax year revocation was effective

Country of citizenship.....

City and country of separate foreign residence if maintained due to adverse living conditions (if applicable): Number of days during tax year at separate foreign address (if applicable)

Tax homes(s) during tax year: Dates tax home(s) were established (m/d/y)

31.1

Please enter all pertinent 2009 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2009 as well as travel for 2010 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)	<input style="width:90%;" type="text"/>	
Ending date for bona fide residence (m/d/y)	<input style="width:90%;" type="text"/>	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer.	<input style="width:90%;" type="text"/>	
Names of family living abroad with taxpayer (if applicable):	Period family lived abroad	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	

1=submitted statement to country of bona fide residence	<input style="width:90%;" type="text"/>	
1=required to pay income tax to country of bona fide residence	<input style="width:90%;" type="text"/>	
Contractual terms relating to length of employment abroad	<input style="width:95%;" type="text"/>	
Type of visa you entered foreign country under	<input style="width:95%;" type="text"/>	
Explanation why visa limited stay or employment in country (if applicable)	<input style="width:95%;" type="text"/>	

Address of home in U.S. maintained while living abroad (if applicable):	1=U.S. home rented (if applicable)	Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)
<input style="width:95%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Principal country of employment

FOREIGN HOUSING EXPENSES

	2009 Amount	2008 Amount
Qualified housing expenses	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Location of housing expenses:	Qualifying days in location (multiple locations only)	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	

<p>Travel Type</p> <p>1 = Travel to U.S. (default)</p> <p>2 = Travel to foreign country</p> <p>3 = Travel to restricted country</p>

2009	1040	US	Foreign Income Exclusion (Form 2555)	No. <input style="width:30px;" type="text"/>	31.2
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Please enter all pertinent 2009 amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

	2009 Amount	2008 Amount
Name or number		
1=spouse		
1=retirement plan (Box 13)		
Name of employer (Box c)		
Wages, tips, other compensation (Box 1)		
Federal income tax withheld (Box 2)		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)		
State income tax withheld (Box 17)		
Local income tax withheld (Box 19)		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging)		
Meals		
Car		
Other properties or facilities:		

Allowances and Reimbursements

Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
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Other Foreign Earned Income

2009 Days Worked Allocation Information

Total number of days worked (if not 240)		
Total days worked before and after foreign assignment		
Foreign days worked before and after foreign assignment		

2009	1040	US	Health Savings Accounts (8889)	32.1
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Please enter all pertinent 2009 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2009, a high deductible health plan is one with an annual deductible that is not less than \$1,150 for self-only coverage or \$2,300 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,800 for self-only coverage or \$11,600 for family coverage.

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for medicare				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1)				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

				32.1
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2009	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2009 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2009 . . .				
Employer-provided benefits forfeited in 2009				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2009		2008 amt:
	1=disabled 1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2009		2008 amt:
	1=disabled 1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2009		2008 amt:
	1=disabled 1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2009		2008 amt:
	1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2009		2008 amt:
	1=spouse, 2=joint		

2009

1040

US

Qualified Adoption Expenses (Form 8839)

37

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

2009 Amount

2008 Amount

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1992 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2009.....			
	Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009.....		
		1997-2001 for adoption of foreign child finalized in 2009.....		
		2008 and 2009 for adoption finalized in 2009.....		
		2009 for adoption finalized before 2009.....		
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1992 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2009.....			
	Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009.....		
		1997-2001 for adoption of foreign child finalized in 2009.....		
		2008 and 2009 for adoption finalized in 2009.....		
		2009 for adoption finalized before 2009.....		
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1992 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2009.....			
	Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009.....		
		1997-2001 for adoption of foreign child finalized in 2009.....		
		2008 and 2009 for adoption finalized in 2009.....		
		2009 for adoption finalized before 2009.....		
1=spouse, 2=joint.....				

2009	1040	US	Education Credits / Tuition Deduction	38
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Please complete the information below if you paid qualified education expenses in 2009 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.
Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

		2009 Amount	2008 Amount	
No. <input style="width: 40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=American opportunity/hope credit, 2=lifetime learning credit			
	Number of years hope credit claimed			
	Student completed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no			
	1=student attended educational institution in midwest disaster area			
	Qualified tuition and fees paid in 2009 (net of refund or assistance and not entered elsewhere)			
	Course related materials required to be purchased from institution			
	Course related materials not entered above			
	Reasonable cost of room and board (midwestern disaster only) ..			
	Expenses of a special needs student (midwestern disaster only) ..			
	Amount of prior year refund or assistance*			

No. <input style="width: 40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=American opportunity/hope credit, 2=lifetime learning credit			
	Number of years hope credit claimed			
	Student completed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no			
	1=student attended educational institution in midwest disaster area			
	Qualified tuition and fees paid in 2009 (net of refund or assistance and not entered elsewhere)			
	Course related materials required to be purchased from institution			
	Course related materials not entered above			
	Reasonable cost of room and board (midwestern disaster only) ..			
	Expenses of a special needs student (midwestern disaster only) ..			
	Amount of prior year refund or assistance*			

No. <input style="width: 40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=American opportunity/hope credit, 2=lifetime learning credit			
	Number of years hope credit claimed			
	Student completed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no			
	1=student attended educational institution in midwest disaster area			
	Qualified tuition and fees paid in 2009 (net of refund or assistance and not entered elsewhere)			
	Course related materials required to be purchased from institution			
	Course related materials not entered above			
	Reasonable cost of room and board (midwestern disaster only) ..			
	Expenses of a special needs student (midwestern disaster only) ..			
	Amount of prior year refund or assistance*			

*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2009	1040	US	Household Employment Taxes (Schedule H)	42
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Please enter all pertinent 2009 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of \$1,700 or more in 2009; withheld federal income tax during 2009 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009 to household employees, please complete the following:

Employer identification number	
1=spouse, 2=joint	

Social security, Medicare and income taxes:	2009 Amount	2008 Amount
1=paid any one employee cash wages of \$1,700 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Advance earned income credit payments		
Taxes withheld from state disability payments		

Federal unemployment tax:	2009 Amount	2008 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/10		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
State reporting number		
Contributions paid to state unemployment fund		

Please enter all pertinent 2009 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name	<input style="width:90%;" type="text"/>
Last name	<input style="width:90%;" type="text"/>
Social security number	<input style="width:90%;" type="text"/>
Date of birth (m/d/y)	<input style="width:90%;" type="text"/>
1=nontaxable to federal	<input style="width:90%;" type="text"/>
1=nontaxable to state	<input style="width:90%;" type="text"/>

INTEREST INCOME (Form 1099-INT)

	2009 Amount	2008 Amount
Banks, credit unions, etc. (Box 1): <hr/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): <hr/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Adjustments:		
Nominee distribution	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Accrued interest	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest (1099-INT in error)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
OID adjustment	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
ABP adjustment	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Foreign:		
1=interest in or authority over foreign account	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name of foreign country	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
1=grantor/transferor or received distribution from foreign trust	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Post 8/7/86 private activity bond interest (included above) (6251)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

DIVIDEND INCOME (Form 1099-DIV)

	2009 Amount	2008 Amount
Total ordinary dividends (Box 1a): <hr/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends (Box 1b)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total capital gain distributions (Box 2a): <hr/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Unrecaptured section 1250 gain (Box 2b)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Section 1202 gain (Box 2c)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Collectibles (28%) gain (Box 2d)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nontaxable distributions (Box 3)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nominee distributions:		
Ordinary dividends	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Capital gain distributions	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Alaska permanent fund dividends included above	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

