

TAX ORGANIZER

Dear ,

Enclosed is your Tax Organizer for tax year 2009.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your 2009 records.

If our firm prepared your return last year, your prior year amounts are included in the **Prior Year Amount** column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the **General Business and Investment** questions, please provide detailed information with your answer.

We have scheduled your appointment for:

Date: Call

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

J. Peter Doyle, CPA/PFS, CFP
Doyle Financial, Ltd.
1040 Victoria Dr.
Fox River Grove, IL 60021
(847) 516-3561
pete@doylefinancial.com

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January 16, 2010

Dear ,

Thank you for choosing our firm to prepare your income tax returns for tax year 2009. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2009 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2009, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2009 tax return. We appreciate your business.

Sincerely,

Doyle Financial, Ltd.

Accepted by:

Date _____

Date _____

Doyle Financial, Ltd.
1040 Victoria Dr.
Fox River Grove, IL 60021
(847) 516-3561
pete@doylefinancial.com

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Sincerely,

Doyle Financial, Ltd.

Accepted by:

Date _____

Date _____

General Information

Taxpayer

Spouse

First Name
 Middle Initial
 Last Name
 Suffix
 Social Security Number
 Date of Birth

First Name
 Middle Initial
 Last Name
 Suffix
 Social Security Number
 Date of Birth

Check ("X") which phone number to list on return.

Home Phone
 Work Phone
 Cell Phone
 Fax Number

Home Phone
 Work Phone
 Cell Phone
 Fax Number

Legally Blind
 Totally Disabled
 Claimed as a Dependent
 Presidential Election Fund (\$3)

Occupation
 E-mail address

Occupation
 E-mail address

State of Residence as of 12/31
 County of Residence as of 12/31
 School District as of 12/31
 If Part Year, Period of Residency to

State of Residence as of 12/31
 County of Residence as of 12/31
 School District as of 12/31
 If Part Year, Period of Residency to

Filing Status

Status on 2008 return :

Status as of 12/31/2009 :
Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____
- 5 Qualifying widow(er) with minor child Year spouse died _____

Address

Street _____ Apt/Suite : _____
 City _____ State _____ Zip Code _____

Questions

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Basic Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1 Did your marital status change since last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Are there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you have any children under 19 (or 24 if a full time student) who received more than \$950 in investment income?
<input type="checkbox"/>	<input type="checkbox"/>	4 Are all your dependents either US residents or citizens?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you provide over half of the support for someone you aren't claiming as a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	6 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
<input type="checkbox"/>	<input type="checkbox"/>	7 Were either you or your spouse in the military or National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you purchase or sell your principal residence?
<input type="checkbox"/>	<input type="checkbox"/>	9 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
<input type="checkbox"/>	<input type="checkbox"/>	10 Were there any changes to a prior year's income, deductions, or credits?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you make gifts of more than \$13,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you file Form 8839, Adoption Credit, in a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did your purchase any special fuels for non-highway use?
<input type="checkbox"/>	<input type="checkbox"/>	14 Do you want to e-file your return?
<input type="checkbox"/>	<input type="checkbox"/>	15 If you have a refund, do you want direct deposit, bank product, or applied to next year's taxes?
		If you are due a refund, how do you want to receive it?
	<input type="checkbox"/>	Direct deposit (please provide a voided blank check)
	<input type="checkbox"/>	Check sent to you in the mail
	<input type="checkbox"/>	Instant refund (IRAL)
	<input type="checkbox"/>	Other quick refund via a bank product
	<input type="checkbox"/>	Apply to next year's estimates
		If you owe taxes, how do you want to pay them?
	<input type="checkbox"/>	Paper check sent with my return
	<input type="checkbox"/>	Direct debit from my bank account (please provide a voided blank check)
	<input type="checkbox"/>	Credit card

Income

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	16 Did you have an interest in or signature authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	17 Were you the grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	18 Did you receive income from a foreign source or pay taxes to a foreign government?
<input type="checkbox"/>	<input type="checkbox"/>	19 Did you barter your services for goods or services from someone else?
<input type="checkbox"/>	<input type="checkbox"/>	20 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
<input type="checkbox"/>	<input type="checkbox"/>	21 Did you make a loan to someone at an interest rate below market rate?
<input type="checkbox"/>	<input type="checkbox"/>	22 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
<input type="checkbox"/>	<input type="checkbox"/>	23 Did you cash in any U.S. savings bonds?
<input type="checkbox"/>	<input type="checkbox"/>	24 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
<input type="checkbox"/>	<input type="checkbox"/>	25 Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized, in 2009? (If yes, attach Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	26 Did you receive disability income?
<input type="checkbox"/>	<input type="checkbox"/>	27 Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
<input type="checkbox"/>	<input type="checkbox"/>	28 Did you receive any unemployment benefits?
<input type="checkbox"/>	<input type="checkbox"/>	29 During 2009, did you receive payments from a Long-Term Care insurance contract?
<input type="checkbox"/>	<input type="checkbox"/>	30 Did you receive employer-provided adoption benefits for a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	31 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
<input type="checkbox"/>	<input type="checkbox"/>	32 Did you "roll over" a retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	33 Did you receive Social Security benefits?

Questions (Cont.)

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 34 Did you convert a traditional IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | 35 Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 36 Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 37 Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 38 Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 39 Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 40 Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 41 Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 42 Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 43 Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 44 Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 45 Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 46 Did you receive any income not reported in this Organizer? |

Business and Rental Property Income

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 47 If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 48 Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 49 Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 50 Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 51 Did you remove any of your business assets for personal use? |

Business and Rental Property Deductions

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 52 Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 53 Did you make any contributions to a Keogh or a self-employed SEP plan for 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 54 Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 55 If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 56 Did you purchase any furniture or equipment for your business? |

Other Deductions

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 57 Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 58 Did you make any contributions to HSA (Health Savings Account) in 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 59 Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 60 Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 61 Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 62 Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 63 Did you lose property or have damage to a property due to a casualty, theft, or condemnation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 64 Did any security become worthless during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 65 Did any debts become uncollectible during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 66 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 67 Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 68 Did you refinance a mortgage or take out a home equity loan during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 69 Did you incur moving expenses during the year due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 70 Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 71 Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 72 Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 73 Did you make any energy efficient improvements to your main home in 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 74 Did you purchase a new motor vehicle after Feb 16, 2009 and before Jan 1, 2010? |

Name _____

SSN _____

Wages and Retirement Income

W-2 Information

Enter "X"
if spouse

W-2	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				

1099-R Information

	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 12a State Distribution	Box 10a State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				

Name _____

SSN _____

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C-EZ)

Enter "X" in one box: Filer Spouse

General Information

- 1 Federal employer identification number (do not enter Social Security Number)
- 2 Principal business or profession
- 3 Business name
- 4 Business address
- City, state, zip State _____ Zip _____

Business Income

* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
5	Income reported on 1099 MISC		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
6	.....	
7	.....	
8	.....	
9	.....	

Business Expenses

		Current Year Amount	Prior Year Amount
10	Business meals and entertainment		
11	Enter "X" in the box if subject to DOT hours of service limits	<input type="checkbox"/>	<input type="checkbox"/>
12	.....	
13	.....	
14	.....	
15	.....	
16	.....	

Name _____

SSN _____

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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32					
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34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name _____

SSN _____

Real Estate Rentals and Royalties

Kind of Property
Address
City State Zip

	Current Year Info	Prior Year Info
1 Owner of property (Enter Filer, Spouse, or Joint) 1		
2 Enter "X" if you actively participated? 2	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? 3	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use? 3a	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented? 3b	<input type="text"/>	<input type="text"/>

Income

	Current Year Amounts	Prior Year Amounts
4 Royalty received 4		
5 Rent received 5		
5a If rental real estate, enter the percent of ownership if less than 100% 5a		
5b Rental use percentage for property used partially for personal use only 5b		

Property Expense

	Current Year Amounts	Prior Year Amounts
6 Advertising 6		
7 Cleaning and maintenance 7		
8 Commissions 8		
9 Insurance 9		
10 Legal and other professional fees 10		
11 Management fees 11		
12 a Qualified mortgage interest paid to banks, etc. 12a		
12 b Other mortgage interest paid to banks, etc. 12b		
13 Other interest 13		
14 Repairs 14		
15 Supplies 15		
16 a Real estate taxes 16a		
16 b Other Taxes 16b		
17 Utilities 17		

Assets Placed in Service This Year

Description:	Date Placed In Service	Purchase Amount
A	A	
B	B	
C	C	
D	D	
E	E	
F	F	
G	G	

Name _____

SSN _____

Social Security and Railroad Retirement

Filer

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 4
- 5 Enter the total amount of Medicare B Premiums withheld. 5
- 6 Enter the total amount of Medicare D Premiums withheld. 6

Current Year Amount	Prior Year Amount

Spouse

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 10
- 11 Enter the total amount of Medicare B Premiums withheld. 11
- 12 Enter the total amount of Medicare D Premiums withheld. 12

Name _____

SSN _____

Miscellaneous Income

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Refund from state			1	
2	Unemployment compensation			2	
3	Prizes and awards			3	
4	Scholarships and fellowships			4	
5	Bartering income			5	
6	Fees received for jury duty			6	
7	Income from rental of personal property, if not in the business of renting such property			7	
8	Precinct election board duty			8	
9	Alaska Permanent Fund Dividends			9	
10	.....			10	
11	.....			11	
12	.....			12	
13	Other income not provided for in this Organizer			13	

Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

		Current Year Amount	Prior Year Amount
<input type="checkbox"/> *F/S/J	1 Educator expenses		
<input type="checkbox"/>	2 Student loan interest		
<input type="checkbox"/>	3 Health Savings account deduction		
<input type="checkbox"/>	4 Moving expenses		
<input type="checkbox"/>	5 Self-employed SEP, SIMPLE, or other qualified plans		
<input type="checkbox"/>	6 Penalty on early withdrawal of savings		
<input type="checkbox"/>	7 Tuition and fees deduction		

Miscellaneous Deductions

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

		Current Year Amount	Prior Year Amount
<input type="checkbox"/> *F/S/J	1 Performing-arts-related expenses		
<input type="checkbox"/>	2 Foreign housing deduction		
<input type="checkbox"/>	3 Jury duty pay given to your employer		
<input type="checkbox"/>	4 Reforestation amortization		
<input type="checkbox"/>	5 Repayment of sub-pay under the Trade Act of 1974		
<input type="checkbox"/>	6 Contributions to Section 501(c)(18) pension plans		
<input type="checkbox"/>	7 Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions.		
<input type="checkbox"/>	8 Employee business expenses of fee-basis state or local government officials		
<input type="checkbox"/>	9 Expenses from the rental of personal property but were not in the business of renting such property		
<input type="checkbox"/>	10 Contributions by chaplains to section 403(b) plans		
<input type="checkbox"/>	11 Archer MSA deduction		
<input type="checkbox"/>	12		
<input type="checkbox"/>	13		

Name _____

SSN _____

IRA Contribution Information

Traditional IRA Contributions

Filer

- 1 Enter total traditional IRA contributions made for 2009 1
- 2 Enter contributions, on line 1, made after 12/31/2009 and before 04/15/2010 2
- 3 Enter value of all traditional IRAs as of 12/31/2009 3

Current Year Amount	Prior Year Amount

Spouse

- 4 Enter total traditional IRA contributions made for 2009 4
- 5 Enter contributions, on line 4, made after 12/31/2009 and before 04/15/2010 5
- 6 Enter value of all traditional IRAs on 12/31/2009 6

Roth Contributions

Filer

- 1 Enter 2009 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2009 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2009 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2009 4

SIMPLE IRA

Filer

- 1 Enter value of all SIMPLE IRAs on 12/31/2009 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2009 2

--	--

Education IRA (Coverdell ESA)

Filer

- 1 Enter 2009 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2009 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2009 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2009 4

Name _____

SSN _____

Taxes - Itemized Deductions

Real Estate Taxes

22 Principal residence 22

Real Estate Not Held For Investment

23 23

24 24

25 25

26 26

27 27

Real Estate Held For Investment

28 28

29 29

30 30

31 31

32 32

33 Personal property taxes 33

Other Taxes

34 34

35 35

36 36

Current Year Amount	Prior Year Amount

--	--

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions

		Current Year Amount	Prior Year Amount
<i>List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab</i>			
47	Union dues	47	
48	Professional journals and subscriptions	48	
49	Uniform and protective clothing costs and cleaning	49	
50	Job search costs (resumes, travel, postage, etc.)	50	
51	.....	51	
52	.....	52	
53	.....	53	
54	.....	54	
55	.....	55	
56	.....	56	
57	.....	57	

Other Miscellaneous Expenses - Itemized Deductions

		If investment related enter "X"	Current Year Amount	Prior Year Amount
58	Certain attorney and accounting fees	<input type="checkbox"/>	58	
59	Safe deposit box rental	<input type="checkbox"/>	59	
60	IRA Custodial fees	<input type="checkbox"/>	60	
61	Investment counsel and advisory fees	<input type="checkbox"/>	61	
62	<input type="checkbox"/>	62	
63	<input type="checkbox"/>	63	
64	<input type="checkbox"/>	64	
65	<input type="checkbox"/>	65	
66	<input type="checkbox"/>	66	
67	<input type="checkbox"/>	67	
68	<input type="checkbox"/>	68	
69	<input type="checkbox"/>	69	
70	<input type="checkbox"/>	70	
71	<input type="checkbox"/>	71	
72	<input type="checkbox"/>	72	
73	<input type="checkbox"/>	73	

Other Miscellaneous Deductions

74	Tax preparation fees	74	
75	Gambling losses (if gambling income)	75	
76	Amortizable bond premiums on bonds acquired before 10/23/86	76	
77	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction	77	
78	.....	78	
79	.....	79	
80	.....	80	
81	.....	81	
82	.....	82	
83	.....	83	
84	.....	84	

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
1	Name Address	
2	Name Address	
3	Name Address	
4	Name Address	
5	Name Address	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2008 and paid in 2009 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2009
3
4
5

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2009
6	First: _____	SSN: _____ EIN: _____	
	Last: _____	City:		
	Business: _____	State: Zip: _____		
7	First: _____	SSN: _____ EIN: _____	
	Last: _____	City:		
	Business: _____	State: Zip: _____		
8	First: _____	SSN: _____ EIN: _____	
	Last: _____	City:		
	Business: _____	State: Zip: _____		
9	First: _____	SSN: _____ EIN: _____	
	Last: _____	City:		
	Business: _____	State: Zip: _____		
10	First: _____	SSN: _____ EIN: _____	
	Last: _____	City:		
	Business: _____	State: Zip: _____		

Name _____

SSN _____

Adoption Expenses

1 Provide the Following Information on Each Eligible Child

	First Name	Last Name	Child's Year of Birth	Enter "X" if Child Was:			Child's Identifying Number (SSN or ATIN)
				Born BEFORE 1992 and Disabled	A Child With Special Needs	A Foreign Child	
1st Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 2** Expenses you paid in 2008 **2**
- 3** Expenses you paid in 2009, if the adoption was final in 2009 **3**
- 4** Expenses you paid in 2009, if the adoption was final before 2009 **4**

1st Child	2nd Child

Enter "X" in the appropriate box

- 5** Did you receive Employer-Provided-Adoption-Benefits in a prior year? **5**

Yes No

Name _____

SSN _____

Household Employment Taxes

Enter "X" in one box:

Filer

Employer Identification Number _____

Spouse

A household employee, generally, does not include spouse, children, parents or a person under age 18.

Social Security, Medicare, and Income Taxes

Enter "X" in the appropriate boxes

- 1 Did you pay ANY ONE household employee cash wages of \$1,500 or more in 2009? 1 Yes No
If yes, skip to line 4.
- 2 Did you withhold Federal income tax during 2009 for any household employees? 2 Yes No
If yes, skip to line 5.
- 3 Did you pay TOTAL cash wages of \$1,000 or more in ANY calendar QUARTER
of 2008 or 2009 to household employees? 3 Yes No

	Current Year Amount	Prior Year Amount
4 Enter the total amount of wages paid to all employees, who were each paid in excess of \$1,500 during the year. 4		
5 Total Federal income tax withheld 5		
6 Advanced earned income credit payments 6		

Unemployment Tax - If wages above were in excess of \$1,000 in any one quarter, include the following information:

Enter "X" in the appropriate boxes

- 7 Did you pay unemployment contributions to only one state? 7 Yes No
(If 'Yes' complete Section A, otherwise fill out Section B)
- 8 Did you pay all state unemployment contributions by April 15, 2010? 8 Yes No
- 9 Were all wages that are taxable for federal unemployment also taxable
for your state unemployment tax? 9 Yes No

Section A

10 Name of State where you paid unemployment contributions 10	
11 State reporting number as shown on State unemployment return 11	
12 Amount of contributions paid to the State unemployment fund 12	
13 Total cash wages subject to FUTA 13	

Section B

	State Unemployment	State Unemployment
14 Name of State where you paid unemployment contributions 14		
15 State reporting number as shown on State unemployment return 15		
16 Wages, subject to state unemployment tax, reported to State 16		
17 State experience rate 17		
18 State experience rate period a. From 18a		
b. To 18b		
19 Amount of contributions paid to the State unemployment fund 19		