2008
TAXPAYER ORGANIZER

This easy-to-use organizer has been prepared to assist you in collecting information for your 2008 Individual Income Tax Return. For returning clients, information from your prior year tax return has been listed to serve as a guide in assembling this year's tax data.

Enter this year's information in the area provided on the attached pages. If you need more space, please use the back of the pages. Line through any preprinted data that does not apply to the current year. If necessary, attach additional sheets with pertinent facts that may not have been requested in this organizer.

If you have any questions, please make note of them within the booklet so that we can discuss them when we prepare your tax return.

Please provide all records and necessary information requested, including:

- prior year federal and state return (new client only)
- W-2s for wages, salaries, tips, and pensions
- 1098s for mortgage interest paid to financial institutions
- 1099s for interest, dividends, state tax refunds, and other payments
- K-1s from partnerships, S corporations, estates, and trusts
- αdditional correspondence from tax agencies, if any

Using this organizer will assist you in compiling complete and accurate tax data that will make it possible to take full advantage of all allowable deductions.

Please contact us as soon as possible to schedule an appointment to review your organizer booklet and prepare your 2008 tax return. We appreciate the opportunity to serve you.

Courtesy of
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2008
TAX INFORMATION QUESTIONNAIRE

The following questions help us understand your current year tax situation. Please answer each question by circling yes (Y) or no (N). **For every question you answered yes, please provide details in the blank lines at the end of this questionnaire.** If a question does not pertain to you, please circle no. If you require help answering any of these questions, please contact us.

Y N 1. Would you like to have your tax return filed electronically?

Y N 2. Would you like to have an electronic copy of your tax return (PDF file)?

Y N 3. Would you like to have your tax return mailed to an address other than the one we have on file?

Y N 4. Did you receive an Economic Stimulus Payment in connection with filing your 2007 tax return? If yes, indicate the amount received.

Y N 5. Did your marital status change during the year?

Y N 6. Were you a resident of, or did you have income in, more than one state during the year?

Y N 7. Do you wish to have $3 (or $6 on a joint return) of your taxes applied to the Presidential Campaign Fund (this will not affect the amount of refund or balance due on your tax return). If applicable, do you wish to contribute to any state fund(s) and if so, which funds?

Y N 8. Do you have any dependents living with you or are you supporting anyone not living with you? If yes, provide details if there were any changes to any dependents in your household (marriages, deaths, etc.).

Y N 9. Did any of your dependent children under age 18 (24 if a college student) have any income (wages, interest, etc.)?

Y N 10. Are you or any dependents blind and/or disabled? Please provide details including any disability income received.

Y N 11. Did you incur child care or dependent care expenses?

Y N 12. Did you cash any series EE or I U.S. Bonds that were issued after 1989 and paid qualified higher education expenses?

Y N 13. Did you or any member of your household pay educational expenses for post secondary education?

Y N 14. Did you buy, sell, or trade any assets?

Y N 15. Did you contribute to or receive a distribution from any retirement plan or did you convert any retirement funds to Roth funds?

Y N 16. Did you receive or pay any alimony or separate maintenance payments?

Y N 17. Did you have any moving expenses?

Y N 18. If you or your spouse are self-employed, did you pay any health or long-term care insurance premiums? If yes, were either you or your spouse eligible to participate in an employer-sponsored health or long-term care insurance plan?

Y N 19. Did you or your spouse contribute to or receive a distribution from a Health Savings Account?

Y N 20. Did you make cash or noncash charitable contributions?

Y N 21. Did you make any large purchases or home improvements? (e.g. purchase airplane or vehicles).

Y N 22. Did you have any casualty or theft losses?

Y N 23. Did you have purchasing, selling, refinancing, financing, or foreclosing transactions on your personal residence or any other real estate? If yes, provide the settlement document (HUD-1), Form 1099S, Form 1099C or other related documentation if applicable. Please include whether you are a first time home buyer.

Y N 24. Do you own a vacation home that was rented to someone else at anytime?

Y N 25. Did you make any gifts directly or through a trust which exceeded $12,000 per person?

Y N 26. Did you pay wages of more than $1,600 to any one household employee?

Y N 27. Have you provided ALL your income from ALL sources? If not, please use the space at the end to list any other income.

Y N 28. Have you provided ALL your deductions? If you are uncertain about an item then provide details.

Y N 29. Has the IRS/State/Local taxing authority made you aware, or are you aware of, any changes to your income, deductions and credits reported on any prior year tax return?

Y N 30. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?

Y N 31. For 2009, do you expect a significant fluctuation in your income, deductions or withholding?

Y N 32. For 2009, do you need or want estimated tax payment vouchers prepared?

Please use the following blank lines to provide additional information regarding the above questions (indicate the question number). This space can also be used for any other information or questions you may have.

GI

PERSONAL DATA

CLIENT ______

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2008.

	TAXPAYER			SPOUSE		
First Name						
Last Name						
Title						
Salutation						
SSN						
Occupation						
Birthdate						
Blind		☐	Yes		☐	Yes
Permanently and totally disabled		☐	Yes		☐	Yes
Death Date						
Over age 65		☐	Yes		☐	Yes
E-mail address						

	Telephone Numbers	Day or Evening	Telephone Numbers	Day or Evening
Home phone				
Work phone				
Cell phone				
Fax				

	TAXPAYER			SPOUSE		
President Elect Fd		☐	Yes		☐	Yes
Education expense						
Credit Type						

Address ______ Apt No ______

City ______ State ______ ZIP Code ______

County ______ County / municipal code ______

School District Name ______ School District number ______

If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside ______

Foreign address ______

City ______ State or Province ______

Country ______ Postal Code ______

FILING STATUS

Enter the number that corresponds with the filing status chosen: (1 - 2 - 3 - 4 - 5)

☐

1 = Single

☐ Claimed as a dependent on someone else's return.

☐ Taxpayer claimed as dependent of someone else but qualifies for Education Credit

2 = Married Filing Jointly

☐ Spouse is claimed as a dependent on someone else's return

3 = Married Filing Separately

☐ Dual status alien

☐ Itemizing required for Schedule A

☐ Taking standard deduction

☐ Claiming spouse as a dependent

☐ Didn't live with spouse entire year

4 = Head of Household

Qualifying person's name, social security number, and relationship should be listed on the Dependent Information sheet.

5 = Qualifying Widow(er) with Dependent Child Year spouse died (2006 or 2007) ______

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL

Bank name	Routing number	Type of account C / S	Account number

DI

DEPENDENT INFORMATION

CLIENT ______________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2008.

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name & Initial .				
Last Name if Diff . .				
Birthdate				
Soc Sec Number . .				
Relationship				
Ownership Code . .	Taxpayer Spouse	Taxpayer Spouse	Taxpayer Spouse	Taxpayer Spouse
# Months in Home .				
Disabled	Yes	Yes	Yes	Yes
College Student . . .	Yes	Yes	Yes	Yes
*Ineligible for CTC .	Yes	Yes	Yes	Yes
Child Care Expense				
Educ Expense Amt				
** Type of Educ Cr				
Hope Prior Years . .				
*** Status Code . . (See Codes below)				

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
9 Is child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or descendant of any of them? (Yes / No)				
10 Is either of the following true? (1) Child is unmarried or (2) Child is married and can be claimed as taxpayer's dependent? (Yes / No)				
11 Did child live with taxpayer in U.S. for over half the year? (Yes / No)				
13a Could any other person check Yes on lines 9 through 11 for the child? (Yes / No)				
b What is the child's relationship to the other person(s)?				
c If tie-breaker rules apply, would this child be treated as the taxpayer's qualifying child? (Yes / No)				
14 Does the child have an SSN that allows him/her to work or is valid for EIC purposes? A qualifying child must have a valid SSN for employment. If ``Not Valid for Employment'' is printed on the card and the number was printed solely to apply for or receive a federally funded benefit, the child is not eligible for EIC. (Yes / No)				

Number of children listed above who lived at home (default)	
Number of children listed above who did not live at home due to divorce or separation	
Number of other dependents listed above	

* An entry in this box disallows Child Tax Credit for this child.

** Type of Education Credit: Hope (can only be taken first two years) Lifetime Tuition deduction

*** Status Codes:
0 = Claimed
1 = Not claiming child this year
2 = Not claimed but child qualifies for EIC
3 = Not claimed but qualifying child for Head of Household
4 = Not claimed but qualifies for Depn Care Benefits (DCB)
5 = Not claimed but qualifies for both EIC and HOH
6 = Not claimed but qualifies for both EIC and DCB
7 = Not claimed but qualifies for HOH and DCB
8 = Not claimed but qualifies for all three
9 = Claimed but ineligible for EIC

NOTES:

W2

WAGES, SALARIES, TIPS, ETC.

CLIENT _______________

PLEASE ENTER ALL PERTINENT 2008 INFORMATION.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

W-2#

WAGE AND TAX STATEMENT

Taxpayer or spouse?		Employer identification no.	
Employer name		Foreign address	Yes
Employer street address			
Employer city		State	ZIP code
Control number			

		2007 AMOUNTS				
1 Wages, tips, other compensation			12a Code		Amt	
2 Federal income tax withheld			b Code		Amt	
3 Social security wages			c Code		Amt	
4 Social security tax withheld			d Code		Amt	
5 Medicare wages and tips			13 Statutory empl to Sch C #			
6 Medicare tax withheld			Retirement plan?	8226	Yes	
7 Social security tips			Third-party sick pay?		Yes	
8 Allocated tips			14 Other		Amt	
9 Advance EIC payments			Other		Amt	
10 Dependent care benefits			Other		Amt	
11 Non-qualified plans			Other		Amt	

	State	15 State Employer I.D. Number	16 State Wages	17 State Tax Withheld	18 Local Wages	19 Local Tax Withheld	20 Locality Name
1							
		////////////////////			/////////////	/////////////	//////////////
2							

Corrected Form W-2? ☐ Yes — Clergy Form W-2 ☐ Yes
Non-standard indicator? ☐ Yes — Suppress Clergy self-employment tax ☐ Yes

W-2 #

WAGE AND TAX STATEMENT

Taxpayer or spouse?		Employer identification no.	
Employer name		Foreign address	Yes
Employer street address			
Employer city		State	ZIP code
Control number			

		2007 AMOUNTS				
1 Wages, tips, other compensation			12a Code		Amt	
2 Federal income tax withheld			b Code		Amt	
3 Social security wages			c Code		Amt	
4 Social security tax withheld			d Code		Amt	
5 Medicare wages and tips			13 Statutory empl to Sch C #			
6 Medicare tax withheld			Retirement plan?		Yes	
7 Social security tips			Third-party sick pay?		Yes	
8 Allocated tips			14 Other		Amt	
9 Advance EIC payments			Other		Amt	
10 Dependent care benefits			Other		Amt	
11 Non-qualified plans			Other		Amt	

	State	15 State Employer I.D. Number	16 State Wages	17 State Tax Withheld	18 Local Wages	19 Local Tax Withheld	20 Locality Name
1							
		////////////////////			/////////////	/////////////	//////////////
2							

Corrected Form W-2? ☐ Yes — Clergy Form W-2 ☐ Yes
Non-standard indicator? ☐ Yes — Suppress Clergy self-employment tax ☐ Yes

Attach additional W-2's

B

INTEREST AND ORDINARY DIVIDEND INCOME

CLIENT ________________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2008.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

INTEREST FROM BANKS, SAVINGS, ETC.

Description	T or S	Ordinary Interest (Box 1)	U.S. Gov't Obligations (Box 3)	Municipal Bonds	2007 TOTAL AMOUNTS
Total Federal withholding from all Form 1099-INT (Box 4)			2402		

SELLER-FINANCED MORTGAGE INTEREST			2008 AMOUNTS	2007 AMOUNTS
Name				
Address				
ID Number	SSN	FEIN		
Name				
Address				
ID Number	SSN	FEIN		
Name				
Address				
ID Number	SSN	FEIN		

ORDINARY DIVIDENDS

Description	T or S	Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	U.S. Gov't Obligations	Municipal Bonds	Total Capital Gains (Box 2a)	Nontaxable Federal (Box 3)
Total Federal withholding from all Form 1099-DIV (Box 4)				2276			

	2008 AMOUNTS	2007 AMOUNTS
Foreign account	☐ Yes	☐ Yes
Name of country		
Foreign trust	☐ Yes	☐ Yes
EF ONLY: Accrued market discount		NEW

B

INTEREST INCOME (Cont.)

CLIENT ________________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE TO 2008.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

INTEREST FROM BANKS, SAVINGS, ETC.					
Description	T or S	Ordinary Interest (Box 1)	U.S. Gov't Obligations (Box 3)	Municipal Bonds	2007 TOTAL AMOUNTS

B

ORDINARY DIVIDEND INCOME (cont.)

CLIENT ______________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2008.

ORDINARY DIVIDENDS							
Description	T or S	Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	U.S. Gov't Obligations	Municipal Bonds	Total Capital Gains (Box 2a)	Nondividend Distribution (Box 3)

C______

BUSINESS INCOME (cont.)

CLIENT ______________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2008.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART III	COST OF GOODS SOLD	2008 AMOUNTS	2007 AMOUNTS
33	INVENTORY METHOD IF NOT COST ← Lower of cost or market	☐ Yes	☐
	Other	☐ Yes	☐
	Specify other method		
34	Was there any change in inventory method?	☐ Yes	☐
35	Inventory at beginning of the year		
36	Purchases		
37	Cost of items withdrawn for personal use	( )	( )
	Cost of labor (not salary paid to yourself)		
38	Materials and supplies		
39	Other costs		
41	Inventory at end of the year	( )	( )

PART IV	INFORMATION ABOUT YOUR VEHICLE	2008 AMOUNTS	2007 AMOUNTS
43	Date vehicle was placed in service for business purposes		
44	Business miles vehicle was driven from 01-01-08 to 06-30-08	MI	
	Business miles vehicle was driven from 07-01-08 to 12-31-08	MI	NEW
	Total commuting miles vehicle was driven	MI	
	Total other miles vehicle was driven	MI	
45	Was another vehicle available for personal use?	☐ Yes	☐
46	Was this vehicle available for use during off-duty hours?	☐ Yes	☐
47	Is there evidence to support your deduction?	☐ No	☐
	If ``yes,'' is the evidence written?	☐ No	☐

PART V	EXPENSES	2008 AMOUNTS	2007 AMOUNTS
	Other expenses:		
	Amortization		
	Miscellaneous		
	Oil and gas deduction		
	Postage		
	Telephone (business only)		

NOTES OR QUESTIONS:

C______

BUSINESS INCOME

CLIENT ______________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2007.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	GENERAL INFORMATION	2008 AMOUNTS	2007 AMOUNTS
	Ownership code (T=Taxpayer, S=Spouse, J=Joint)		
	Clergy Schedule C	Yes	
	Two-letter state code		
	If Joint Schedule C, taxpayer's ownership percentage	%	
	Community property for self-employment purposes	Yes	
A	Principal business activity		
	Principal business including product or svc		
B	Principal business code		
C	Business name		
E	Business street address		
	Business city, state, ZIP code		
D	Federal employer identification number		
F	ACCOUNTING METHOD IF NOT CASH: Accrual method	Yes	
	Other	Yes	
	Specify other method		
G	Were you a ``material participant'' in the operation of this business?	No	
H	Is this the first Schedule C filed for this business?	Yes	

PART I	INCOME	2008 AMOUNTS	2007 AMOUNTS
1	Gross receipts or sales		
	Amount is earnings received as a statutory employee	Yes	
2	Returns and allowances	( )	( )
6	Other income		

PART II	EXPENSES	2008 AMOUNTS	2007 AMOUNTS
8	Advertising		
9	Car and truck expenses (see vehicle depreciation organizer)		
10	Commissions and fees		
11	Contract labor		
12	Depletion		
13	Depreciation and section 179 expense deduction (see depreciation organizer)		
14	Employee benefit programs		
15	Insurance (other than health)		
16	Interest: Mortgage interest (paid to banks, etc.)		
	Other interest		
17	Legal and professional services		
18	Office expense		
19	Pension and profit-sharing plans		
20	Rent or lease: Vehicles, machinery, and equipment		
	Other business property		
21	Repairs and maintenance		
22	Supplies		
23	Taxes and licenses		
24	Travel, meals and entertainment: Travel		
	Meals and entertainment subject to 50% limitation		
	Meals and entertainment		
25	Utilities		
26	Wages less employment credits		
30	Expenses for business use of home (see 8829 organizer or attach explanation)		
32	Amount at risk		

8829 ______ BUSINESS USE OF HOME EXPENSES

CLIENT ______________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2008.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART OF HOME USED FOR BUSINESS	2008 AMOUNTS	2007 AMOUNTS
Spouse's Form 8829 (for Married Filing Separate split return only)		NEW
1 Home area used regularly and exclusively for business, regularly for day care, or for storage of inventory or product samples		
2 Total area of home		
4 Total hours this facility was used for day care		
5 Total hours available for use (if used for day care that was started or stopped this year)		
Part of home used exclusively for day care		NEW

DEDUCTION DESTINATION	2008 AMOUNTS	2007 AMOUNTS
Home expense deduction is associated with: 1 = Schedule C 2 = Schedule F 3 = Form 2106		
Which multiple of the form or schedule selected above?		
For Sch C / K-1 Only: Net gain or loss from business use of home plus gain or loss from business shown on Schedule D or Form 4797		
For Schedule F Only: Business expenses that are NOT from business use of the home		
For Form 2106 Only: Employee net income (Form W-2 wages less other business expenses)		

ALLOWABLE DEDUCTION	DIRECT EXPENSES		INDIRECT EXPENSES	
	2008 AMOUNTS	2007 AMOUNTS	2008 AMOUNTS	2007 AMOUNTS
9 Casualty losses				
10 Deductible mortgage interest				
Qualified mortgage insurance premium		NEW		NEW
11 Real estate taxes				
16 Excess mortgage interest				
17 Insurance				
18 Rent				
19 Repairs and maintenance				
20 Utilities				
21 Other expenses				
24 Operating expenses carryover from 2007 Form 8829, line 42				
28 Excess casualty losses				
30 Carryover of excess casualty losses and depreciation from 2006 Form 8829, line 43				

DEPRECIATION OF HOME	2008 AMOUNTS	2007 AMOUNTS
36 Smaller of home's adjusted basis or fair market value (see depreciation organizer)		
37 Value of land included in home's adjusted basis or fair market value		

Date business use began ________________________

D

CAPITAL GAINS AND LOSSES

CLIENT ______________

IF YOU SOLD ANY STOCKS, BONDS, OR OTHER PROPERTY IN 2008,
PLEASE LIST THE APPLICABLE INFORMATION FOR EACH SALE BELOW.

Description of Property	No. of Shares	T / S	Date Acquired	Date Sold	Term	Gross Sales Price	Cost or Other Basis	AMT Cost/Basis (if different)	St Cost / Basis (if different)

Short-term capital loss carryover from 2007 Schedule D Capital Loss Carryover Worksheet, line 8. . . . . ( )

Long-term capital loss carryover from 2007 Schedule D Capital Loss Carryover Worksheet, line 13. . . . . ( )

INSTALLMENT SALE INCOME

CLIENT ________________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2008.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PRIOR YEAR INSTALLMENT SALE

1	Description of property	
	Ownership Code (Taxpayer, Spouse, Joint)	Two-letter state code
2	Date acquired (MM-DD-YYYY)	
	Date sold (MM-DD-YYYY)	
3	Property was sold to a related party after May 14, 1980	☐ Yes
4	Property sold to a related party was a marketable security	☐ Yes

		2008 AMOUNTS	2007 AMOUNTS
19	Gross profit percentage	%	
21	2008 principal payments received		
	Payments that qualify for 28% rate		
	Current interest payments received		
23	Total payments received in prior years		
25	Portion that is taxable as ordinary income		
26	Total unrecaptured section 1250 gain		

PRIOR YEAR INSTALLMENT SALE

1	Description of property	
	Ownership Code (Taxpayer, Spouse, Joint)	Two-letter state code
2	Date acquired (MM-DD-YYYY)	
	Date sold (MM-DD-YYYY)	
3	Property was sold to a related party after May 14, 1980	☐ Yes
4	Property sold to a related party was a marketable security	☐ Yes

		2008 AMOUNTS	2007 AMOUNTS
19	Gross profit percentage	%	
21	2008 principal payments received		
	Payments that qualify for 28% rate		
	Current interest payments received		
23	Total payments received in prior years		
25	Portion that is taxable as ordinary income		
26	Total unrecaptured section 1250 gain		

PRIOR YEAR INSTALLMENT SALE

1	Description of property	
	Ownership Code (Taxpayer, Spouse, Joint)	Two-letter state code
2	Date acquired (MM-DD-YYYY)	
	Date sold (MM-DD-YYYY)	
3	Property was sold to a related party after May 14, 1980	☐ Yes
4	Property sold to a related party was a marketable security	☐ Yes

		2008 AMOUNTS	2007 AMOUNTS
19	Gross profit percentage	%	
21	2008 principal payments received		
	Payments that qualify for 28% rate		
	Current interest payments received		
23	Total payments received in prior years		
25	Portion that is taxable as ordinary income		
26	Total unrecaptured section 1250 gain		

NOTES OR QUESTIONS:

1099R PENSIONS AND ANNUITIES

CLIENT ________________

PLEASE ENTER ALL PERTINENT 2008 INFORMATION.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.

Taxpayer or Spouse		Payer's federal identification no.		
Payer's name				
Payer's street address				
Payer's city		State	ZIP code	
Account number		7 Distribution code		

		2007 AMOUNTS				
			IRA/SEP/SIMPLE		Yes	
1 Gross distribution			Distrib rolled over 1 = IRA, 2 = Roth			
2a Taxable amount			8 Other			
2b Tax amount not determined	Yes		Percent of other			
Total distribution?	Yes		9a Percent of total distribution			
Qualified Charitable Dist (QCD)			9b Total employee contrib			
Qual health svgs acct funding			10 Name of state			
Insurance premium - retired public safety officer			State tax withheld			
			11 Payer's state I.D. number:			
3 Capital gain (included in box 2a)						
4 Federal income tax withheld			12 State distribution			
5 Employee contrib or ins prem			13 Local tax withheld			
6 Net unrealized appreciation			14 Name of locality			
			15 Local distribution			
Disability is earned income?	Yes					

SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)

Cost in plan at starting date			Amount recd tax-free after 1986	
Age at starting date			# mos payments made this year	
Annuity starting date			Using Table 1 or Table 2	

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.

Taxpayer or Spouse		Payer's federal identification no.		
Payer's name				
Payer's street address				
Payer's city		State	ZIP code	
Account number		7 Distribution code		

		2007 AMOUNTS				
			IRA/SEP/SIMPLE		Yes	
1 Gross distribution			Distrib rolled over 1 = IRA, 2 = Roth			
2a Taxable amount			8 Other			
2b Tax amount not determined	Yes		Percent of other			
Total distribution?	Yes		9a Percent of total distribution			
Qualified Charitable Dist (QCD)			9b Total employee contrib			
Qual health svgs acct funding			10 Name of state			
Insurance premium - retired public safety officer			State tax withheld			
			11 Payer's state I.D. number:			
3 Capital gain (included in box 2a)						
4 Federal income tax withheld			12 State distribution			
5 Employee contrib or ins prem			13 Local tax withheld			
6 Net unrealized appreciation			14 Name of locality			
			15 Local distribution			
Disability is earned income?	Yes					

SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)

Cost in plan at starting date			Amount recd tax-free after 1986	
Age at starting date			# mos payments made this year	
Annuity starting date			Using Table 1 or Table 2	

ATTACH ANY ADDITIONAL 1099-R'S

NONDEDUCTIBLE IRAs

CLIENT _______________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2008.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

NONDEDUCTIBLE CONTRIBUTIONS TO TRADITIONAL IRAs and DISTRIBUTIONS FROM TRADITIONAL, SEP, AND SIMPLE IRAs

	TAXPAYER		SPOUSE	
	2008 AMOUNTS	2007 AMOUNTS	2008 AMOUNTS	2007 AMOUNTS
1 Nondeductible traditional IRA contributions for 2008 . .				
2 Total traditional IRA basis for 2007 and prior years				
4 IRA contributions made from 01-01-2009 to 04-15-2009				
6 Total value of ALL traditional, SEP, and SIMPLE IRAs as of 12-31-2008				
Outstanding rollovers				
7 Total distributions received from traditional, SEP, and SIMPLE IRAs during 2008				

2008 CONVERSIONS FROM TRADITIONAL, SEP, OR SIMPLE IRAs TO ROTH IRAs

	2008 AMOUNTS	2007 AMOUNTS	2008 AMOUNTS	2007 AMOUNTS
8 Total amount converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs during 2008				
Recharacterizations (amounts, if any, reconverted to traditional, SEP, or SIMPLE IRAs)				
17 Basis of Roth IRAs after recharacterizations				

DISTRIBUTIONS FROM ROTH IRAs

	2008 AMOUNTS	2007 AMOUNTS	2008 AMOUNTS	2007 AMOUNTS
19 Total Roth IRA distributions received in 2008 including first-time homebuyer distributions				
20 Qualified first-time homebuyer expenses				
22 Basis in Roth IRA contributions				
24 Basis in Roth IRA conversions				

NOTES OR QUESTIONS:

E1 ______

INCOME OR LOSS FROM RENTAL REAL ESTATE

CLIENT ______________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2008.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	DESCRIPTION OF PROPERTY	LOCATION OF PROPERTY
1 Property description . . .		

	2008 AMOUNTS	2007 AMOUNTS
Ownership code (T = Taxpayer; S = Spouse; J = Joint)		
Two-letter state code		
Real estate professional	☐ Yes	☐
Qualifies for $25,000 limitation	☐ Yes	☐
Passive activity	☐ Yes	☐
Property is exempt from passive limitation	☐ Yes	☐
Rental is part of personal residence	☐ Yes	☐
Percent of ownership		
Percent of personal use		
2 Personally used for 14 days or 10% of total rental days	☐ Yes	☐

INCOME	2008 AMOUNTS	2007 AMOUNTS
3 Rents received		
4 Royalties received		

EXPENSES	2008 AMOUNTS	2007 AMOUNTS
5 Advertising		
6 Auto expense (see vehicle depreciation organizer)		
Travel expenses		
7 Cleaning and maintenance		
8 Commissions		
9 Insurance		
10 Legal and other professional fees		
11 Management fees		
12 Mortgage interest paid to banks, etc		
13 Other interest		
14 Repairs		
15 Supplies		
16 Taxes		
17 Utilities		
18 Other expenses:		
______________		
______________		
______________		
______________		
Amortization (see depreciation organizer)		
Oil and gas deduction		
20 Depreciation expense (see depreciation organizer)		
Depletion (see depreciation organizer)		

ADDITIONAL EXPENSES

____

____

____

____

E1 ______

INCOME OR LOSS FROM RENTAL REAL ESTATE (cont.)

CLIENT ______________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2008.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PRIOR YEAR UNALLOWED LOSSES	2008 AMOUNTS	2007 AMOUNTS
Prior year unallowed loss	( )	
Alternative minimum prior year unallowed losses	( )	
State – Prior year loss (if different)	( )	
State – Depreciation (if different)	( )	

VACATION HOME CARRYOVERS ONLY

Operating expense carryover		
Depreciation carryover		
Alternative minimum depreciation carryover		

E2

INCOME (LOSS) FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS	2008 AMOUNTS	2007 AMOUNTS
Name		
Ownership code (T = Taxpayer; S = Spouse; J = Joint)		
Employer identification number		
Excess inclusion from Schedules Q (Form 1066), line 2c		
Taxable income (net loss) from Schedules Q (Form 1066), line 1b		
Income from Schedules Q (Form 1066), line 3b		

SUMMARY	2008 AMOUNTS	2007 AMOUNTS
Gross farming and fishing income		
Reconciliation for Real Estate Professionals:		
Net income or (loss) reported anywhere on tax return from material participation under passive activity loss rules		

MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT ________________

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LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MISCELLANEOUS INCOME		2008 AMOUNTS		2007 AMOUNTS	
		TAXPAYER	SPOUSE	TAXPAYER	SPOUSE
7	Taxable scholarship / fellowship income				
10	IF YOU ITEMIZED LAST YEAR: Deducted 2007 state/local sales tax	Yes	Yes		
	State tax refund				
	2007 state and local taxes				
	2007 itemized deductions				
11	Alimony received				
19	Unemployment compensation received (1099-G)				
	Repaid unemployment compensation				
20	SOCIAL SECURITY BENEFITS: Social security benefits received				
	Medicare premiums withheld				
	Tier 1 Railroad retirement received				
	Federal withholding				
21	Net operating loss carryover				
	Other income: SE? T/S				

ADJUSTMENTS TO INCOME		2008 AMOUNTS		2007 AMOUNTS	
23	Educator expenses				
25	Health savings account deduction				
26	Moving expenses				
28	Self-employed SEP, SIMPLE, and qualified plans				
29	Self-employed health insurance				
	Health insurance premium from S Corp				
30	Penalty on early withdrawal of savings				
31	Alimony paid				
	Recipient's Name SSN				
32	Payments to your IRA (see 8606 organizer)				
	Covered by employer's retirement plan	Yes	Yes		
33	Student loan interest deduction				
34	Jury duty pay given to employer				
	Tuition and fees deduction				
35	Domestic production activities				
36	Other adjustments: T/S				

NOTES OR QUESTIONS:

ITEMIZED DEDUCTIONS

CLIENT ______________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2008.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MEDICAL AND DENTAL EXPENSES	2008 AMOUNTS TAXPAYER	2008 AMOUNTS SPOUSE	2007 AMOUNTS
1 Prescription medicines and drugs			
Medical insurance premiums (Medicare premiums are entered with Social Security)			
Medical miles from 01-01-08 to 06-30-08	MI	MI	
Medical miles from 07-01-08 to 12-31-08	MI	MI	
LONG TERM CARE PREMIUMS: Taxpayer's amount			
LONG TERM CARE PREMIUMS: Spouse's amount			
LONG TERM CARE PREMIUMS: Dependent's amount			
LONG TERM CARE PREMIUMS: Dependent's birth date:			
Doctors, dentists, nurses, and hospitals:			

TAXES PAID	2008 AMOUNTS TAXPAYER	2008 AMOUNTS SPOUSE	2007 AMOUNTS
5 Additional state and local income taxes			
General sales tax from saved receipts			
Gen sales tax specified items (motor veh, boats, other large items)			
6 Real estate taxes (not land held for investment)			
7 Personal property taxes (includes DMV tax based on value)			
8 Foreign income taxes paid			NEW
Other taxes:			

INTEREST PAID	2008 AMOUNTS TAXPAYER	2008 AMOUNTS SPOUSE	2007 AMOUNTS
10 Home mortgage interest and points reported on Form 1098			

11 HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098

First name . . . . . ______________ T, S, J ☐
Address ______________
SSN ______________ State ____
FEIN ______________ Amount ______________

Second name . . ______________ T, S, J ☐
Address ______________
SSN ______________ State ____
FEIN ______________ Amount ______________

Third name . . . . ______________ T, S, J ☐
Address ______________
SSN ______________ State ____
FEIN ______________ Amount ______________

	2008 AMOUNTS TAXPAYER	2008 AMOUNTS SPOUSE	2007 AMOUNTS
12 Points not reported on Form 1098			
13 Qualified mortgage insurance premiums			NEW
14 Deductible investment interest			

NOTES OR QUESTIONS: (For points, please give details on refinance, terms, and dates.)

ITEMIZED DEDUCTIONS (cont.)

CLIENT ______________

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CONTRIBUTIONS	2008 AMOUNTS		2007 AMOUNTS
	TAXPAYER	SPOUSE	
16 Gifts made by cash or check:			
Total charitable mileage at 14 cents per mile	MI	MI	
Capital gain contributions limited to 30%			
Contributions limited to 30% of AGI			
Contributions limited to 20% of AGI			
17 Contributions made other than by cash or check: (provide details)			
18 Contribution carryover from prior year			

CASUALTY AND THEFT	2008 AMOUNTS		2007 AMOUNTS
20 Net loss before applying 10% of AGI			
Details:			

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION	2008 AMOUNTS		2007 AMOUNTS
21 Union and professional dues			
Job education			
Form 2106 or Form 2106-EZ			
Other unreimbursed expenses:			
22 Tax return preparation fees			
23 Investment fees			
Safe deposit box			
Other limited miscellaneous deductions:			

OTHER MISCELLANEOUS DEDUCTIONS	2008 AMOUNTS		2007 AMOUNTS
28 Gambling losses			
Other miscellaneous deductions:			

8283 ______

NONCASH CHARITABLE CONTRIBUTIONS

CLIENT ______________

IF YOU MADE ANY NONCASH CHARITABLE CONTRIBUTIONS IN 2008,
PLEASE LIST THE APPLICABLE INFORMATION FOR EACH CONTRIBUTION BELOW.

SECTION A - DEDUCTIONS OF $5,000 OR LESS PER ITEM AND CERTAIN PUBLICLY TRADED SECURITIES

INFORMATION ON DONATED PROPERTY

Donee Organization / Donee Address	Description of Donation	Date Contributed	Date Acquired by Donor	How Acquired	Donor's Cost or Basis	Fair Market Value	Method Used to Determine FMV

PART II OTHER INFORMATION

(Complete line 2 if less than an entire interest in property listed in Part I was given up)
(Complete line 3 if conditions were placed on a contribution listed in Part I)

2a Enter letter from Part I that identifies the property ______________

b Total amount claimed as deduction for property listed in Part I: (1) For this tax year ______________

(2) For any prior tax years ______________

c Name and address of each organization to which any such contribution was made in a prior year (only if different from above)

Name of charitable organization ______________

Address (number, street, and room or suite no.) ______________

City or town ______________ State ______________ ZIP code ______________

d For tangible property, enter place where property is located or kept ______________

e Name of any person, other than the donee organization having actual possession of the property

____

If an agreement between the donor and donee places conditions on any contribution listed in Part I, answer the following questions. Attach statement

3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . ☐ Yes

b Did you give to anyone the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . . ☐ Yes

c Is there a restriction limiting the donated property for a particular use? . . . . ☐ Yes

SECTION B - APPRAISAL SUMMARY (DEDUCTIONS OVER $5,000 PER ITEM OR GROUP)

INFORMATION ON DONATED PROPERTY

Enter kind of donated property from the listing below:

1 = Art (contribution over $20,000)
2 = Art (contribution under $20,000)
3 = Collectibles
4 = Qualified conservation contribution
5 = Other real estate
6 = Intellectual property (patents, etc.)
7 = Equipment
8 = Securities
9 = Other

Donated Property Description	Physical Condition	Appraised Fair Market Value	Date Acquired	How Acquired	Donor's Cost or Basis	Bargain Sales: Amount Received	Average Trading Price of Securities

Attach any declarations of appraisal and donee acknowledgments

2106 ______

EMPLOYEE BUSINESS EXPENSES

CLIENT ______________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2008.
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GENERAL INFORMATION	2008 AMOUNTS	2007 AMOUNTS
Occupation in which expenses were incurred	0032	
Two-letter state code	0391	
Business expense owner (Taxpayer or Spouse)	1134	
Employee business expense is for a Clergy return	1449 Yes	

	EMPLOYEE BUSINESS EXPENSE	2008 AMOUNTS	2007 AMOUNTS
2	Parking fees, tolls, local transportation, etc	2449	
3	TRAVEL EXPENSE AWAY FROM HOME (Not Meals and Entertainment): Lodging	2440	
	Car rental	2215	
	Other	2216	
4	Other business expenses not included above	2454	
6	Total meals and entertainment expenses	2450	
	REIMBURSEMENT NOT ON FORM(S) W-2: Other than meals and entertainment	2453	
	Meals and entertainment	2238	

	LINE 10 AMOUNTS ALLOCATED TO DEDUCT ON SCHEDULE A			
10	Business owner is Armed Forces Reservist	1178	Amount allocated to Armed Forces Reservist	2441
	Business owner is a Qualified Performing Artist	1168	Amount allocated to Qualified Performing Artist	2442
	Business owner is a fee-basis state/local government employee	1118	Amount allocated to fee-basis state/local government employee	2443
	Business owner is a disabled employee	1169	Amount allocated to disabled employee	2444

	VEHICLE 1		VEHICLE 2	
	2008 AMOUNTS	2007 AMOUNTS	2008 AMOUNTS	2007 AMOUNTS
(refer to the vehicle depreciation organizer)				
Vehicle description				
Method				
Date vehicle was placed in service				
Total vehicle miles driven in 2008				
Busn miles vehicle driven from 01-01-08 to 06-30-08				
Busn miles vehicle driven from 07-30-08 to 12-31-08				
Average daily round trip commuting miles				
Commuting miles included in the total miles				
Gasoline				
Oil				
Repairs				
Auto insurance				
Other maintenance expense				
Vehicle rental or lease expense				
Inclusion amount				
Value of employer-provided vehicle				
Cost or other basis				
Amount of section 179 deduction				
Depreciation method				
Depreciation percentage				
Depreciation before limitation and section 179 ded				
Limitation amount				

NOTES OR QUESTIONS:

CHILD AND DEPENDENT CARE EXPENSES

CLIENT ______________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2008.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART I - PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE

Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2008 Amts	2007 Amounts
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

Record dependent care expenses for each dependent on the Dependent Information sheet.

		2008 AMOUNTS	2007 AMOUNTS
4	Pension or annuity from nonqualified deferred compensation plan or nongovernmental section 457(b) plan		
5	Number of months taxpayer was a student or disabled, if applicable		
	Number of months spouse was a student or disabled, if applicable		

Worksheet for 2007 Expenses Paid for Dependent Care Expenses in 2008

		2008 AMOUNTS	2007 AMOUNTS
1	Amount of 2007 qualified expenses paid in 2007		
2	Amount of 2007 qualified expenses paid in 2008		
4	Care for 2007 was for 2 or more qualifying children	☐ Yes	☐
5	Dependent care benefits received for 2007 and excluded from income		
7	Smaller of taxpayer's earned income and spouse's earned income for 2007		
9	Amount on which the credit for 2007 was figured		
11	2007 adjusted gross income		

Name SSN

Expenses paid for: ______________________________

Explanation of expenses: ______________________________

____

PART III - DEPENDENT CARE BENEFITS

		2008 AMOUNTS	2007 AMOUNTS
14	Total employer-provided dependent care benefits		
15	Carryover from 2007 that was used in 2008 during the grace period		
16	Forfeited amount of employer-provided dependent care benefits		
18	Qualified expenses incurred in 2008		
20	Taxpayer elects to include nontaxable combat pay	☐ Yes	☐ Yes
	Spouse elects to include nontaxable combat pay	☐ Yes	☐ Yes
23	Amount of dependent care benefits received from sole proprietorship or partnership		

NOTES OR QUESTIONS:

ES 2008 FEDERAL UNDERPAYMENT AND ESTIMATED TAX INFORMATION

CLIENT ______________

PLEASE ENTER ALL PERTINENT 2008 INFORMATION.

2008 FEDERAL ESTIMATED TAX PAYMENTS				
	DUE DATE	AMOUNT DUE	DATE PAID	AMOUNT PAID
Overpayment applied from 2007 return				
1st quarter payment	04-15-2008		- -	
2nd quarter payment	06-16-2008		- -	
3rd quarter payment	09-15-2008		- -	
4th quarter payment	01-15-2009		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2007) tax amount ______

Are you a Farmer / Fisherman? ☐ Yes

Prior year adjusted gross income ______

Was the income received uneven? (seasonal employment) ☐ Yes

APPLICATION OF 2008 OVERPAYMENT

If you have an overpayment of 2008 taxes, do you want the excess refunded? ☐ or applied to 2009 estimate? ☐

Other (please explain): ______

2009 ESTIMATED TAX INFORMATION

Do you expect your 2009 taxable income to be generally the same as 2008? ☐ Yes ☐ No

If ``No,'' enter any differences in income, deductions, dependents, etc.

Filing Status ______

Personal exemptions ______ TP over 65 ☐ Yes TP blind ☐ Yes

SP over 65 ☐ Yes SP blind ☐ Yes

Dependent exemptions ______

Qualified Child tax credit ______

1 Wages increase or (-) decrease Taxpayer ______ Spouse ______

Ordinary income increase or (-) decrease ______

2 Qualified dividends and/or long-term capital gain increase or (-) decrease (5% or 15%) ______

3 Self-employment income Taxpayer ______ Spouse ______

4 Adjustments increase or (-) decrease ______

6 Itemized deductions increase or (-) decrease ______

9 Taxable income increase or (-) decrease ______

10 Tax increase or (-) decrease ______

11 Alternative minimum tax increase or (-) decrease ______

12 Nonrefundable credits increase or (-) decrease ______

14 Other taxes increase or (-) decrease ______

15 Refundable credits increase or (-) decrease ______

19 Withholding increase or (-) decrease ______

20 Total 2009 estimated tax payments paid to date ______

If you owe a tax for 2009, do you want estimated tax vouchers prepared? ☐ Yes

NOTES OR QUESTIONS:

ES

2008 STATE UNDERPAYMENT AND ESTIMATED TAX INFORMATION

CLIENT ______________

PLEASE ENTER ALL PERTINENT 2008 INFORMATION.

State ______________________

2008 STATE ESTIMATED TAX PAYMENTS	DUE DATE	AMOUNT DUE	DATE PAID	AMOUNT PAID
Overpayment applied from 2007 return				
1st quarter payment	04-15-2008		- -	
2nd quarter payment	06-16-2008		- -	
3rd quarter payment	09-15-2008		- -	
4th quarter payment	01-15-2009		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2007) tax amount	
Are you a Farmer / Fisherman?	☐ Yes
Prior year adjusted gross income	
Was the income received uneven? (seasonal employment)	☐ Yes

APPLICATION OF 2008 OVERPAYMENT

If you have an overpayment of 2008 taxes, do you want the excess refunded? ☐ or applied to 2009 estimate? ☐

Other (please explain): ______________________

2009 ESTIMATED TAX INFORMATION

Do you expect your 2009 taxable income to be generally the same as 2008? ☐ Yes ☐ No

If ``No,'' enter any differences:

1	Taxable income	
2	Tax	
7	Withholding	

If you owe a tax for 2009, do you want estimated tax vouchers prepared? ☐ Yes

NOTES OR QUESTIONS:

ASSETS

VEHICLE INFORMATION

CLIENT ______________

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LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

ACTIVITY ______________

Description	T,S,J	Date in Service
	☐	

	2008 AMTS	2007 AMTS
Cost		
Business miles - 01/01/08 - 06/30/08	MI	
Business miles - 07/01/08 - 12/31/08	MI	
Commuting miles	MI	
Total miles	MI	
Gasoline and oil expense		
Repairs		
Vehicle interest expense		
Other expenses		
Parking fees and tolls		
Lease payment		
Insurance		
Tax and fees		

Odometer - Begin: ______________ End: ______________

ACTIVITY ______________

Description	T,S,J	Date in Service
	☐	

	2008 AMTS	2007 AMTS
Cost		
Business miles - 01/01/08 - 06/30/08	MI	
Business miles - 07/01/08 - 12/31/08	MI	
Commuting miles	MI	
Total miles	MI	
Gasoline and oil expense		
Repairs		
Vehicle interest expense		
Other expenses		
Parking fees and tolls		
Lease payment		
Insurance		
Tax and fees		

Odometer - Begin: ______________ End: ______________

ACTIVITY ______________

Description	T,S,J	Date in Service
	☐	

	2008 AMTS	2007 AMTS
Cost		
Business miles - 01/01/08 - 06/30/08	MI	
Business miles - 07/01/08 - 12/31/08	MI	
Commuting miles	MI	
Total miles	MI	
Gasoline and oil expense		
Repairs		
Vehicle interest expense		
Other expenses		
Parking fees and tolls		
Lease payment		
Insurance		
Tax and fees		

Odometer - Begin: ______________ End: ______________

ACTIVITY ______________

Description	T,S,J	Date in Service
	☐	

	2008 AMTS	2007 AMTS
Cost		
Business miles - 01/01/08 - 06/30/08	MI	
Business miles - 07/01/08 - 12/31/08	MI	
Commuting miles	MI	
Total miles	MI	
Gasoline and oil expense		
Repairs		
Vehicle interest expense		
Other expenses		
Parking fees and tolls		
Lease payment		
Insurance		
Tax and fees		

Odometer - Begin: ______________ End: ______________

ORGANIZER SUMMARY

CLIENT ________________

DESCRIPTION	2008 AMOUNTS	2007 AMOUNTS