

Questions

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

	Yes	No
Personal Information		
Did your marital status change during the year?	—	—
If yes, explain: _____		
Did your address change from last year?	—	—
Can you be claimed as a dependent by another taxpayer?	—	—
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?	—	—
	Yes	No
Dependent Information		
Were there any changes in dependents from the prior year?	—	—
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 \$1,900?	—	—
Do you have dependents who must file a tax return?	—	—
Did you provide over half the support for any other person(s) during the year?	—	—
Did you pay for child care while you worked or looked for work?	—	—
Did you pay any expenses related to the adoption of a child during the year?	—	—
	Yes	No
Purchases, Sales, and Debt Information		
Did you start a new business or purchase rental property during the year?	—	—
Did you acquire a new or additional interest in a partnership or S corporation?	—	—
Did you sell, exchange, or purchase any real estate during the year?	—	—
Did you purchase or sell a principal residence during the year?	—	—
Did you foreclose or abandon a principal residence or real property during the year?	—	—
Did you acquire or dispose of any stock during the year?	—	—
Did you take out a home equity loan this year?	—	—
Did you refinance a principal residence or second home this year?	—	—
Did you sell an existing business, rental, or other property this year?	—	—
Did you incur any non-business bad debts this year?	—	—
Did you have any debts canceled or forgiven this year?	—	—
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	—	—
Did you pay any student loan interest this year?	—	—
	Yes	No
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	—	—
Did you receive any income from property sold prior to this year?	—	—
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	—	—
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, SEP, or other qualified retirement plan?	—	—
Did you make any withdrawals/contributions from/to a retirement plan (including IRA) due to Midwestern Disaster area relief?	—	—
Did you make any withdrawals from an education savings or 529 Plan account?	—	—
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	—	—
Did you receive any disability income during the year?	—	—
Did you receive any Social Security benefits during the year?	—	—
Did you receive any unemployment benefits during the year?	—	—
Did you receive tip income not reported to your employer this year?	—	—
Did any of your life insurance policies mature, or did you surrender any policies?	—	—
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	—	—
	Yes	No
Itemized Deduction Information		
Did you incur a casualty or theft loss during the year?	—	—
Do you have evidence to substantiate charitable contributions?	—	—
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	—	—
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.	—	—
Did you have an expense account or allowance during the year?	—	—
Did you use your car on the job, for other than commuting?	—	—
Did you work out of town for part of the year?	—	—

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

Yes No

Itemized Deduction Information, Continued

Did you have any expenses related to seeking a new job during the year? — —

Did you make any major purchases during the year (cars, boats, etc.)? — —

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? — —

Yes No

Miscellaneous Information

Did you make gifts of more than \$13,000 to any individual? — —

Did you have any educational expenses during the year? — —

Did you make any contributions to an education savings or 529 Plan account? — —

Did you make any contributions to a Health savings account (HSA) or Archer MSA? — —

Did you pay long-term health care premiums for yourself or your family? — —

Did you pay any COBRA health care coverage continuation premiums? — —

Did you engage in any bartering transactions? — —

Are you an active participant in a pension or retirement plan? — —

Did you retire or change jobs this year? — —

Did you incur moving costs because of a job change? — —

Did you, your spouse, or your dependents attend a post-secondary school during the year? — —

Did you pay any individual as a household employee during the year? — —

Did you make energy efficient improvements to your main home this year? — —

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? — —

Did you receive correspondence from the State or Internal Revenue Service? — —

If yes, explain: _____

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. — —

Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement. — —

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. **Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.**

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Foreign housing deduction	37, 38	Unreported tip or unreported wage income	62
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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Personal Information

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]

	Taxpayer	Spouse
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)	_____ [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)	_____ [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

<p>*Basic</p> <p>1 = Child who lived with you</p> <p>2 = Child who did not live with you</p> <p>3 = Other dependent</p> <p>4 = Claimed under pre-1985 agreement</p> <p>5 = Qualifying child for Earned Income Credit only</p> <p>6 = Children who lived with you, but do not qualify for Earned Income Credit</p> <p>7 = Children who lived with you, but do not qualify for Child Tax Credit</p> <p>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit</p> <p>***Months</p> <p>77 = Reported on odd year return</p> <p>88 = Reported on even year return</p> <p>99 = Not reported on return</p>	<p>**Other</p> <p>1 = Student (Age 19 - 23)</p> <p>2 = Disabled dependent</p> <p>3 = Dependent who is both a student and disabled</p>
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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.

Client Contact Information**Preparer - Enter on Screen Contact**

Taxpayer email address _____ [6]
 Spouse email address _____ [7]

	Taxpayer	Spouse
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:

Individuals may claim an additional exemption deduction of \$500 for providing at least 60 days of temporary rent-free housing in your main home to a person dislocated by the midwestern disasters. Enter only those individuals who meet the 60 consecutive days within the 2009 tax year. The additional exemption is per person and limited to a maximum of \$2,000 (allocated in \$500 increments between taxpayer and spouse if married filing separately). The additional exemption amount available for 2009 will be reduced by any additional exemptions taken in 2008.

1st displaced individual information:

Taxpayer/Spouse (T, S) _____ [1]
 Social security number _____ [2]
 First name/Last name _____ [3] _____ [4]
 Former address in disaster area:
 Street Address/Apartment number _____ [5] _____ [6]
 City/State/Zip code _____ [7] ____ [8] _____ [9]
 Number of consecutive days housed in taxpayer's main home _____ [10]

2nd displaced individual information:

Taxpayer/Spouse (T, S) _____ [11]
 Social security number _____ [12]
 First name/Last name _____ [13] _____ [14]
 Former address in disaster area:
 Street Address/Apartment number _____ [15] _____ [16]
 City/State/Zip code _____ [17] ____ [18] _____ [19]
 Number of consecutive days housed in taxpayer's main home _____ [20]

3rd displaced individual information:

Taxpayer/Spouse (T, S) _____ [21]
 Social security number _____ [22]
 First name/Last name _____ [23] _____ [24]
 Former address in disaster area:
 Street Address/Apartment number _____ [25] _____ [26]
 City/State/Zip code _____ [27] ____ [28] _____ [29]
 Number of consecutive days housed in taxpayer's main home _____ [30]

4th displaced individual information:

Taxpayer/Spouse (T, S) _____ [31]
 Social security number _____ [32]
 First name/Last name _____ [33] _____ [34]
 Former address in disaster area:
 Street Address/Apartment number _____ [35] _____ [36]
 City/State/Zip code _____ [37] ____ [38] _____ [39]
 Number of consecutive days housed in taxpayer's main home _____ [40]

Form 8914 Additional Exemptions Claimed in 2008
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Taxpayer/Spouse (T, S)	Social security number	First name	Last name
____ [41]	_____ [42]	_____ [43]	_____ [44]
____ [45]	_____ [46]	_____ [47]	_____ [48]
____ [49]	_____ [50]	_____ [51]	_____ [52]
____ [53]	_____ [54]	_____ [55]	_____ [56]

Total additional Midwestern Displaced Individual exemptions claimed in 2008 _____ [57]

NOTES/QUESTIONS:

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

If you qualify for electronic filing, mark if you would like to file the return electronically with the IRS [1]

Mark if you would like your return prepared and filed electronically only if you receive a refund [4]

Mark if you would like your return prepared and filed electronically if your refund is greater than a certain amount [5]

Enter the minimum refund amount here _____ [6]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account [7]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____ [2]

Spouse self-selected Personal Identification Number (PIN) _____ [3]

NOTES/QUESTIONS:

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]

2009 Federal Estimated Tax Payments

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:

2009 State Estimated Tax Payments

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

City #1	City #2
City name _____ [28]	City name _____ [50]
Amount paid with 2008 return + _____ [31]	Amount paid with 2008 return + _____ [53]
2008 overpayment applied to '09 estimates + _____ [32]	2008 overpayment applied to '09 estimates + _____ [54]
Treat calculated amounts as paid _____ [36]	Treat calculated amounts as paid _____ [58]

	Date Paid	Amount Paid		Date Paid	Amount Paid
1st quarter payment	_____ [37]	+ _____ [38]	1st quarter payment	_____ [59]	+ _____ [60]
2nd quarter payment	_____ [39]	+ _____ [40]	2nd quarter payment	_____ [61]	+ _____ [62]
3rd quarter payment	_____ [41]	+ _____ [42]	3rd quarter payment	_____ [63]	+ _____ [64]
4th quarter payment	_____ [43]	+ _____ [44]	4th quarter payment	_____ [65]	+ _____ [66]

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	_____

City #3	City #4
City name _____ [72]	City name _____ [94]
Amount paid with 2008 return + _____ [75]	Amount paid with 2008 return + _____ [97]
2008 overpayment applied to '09 estimates + _____ [76]	2008 overpayment applied to '09 estimates + _____ [98]
Treat calculated amounts as paid _____ [80]	Treat calculated amounts as paid _____ [102]

	Date Paid	Amount Paid		Date Paid	Amount Paid
1st quarter payment	_____ [81]	+ _____ [82]	1st quarter payment	_____ [103]	+ _____ [104]
2nd quarter payment	_____ [83]	+ _____ [84]	2nd quarter payment	_____ [105]	+ _____ [106]
3rd quarter payment	_____ [85]	+ _____ [86]	3rd quarter payment	_____ [107]	+ _____ [108]
4th quarter payment	_____ [87]	+ _____ [88]	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	_____

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 [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
	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	+					

*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 J Code	(*See codes below)	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
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 +											

*Dividend Codes	
Blank = Other	3 = Nominee

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		_____	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[14]
State withholding (Box 10)	+	_____	[15]
Local withholding (Box 13)	+	_____	[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 +	
--	-------------------------	--

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		_____	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[14]
State withholding (Box 10)	+	_____	[15]
Local withholding (Box 13)	+	_____	[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 +	
--	-------------------------	--

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		_____	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[14]
State withholding (Box 10)	+	_____	[15]
Local withholding (Box 13)	+	_____	[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 +	
--	-------------------------	--

Social Security, Tier 1 Railroad Benefits

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

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

Social Security Benefits

	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) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2009 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Portion of Tier 1 Paid in 2009 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

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:

Miscellaneous Income #1

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]

	Control Totals +	
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Miscellaneous Income #2

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]

	Control Totals +	
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Cancellation of Debt, Abandonment #1

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]

	Control Totals +	
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Cancellation of Debt, Abandonment #2

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]

	Control Totals +	
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NOTES/QUESTIONS:

Gambling Winnings #1

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 (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	Control Totals +	
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Gambling Winnings #2

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 (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	Control Totals +	
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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]	

Rent and Royalty Property - General Information

Preparer use only

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Description:	_____ [3]	
_____	_____ [4]	
_____	_____ [5]	
State postal code	_____ [6]	
Type of activity (1 = Rental real estate, 2 = Substantially nondepreciable property, 3 = Royalty)	_____ [7]	
Percentage of ownership if not 100%	_____ [9]	
Business use percentage, if not 100% (Not vacation home percentage)	_____ [11]	

Rent and Royalty Income

	2009 Information	Prior Year Information
Gross rents received	+ _____ [18]	
Gross royalties received	+ _____ [20]	

Rent and Royalty Expenses

	2009 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [22]	_____ [23]	
Auto	+ _____ [25]	_____ [26]	
Travel	+ _____ [28]	_____ [29]	
Cleaning and maintenance	+ _____ [31]	_____ [32]	
Commissions:			
_____	+ _____ [34]	_____ [36]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [37]	_____ [39]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [40]	_____ [41]	
Management fees			
_____	+ _____ [43]	_____ [45]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)	+ _____ [46]	_____ [47]	
Other mortgage interest	+ _____ [49]	_____ [50]	
Qualified mortgage insurance premiums	+ _____ [52]	_____ [53]	
Other interest:			
_____	+ _____ [55]	_____ [57]	
_____	+ _____	_____	
Repairs	+ _____ [58]	_____ [59]	
Supplies	+ _____ [61]	_____ [62]	
Taxes:			
_____	+ _____ [64]	_____ [66]	
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____ [67]	_____ [68]	
Depreciation	+ _____ [70]	_____ [71]	
Depletion	+ _____ [73]	_____ [74]	
Other expenses:			
_____	+ _____ [79]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Refinancing points paid this year:			
Description	_____ [81]		
Total points paid/Current amort (Prep use only)	_____ + _____		
Date of Refinance	_____	Reported on 1098 in 2009	

Control Totals +

Preparer use only
Description _____

Vacation Home Information

	2009 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]

Prior Year Information

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]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
	+ _____	

Control Totals +

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
Enter on K1T-2	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
Enter on K1T-2	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
Enter on K1T-2	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
Enter on K1T-2	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]

Traditional IRA

	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]
	Taxpayer	Spouse
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]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

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:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	____ [4]	
State postal code _____	____ [2]	
Archer MSA contributions made in 2009 and 2010 for 2009 (Box 1)	+ _____ [6]	
Total contributions made in 2009 (Box 2)	+ _____ [7]	
Total HSA or Archer MSA contributions made in 2010 for 2009 (Box 3)	+ _____ [8]	
Rollover contribution (Box 4)	+ _____ [9]	
Fair market value of HSA, Archer MSA, or MA MSA (Box 5)	+ _____ [10]	
Box 6 -		
HSA	____ [11]	
Archer MSA	____ [12]	
MA (Medicare Advantage) MSA	____ [13]	

Additional Information

	2009 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	____ [20]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of months in qualified high deductible health plan in 2009	____ [21]	
Excess contributions for 2008 taken as constructive contributions for 2009	+ _____ [23]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [30]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____ [32]	
If self-employed, enter earned income from business under which plan was established	_____ [35]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2009? (Y, N)	____ [39]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100%;"></div>
Name of Trustee _____	_____[4]	
State postal code _____	_____[2]	
Gross distributions received (Box 1)	+ _____[7]	
Earnings on excess contributions (Box 2)	+ _____[8]	
Distribution code (Box 3)	_____[9]	
Fair Market Value on date of death (Box 4)	+ _____[10]	
Box 5 -		
HSA	_____[11]	
Archer MSA	_____[12]	
MA MSA	_____[13]	
Amount of distribution rolled over or withdrawal of excess contributions for 2009	+ _____[17]	
Unreimbursed qualified medical expenses for 2009	+ _____[18]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____[20]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/08	+ _____[21]	
For HSA accounts: Was the high deductible health plan coverage started in 2008 and in effect for the month of December 2008? (Y, N)	_____[29]	
Was the high deductible health plan coverage ended before 12/31/09? (Y, N)	_____[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2009 Information	Prior Year Information
Name of the insured chronically ill individual _____	_____[39]	<div style="border: 1px solid black; height: 100%;"></div>
Social security number of insured _____	_____[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____[42]	
Accelerated death benefits paid (Box 2)	+ _____[43]	
Check one (Box 3)		
Per diem	_____[44]	
Reimbursed amount	_____[45]	
Qualified contract (Box 4)	_____[46]	
Check, if applicable (Box 5)		
Chronically ill	_____[47]	
Terminally ill	_____[48]	
Are there other individuals who received LTC payments during 2009? (Y, N)	_____[49]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	_____[50]	
Number of days during the long-term care period _____	_____[51]	
Cost incurred for qualified long-term care services during the long-term care period + _____	_____[52]	

NOTES/QUESTIONS:

Interest Expenses

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]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Home Mortgage Interest Subject To Limitations #1

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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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]	

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

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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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:

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

Employee Business Expenses

Preparer use only

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [2]

Occupation in which expenses were incurred _____ [3]

State postal code _____ [4]

If the employee expenses were from an occupation listed below, enter the applicable code _____ [5]

1 = Qualified performing artist, 2 = Handicapped employee, 3 = Fee-basis official

Mark if these employee expenses are related to qualified services as a minister or religious worker _____ [9]

Parking fees and tolls + _____ [16]

Local transportation + _____ [18]

Travel expenses + _____ [21]

Other business expenses: _____ [24]

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

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_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Nonvehicle depreciation + _____ [26]

Meals and entertainment + _____ [28]

Meals for individuals subject to DOT hours of service limitation + _____ [30]

Employer Reimbursements

2009 Information

Prior Year Information

Reimbursements for other expenses not included on Form W-2 + _____ [58]

Reimbursements for meals and entertainment not included on Form W-2 + _____ [60]

Reimbursements for meals for DOT service limitation not included on Form W-2 + _____ [62]

Control Totals +

Preparer use only

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

Vehicle Questions

	2009 Information	Prior Year Information
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 _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
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 (Preparer use only)	+ _____ [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 _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
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 (Preparer use only)	+ _____ [92]	_____	+ _____ [120]	_____
Value of employer-provided vehicle	+ _____ [98]	_____	+ _____ [126]	_____
Depreciation	+ _____ [100]	_____	+ _____ [128]	_____

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

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]

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

Noncash Contributions Exceeding \$500

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]

	Control Totals +	
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Noncash Contributions Exceeding \$500

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]

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

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]	
Vehicle use questions:				
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 (Preparer use only)	+ _____ [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]	
Vehicle use questions:				
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 (Preparer use only)	+ _____ [109]		+ _____ [145]	
Depreciation	+ _____ [111]		+ _____ [147]	

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 + _____

Residential Energy Credit

The American Recovery and Reinvestment Act of 2009 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property.

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:

Depreciation - Asset Acquisitions

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
	EXAMPLE	2009 Model T - (EXAMPLE ASSET)	03/09/09	25,750
		Comments: 22,500 job-related miles, 25,000 total miles		
1		Comments:		
2		Comments:		
3		Comments:		
4		Comments:		
5		Comments:		
6		Comments:		
7		Comments:		
8		Comments:		
9		Comments:		
10		Comments:		
11		Comments:		
12		Comments:		
13		Comments:		
14		Comments:		
15		Comments:		
16		Comments:		
17		Comments:		
18		Comments:		
19		Comments:		
20		Comments:		
21		Comments:		
22		Comments:		
23		Comments:		
24		Comments:		
25		Comments:		

Form ID: IN **Indiana General Information**

School corporation name (as of January 1 of tax year) _____ [1]
 School corporation code (as of January 1 of tax year) _____ [2]

	Taxpayer	Spouse
County of residence (as of January 1 of tax year)	_____ [3]	_____ [4]
County of employment (as of January 1 of tax year)	_____ [5]	_____ [6]

Household employment taxes:

Employee Name _____	Employee SSN _____ [7]
Income _____	State Tax Withheld _____
County Tax Withheld _____	County Code _____

Contribution
 Amount of contribution you wish to make to:

Nongame and Endangered Wildlife Fund _____ [8]

College Credit

Taxpayer, Spouse (T,S) _____ Eligible institution name #1 _____ [9]
 Date of contribution _____ Amount of contribution _____

Taxpayer, Spouse (T,S) _____ Eligible institution name #2 _____
 Date of contribution _____ Amount of contribution _____

Taxpayer, Spouse (T,S) _____ Eligible institution name #3 _____
 Date of contribution _____ Amount of contribution _____

Renter's Information

Taxpayer, Spouse, Joint (T,S,J) _____	Principal address #1 _____ [10]
Landlord name and address _____	_____
Number of months rented _____	Total rent paid _____

Taxpayer, Spouse, Joint (T,S,J) _____	Principal address #2 _____
Landlord name and address _____	_____
Number of months rented _____	Total rent paid _____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Indiana

	Taxpayer	Spouse
Part-year residency dates:		
From _____	_____ [11]	_____ [13]
To _____	_____ [12]	_____ [14]

Other state(s) lived in during the tax year (Part-year resident or full-year nonresident)			
Taxpayer, Spouse(T,S)	State Postal Code	From Date	To Date
_____	_____	_____	_____ [15]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	Taxpayer	Spouse
State of residence (Nonresidents only)	_____ [16]	_____ [17]

NOTES/QUESTIONS:

Kentucky General Information

Number of additional credits for National Guard members _____[1]

Enter your state of residency at the end of the tax year (Part-year and Nonresident only) _____[2]

Use Tax

	Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller	_____	_____	_____ [3]
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Spouse	Taxpayer
Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	_____[4]	_____[5]

Charitable Contributions

Nature and Wildlife Fund	_____ [6]
Child Victims' Trust Fund	_____ [7]
Veterans' Program Trust Fund	_____ [8]
Breast Cancer Research and Education Trust Fund	_____ [9]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kentucky

Part-year residency dates:

From		_____ [10]
To		_____ [11]
State moved from		_____ [12]
State moved to		_____ [13]

Nonresident Information

Kentucky prior year income tax return was filed (Y, N) _____[14]

Mark if:

Commuted daily to Kentucky employment (VA resident) _____[15]

All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below) _____[16]

Resident of state(s) IL ___[17] IN ___[18] MI ___[19] OH ___[20] VA ___[21] WV ___[22] WI ___[23]

NOTES/QUESTIONS:

Ohio General Information

Enter your current Ohio county of residence _____ [1]
 School district number _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:

Political

	Taxpayer	Spouse
Contribution to Ohio political party fund?	____ [3]	____ [4]

Charitable Contributions

Military injury relief fund		____ [5]
Nature preserve, scenic rivers and endangered species protection		____ [6]
Ohio's wildlife species and endangered wildlife conservation		____ [7]

Credits

	Taxpayer	Spouse
Displaced worker training expenses for 12-month period since loss of job	____ [8]	____ [9]
Amount contributed to Ohio political campaigns	____ [10]	____ [11]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

Part-year residency dates:

From		____ [12]
To		____ [13]

	Taxpayer	Spouse
If nonresident, enter state of residency	____ [14]	____ [15]
Residency status (If taxpayer and spouse are different)	____ [16]	____ [17]

R = Resident, P = Part-year resident, N = Nonresident

NOTES/QUESTIONS: