

General: 1040

Personal Information

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

Mark if you were married but living apart all year _____

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)	_____	_____
Mark if legally blind	_____	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Do you authorize us to discuss your return with the IRS (Y, N)	_____	_____

General: 1040, Contact

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in your home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

Child and Dependent Care Expenses

	Provider #1	Provider #2
Provider information:		
Name	_____	_____
Street address	_____	_____
City, state, and zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)	_____	_____
Amount paid to care provider in 2009	_____	_____
	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited	_____	_____

General: Info

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*, 4 = Savings Bonds) _____

*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.

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.

Below is a list of the W-2's as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.

Below is a list of the 1099-R's as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T **Schedule K-1s**

Please provide all copies of Schedule K-1s that you receive.

Below is a list of the K-1s as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.

Below is a list of the W-2Gs as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the 1099-Q's as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Credits: Cr-4 **Making Work Pay and Government Retiree Credit**

Enter the amount of the economic recovery payment you received below.

	Taxpayer	Spouse
Economic recovery payment received in 2009 (Do not enter more than \$250 per person)	_____	_____
Did you receive a government pension or annuity but not qualify for Social Security benefits? (Y/N)	___	___

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J Payer's name _____ Payer's social security number _____
 Payer's address _____ Amount received in 2009 _____ Amount received in 2008 _____
 Amount received in 2009 _____ Amount received in 2008 _____

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2009 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2009 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

Traditional IRA Contributions for 2009 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2009

Roth IRA Contributions for 2009 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2009

_____	_____
_____	_____
_____	_____
_____	_____

Educate: Educate

Higher Education Deductions and/or Credits

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

T/S	Qualified student loan interest paid	2009 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2009.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Education Expense Code: 1 = Hope credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the Hope Credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has had no drug convictions in 2009.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2009 Information	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Address _____ City _____ State _____ Zip code _____

Taxpayer Spouse Prior Year Information

Educator expenses: _____

Other adjustments: _____

Itemized: A1

Medical and Dental Expenses

T/S/J		2009 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid	_____	_____
—	Long-term care premiums you paid	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

Itemized: A1

Tax Expenses

T/S/J		2009 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2008 state and local income taxes paid in 2009	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____
T/S/J	Description of new motor vehicle purchased between 2/17/09 - 12/31/09:	Date	Purchase Price (Before Taxes)
—	_____	_____	_____
			Sales/Excise Tax Paid

Itemized: A2

Interest Expenses

T/S/J		2009 Information	Prior Year Information
—	Home mortgage interest: From Form 1098	_____	_____
Other, such as: Home mortgage interest paid to individuals			
T/S/J	Name	SSN	2009 Information
—	_____	_____	_____
	Address		
—	_____		_____
T/S/J		2009 Information	Prior Year Information
—	Investment interest expense, other than on K-1s:	_____	_____
Refinancing Information:			
	Refinance #1	Refinance #2	
T/S/J			
—	Description	_____	_____
—	Total points paid	_____	_____
—	Date of refinance	_____	_____
—	Total number of payments	_____	_____
—	Reported on Form 1098 in 2009	_____	_____

Itemized: A3

Charitable Contributions

T/S/J		2009 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3

Miscellaneous Deductions

T/S/J		2009 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
—	Other expenses, subject to 2% AGI limitation:		
—	_____	_____	_____
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
—	Investment expenses, other than on K1s:		
—	Other expenses, not subject to the 2% AGI limitation:		
—	_____	_____	_____
—	Gambling losses: (Enter only if you have gambling income)	_____	_____

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: