

2009
TAXPAYER ORGANIZER

This easy-to-use organizer has been prepared to assist you in collecting information for your 2009 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
- additional 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 2009 tax return. We appreciate the opportunity to serve you.

Courtesy of
JOSHUA W HARMENING CPA PLLC
2265 LEE ROAD STE 117
WINTER PARK, FL 32789-
josh@harmeningcpa.com
(407)622-1065

2009
TAX INFORMATION QUESTIONNAIRE

The following questions help us understand your current year tax situation. If you are filing jointly, each question also applies to your spouse. 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 a paper copy of your tax return?
- Y N 4. Did you receive an Economic Recovery Payment in 2009? You may have received this payment if you received social security benefits, supplemental social security income, railroad retirement benefits, or veterans disability compensation or pension benefits. If yes, provide 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).
- Y N 8. On your state tax return, do you wish to make any political contributions or other type of contribution?
- Y N 9. 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 10. Did any of your dependent children under age 18 (24 if a college student) have any income (wages, interest, etc.)?
- Y N 11. Are you or any dependents blind and/or disabled? Please provide details including any disability income received.
- Y N 12. Did you incur child care or dependent care expenses?
- Y N 13. Did you cash any series EE or I U.S. Bonds that were issued after 1989 and paid qualified higher education expenses?
- Y N 14. Did you or any member of your household pay educational expenses for post secondary education?
- Y N 15. Did you buy, sell, or trade any assets?
- Y N 16. Outside of W-2 contributions (401k, 403b, etc.) did you contribute to or receive a distribution from any retirement plan or did you convert any retirement funds to Roth funds?
- Y N 17. Did you receive or pay any alimony or separate maintenance payments?
- Y N 18. Did you have any moving expenses?
- Y N 19. If you 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 20. Did you contribute to or receive a distribution from a Health Savings Account?
- Y N 21. Did you receive any COBRA health insurance premium assistance during 2009?
- Y N 22. Did you make cash or noncash charitable contributions?
- Y N 23. Did you make any large purchases or home improvements? (e.g. purchase airplane or vehicles). If yes, provide details of each purchase including the date of purchase, amount of purchase and amount of sales tax paid. If you purchased a *new* vehicle in 2009 then please indicate such.
- Y N 24. Did you have any casualty or theft losses?
- Y N 25. 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 1099-S, Form 1099-C or other related documentation if applicable.
- Y N 26. Did you have any debt that was cancelled in 2009? (i.e. debt that you owed to a creditor that you are

PERSONAL DATA

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.

	TAXPAYER		SPOUSE	
First Name				
Last Name				
Title				
Salutation				
SSN				
Occupation				
Birthdate				
Blind	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Permanently and totally disabled ..	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Death Date				
Over age 65	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
E-mail address ..				
	Telephone Numbers	Day or Evening	Telephone Numbers	Day or Evening
Home phone				
Work phone				
Cell phone				
Fax				
President Elect Fd	<input type="checkbox"/> Yes		<input type="checkbox"/> 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 (2007 or 2008) _____

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

DEPENDENT INFORMATION

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name & Initial				
Last Name if Diff				
Birthdate				
Soc Sec Number				
Relationship				
Ownership Code	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
# Months in Home				
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
* Ineligible for CTC	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Tuition and Fees				
AOC Expenses				
** Type of Educ Cr				
AOC 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: AOC (can only be taken first four years), Lifetime, Tuition & Fees 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:

PLEASE ENTER ALL PERTINENT 2009 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.		Foreign address		Yes	
Employer name		State		ZIP code			
Employer street address		State		ZIP code			
Employer city		State		ZIP code			
Control number							
		2008 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
		15	16	17	18	19	20
	State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name
1		//////////			//////////	//////////	//////////
2							
Corrected Form W-2?		<input type="checkbox"/> Yes		Clergy Form W-2		<input type="checkbox"/> Yes	
Non-standard indicator?		<input type="checkbox"/> Yes		Suppress Clergy self-employment tax		<input type="checkbox"/> Yes	

W-2 #

WAGE AND TAX STATEMENT							
Taxpayer or spouse?		Employer identification no.		Foreign address		Yes	
Employer name		State		ZIP code			
Employer street address		State		ZIP code			
Employer city		State		ZIP code			
Control number							
		2008 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
		15	16	17	18	19	20
	State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name
1		//////////			//////////	//////////	//////////
2							
Corrected Form W-2?		<input type="checkbox"/> Yes		Clergy Form W-2		<input type="checkbox"/> Yes	
Non-standard indicator?		<input type="checkbox"/> Yes		Suppress Clergy self-employment tax		<input type="checkbox"/> 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 2009.
 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	2008 TOTAL AMOUNTS
Total Federal withholding from all Form 1099-INT (Box 4)			2402		

SELLER-FINANCED MORTGAGE INTEREST			2009 AMOUNTS	2008 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		

Foreign account

Name of country

Foreign trust

EF ONLY: Accrued market discount

2009 AMOUNTS	2008 AMOUNTS
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	NEW

C _____

BUSINESS INCOME

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION		2009 AMOUNTS	2008 AMOUNTS
Ownership code (T=Taxpayer, S=Spouse, J=Joint)			
Clergy Schedule C		<input type="checkbox"/> Yes	
Two-letter state code			
If Joint Schedule C, taxpayer's ownership percentage		%	
Community property for self-employment purposes		<input type="checkbox"/> 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	<input type="checkbox"/> Yes	
	Other	<input type="checkbox"/> Yes	
	Specify other method		
G	Were you a "material participant" in the operation of this business?	<input type="checkbox"/> No	
H	Is this the first Schedule C filed for this business?	<input type="checkbox"/> Yes	

PART I	INCOME	2009 AMOUNTS	2008 AMOUNTS
1	Gross receipts or sales		
	Amount is earnings received as a statutory employee	<input type="checkbox"/> Yes	
2	Returns and allowances	()	()
6	Other income		

PART II	EXPENSES	2009 AMOUNTS	2008 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		

C _____

BUSINESS INCOME (cont.)

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART III		COST OF GOODS SOLD		2009 AMOUNTS		2008 AMOUNTS	
33	INVENTORY METHOD IF NOT COST	Lower of cost or market	<input type="checkbox"/>	Yes			
		Other	<input type="checkbox"/>	Yes			
		Specify other method					
34	Was there any change in inventory method?	<input type="checkbox"/>	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		2009 AMOUNTS		2008 AMOUNTS	
43	Date vehicle was placed in service for business purposes						
44	Business miles vehicle was driven in 2009				MI		
	Total commuting miles vehicle was driven				MI		
	Total other miles vehicle was driven				MI		
45	Was another vehicle available for personal use?	<input type="checkbox"/>	Yes				
46	Was this vehicle available for use during off-duty hours?	<input type="checkbox"/>	Yes				
47	Is there evidence to support your deduction?	<input type="checkbox"/>	No				
	If "yes," is the evidence written?	<input type="checkbox"/>	No				

PART V		EXPENSES		2009 AMOUNTS		2008 AMOUNTS	
Other expenses:							
	Amortization						
	Miscellaneous						
	Oil and gas deduction						
	Postage						
	Telephone (business only)						

NOTES OR QUESTIONS:

BUSINESS USE OF HOME EXPENSES

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART OF HOME USED FOR BUSINESS	2009 AMOUNTS		2008 AMOUNTS	
Spouse's Form 8829 (for Married Filing Separate split return only)				
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				

DEDUCTION DESTINATION	2009 AMOUNTS		2008 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	
	2009 AMOUNTS	2008 AMOUNTS	2009 AMOUNTS	2008 AMOUNTS
9 Casualty losses				
10 Deductible mortgage interest				
Qualified mortgage insurance premium				
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 2008 Form 8829, line 42				
28 Excess casualty losses				
30 Carryover of excess casualty losses and depreciation from 2007 Form 8829, line 43				

DEPRECIATION OF HOME	2009 AMOUNTS		2008 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				

INSTALLMENT SALE INCOME

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.
 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) ..	<input type="text"/>	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		<input type="checkbox"/> Yes
4	Property sold to a related party was a marketable security		<input type="checkbox"/> Yes

2009 AMOUNTS	2008 AMOUNTS
%	

- 19 Gross profit percentage
- 21 2009 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 unreaptured section 1250 gain

PRIOR YEAR INSTALLMENT SALE			
1	Description of property		
	Ownership Code (Taxpayer, Spouse, Joint) ..	<input type="text"/>	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		<input type="checkbox"/> Yes
4	Property sold to a related party was a marketable security		<input type="checkbox"/> Yes

2009 AMOUNTS	2008 AMOUNTS
%	

- 19 Gross profit percentage
- 21 2009 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 unreaptured section 1250 gain

PRIOR YEAR INSTALLMENT SALE			
1	Description of property		
	Ownership Code (Taxpayer, Spouse, Joint) ..	<input type="text"/>	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		<input type="checkbox"/> Yes
4	Property sold to a related party was a marketable security		<input type="checkbox"/> Yes

2009 AMOUNTS	2008 AMOUNTS
%	

- 19 Gross profit percentage
- 21 2009 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 unreaptured section 1250 gain

NOTES OR QUESTIONS:

PLEASE ENTER ALL PERTINENT 2009 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											
		2008 AMOUNTS			7 Distribution code						
					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					State tax withheld						
public safety officer					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											
		2008 AMOUNTS			7 Distribution code						
					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					State tax withheld						
public safety officer					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 2009.
 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	
	2009 AMOUNTS	2008 AMOUNTS	2009 AMOUNTS	2008 AMOUNTS
1 Nondeductible traditional IRA contributions for 2009 . . .				
2 Total traditional IRA basis for 2008 and prior years				
4 IRA contributions made from 01- 01- 2010 to 04- 15- 2010				
6 Total value of ALL traditional, SEP, and SIMPLE IRAs as of 12- 31- 2009				
Outstanding rollovers				
7 Total distributions received from traditional, SEP, and SIMPLE IRAs during 2009				

2008 CONVERSIONS FROM TRADITIONAL, SEP, OR SIMPLE IRAs TO ROTH IRAs				
	2009 AMOUNTS	2008 AMOUNTS	2009 AMOUNTS	2008 AMOUNTS
8 Total amount converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs during 2009				
Recharacterizations (amounts, if any, reconverted to traditional, SEP, or SIMPLE IRAs)				
17 Basis of Roth IRAs after recharacterizations				

DISTRIBUTIONS FROM ROTH IRAs				
	2009 AMOUNTS	2008 AMOUNTS	2009 AMOUNTS	2008 AMOUNTS
19 Total Roth IRA distributions received in 2009 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 2009.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

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

	2009 AMOUNTS	2008 AMOUNTS
Ownership code (T = Taxpayer; S = Spouse; J = Joint)		
Two-letter state code		
Real estate professional	<input type="checkbox"/> Yes	<input type="checkbox"/>
Qualifies for \$25,000 limitation	<input type="checkbox"/> Yes	<input type="checkbox"/>
Passive activity	<input type="checkbox"/> Yes	<input type="checkbox"/>
Property is exempt from passive limitation	<input type="checkbox"/> Yes	<input type="checkbox"/>
Rental is part of personal residence	<input type="checkbox"/> Yes	<input type="checkbox"/>
Percent of ownership		
Percent of personal use		
2 Personally used for 14 days or 10% of total rental days	<input type="checkbox"/> Yes	<input type="checkbox"/>

INCOME	2009 AMOUNTS	2008 AMOUNTS
3 Rents received		
4 Royalties received		

EXPENSES	2009 AMOUNTS	2008 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 2009.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PRIOR YEAR UNALLOWED LOSSES		2009 AMOUNTS	2008 AMOUNTS
Prior year unallowed loss		()	
Alternative minimum prior year unallowed losses		()	
State ←	Prior year loss (if different)	()	
	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	2009 AMOUNTS	2008 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	2009 AMOUNTS	2008 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 _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MISCELLANEOUS INCOME	2009 AMOUNTS		2008 AMOUNTS	
	TAXPAYER	SPOUSE	TAXPAYER	SPOUSE
7 Taxable scholarship / fellowship income				
10 IF YOU ITEMIZED LAST YEAR	Deducted 2008 state/local sales tax <input type="checkbox"/> Yes <input type="checkbox"/> No			
	State tax refund			
	2008 state and local taxes			
	2008 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		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

ADJUSTMENTS TO INCOME	2009 AMOUNTS		2008 AMOUNTS	
	TAXPAYER	SPOUSE	TAXPAYER	SPOUSE
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

NOTES OR QUESTIONS:

A

ITEMIZED DEDUCTIONS

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MEDICAL AND DENTAL EXPENSES	2009 AMOUNTS		2008 AMOUNTS	
	TAXPAYER	SPOUSE		
1 Prescription medicines and drugs				
Medical insurance premiums (Medicare premiums are entered with Social Security)				
Medical miles driven in 2009	MI	MI		
LONG TERM CARE PREMIUMS <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">←</div> <div style="border-left: 1px solid black; padding-left: 5px;"> Taxpayer's amount</div></div>				
	Spouse's amount			
	Dependent's amount			
	Dependent's birth date: _____			
Doctors, dentists, nurses, and hospitals:				

TAXES PAID	2009 AMOUNTS		2008 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			
Other taxes:			

INTEREST PAID	2009 AMOUNTS		2008 AMOUNTS	
10 Home mortgage interest and points reported on Form 1098				
11 HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098 <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 5px;">←</div> <div style="border-left: 1px solid black; padding-left: 5px;"> First name</div></div>		T, S, J		
	Address	<input type="checkbox"/>		
	SSN	State		
	FEIN	Amount		
	Second name ..		T, S, J	
	Address	<input type="checkbox"/>		
	SSN	State		
	FEIN	Amount		
	Third name		T, S, J	
	Address	<input type="checkbox"/>		
	SSN	State		
	FEIN	Amount		
12 Points not reported on Form 1098				
13 Qualified mortgage insurance premiums				
14 Deductible investment interest				

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

A

ITEMIZED DEDUCTIONS (cont.)

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

CONTRIBUTIONS	2009 AMOUNTS		2008 AMOUNTS
16 Gifts made by cash or check:	TAXPAYER	SPOUSE	
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	2009 AMOUNTS		2008 AMOUNTS
20 Net loss before applying 10% of AGI			
Details: _____			

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION	2009 AMOUNTS		2008 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	2009 AMOUNTS		2008 AMOUNTS
28 Gambling losses			
Other miscellaneous deductions:			

NONCASH CHARITABLE CONTRIBUTIONS

IF YOU MADE ANY NONCASH CHARITABLE CONTRIBUTIONS IN 2009,
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)	4 = Qualified conservation contribution	7 = Equipment
2 = Art (contribution under \$20,000)	5 = Other real estate	8 = Securities
3 = Collectibles	6 = Intellectual property (patents, etc.)	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

EMPLOYEE BUSINESS EXPENSES

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION			
Occupation in which expenses were incurred			
Two-letter state code			
		2009 AMOUNTS	2008 AMOUNTS
Business expense owner (Taxpayer or Spouse)			
Employee business expense is for a Clergy return	<input type="checkbox"/>	Yes	

EMPLOYEE BUSINESS EXPENSE	2009 AMOUNTS	2008 AMOUNTS
2 Parking fees, tolls, local transportation, etc		
3 TRAVEL EXPENSE AWAY FROM HOME (Not Meals and Entertainment)		
Lodging		
Car rental		
Other		
4 Other business expenses not included above		
6 Total meals and entertainment expenses		
REIMBURSEMENT NOT ON FORM(S) W-2		
Other than meals and entertainment		
Meals and entertainment		

LINE 10 AMOUNTS ALLOCATED TO DEDUCT ON SCHEDULE A			
10 Business owner is Armed Forces Reservist . . .			Amount allocated to Armed Forces Reservist . . .
Business owner is a Qualified Performing Artist			Amount allocated to Qualified Performing Artist
Business owner is a fee- basis state/local government employee			Amount allocated to fee- basis state/local government employee
Business owner is a disabled employee			Amount allocated to disabled employee

	VEHICLE 1		VEHICLE 2	
	2009 AMOUNTS	2008 AMOUNTS	2009 AMOUNTS	2008 AMOUNTS
(refer to the vehicle depreciation organizer)				
Vehicle description				
Method				
Date vehicle was placed in service				
Total vehicle miles driven in 2009				
Busn miles vehicle driven in 2009				
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 dedn				
Limitation amount				

NOTES OR QUESTIONS:

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	VEHICLE 3		VEHICLE 4	
	2009 AMOUNTS	2008 AMOUNTS	2009 AMOUNTS	2008 AMOUNTS
(refer to the vehicle depreciation organizer)				
Vehicle description				
Method				
Date vehicle was placed in service				
Total vehicle miles driven in 2009				
Busn miles vehicle driven in 2009				
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				

	VEHICLE 5		VEHICLE 6	
	2009 AMOUNTS	2008 AMOUNTS	2009 AMOUNTS	2008 AMOUNTS
(refer to the vehicle depreciation organizer)				
Vehicle description				
Method				
Date vehicle was placed in service				
Total vehicle miles driven in 2009				
Busn miles vehicle driven in 2009				
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 2009.
 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	2009 Amts	2008 Amounts
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES		2009 AMOUNTS	2008 AMOUNTS
Record dependent care expenses for each dependent on the Dependent Information sheet.			
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 2008 Expenses Paid for Dependent Care Expenses in 2009			
1 Amount of 2008 qualified expenses paid in 2008			
2 Amount of 2008 qualified expenses paid in 2009			
4 Care for 2008 was for 2 or more qualifying children	<input type="checkbox"/>	Yes	<input type="checkbox"/>
5 Dependent care benefits received for 2008 and excluded from income			
7 Smaller of taxpayer's earned income and spouse's earned income for 2008			
9 Amount on which the credit for 2008 was figured			
11 2008 adjusted gross income			
Expenses paid for: _____	Name		SSN
Explanation of expenses: _____			

PART III - DEPENDENT CARE BENEFITS	2009 AMOUNTS	2008 AMOUNTS
14 Total employer-provided dependent care benefits		
15 Carryover from 2008 that was used in 2009 during the grace period		
16 Forfeited amount of employer-provided dependent care benefits		
18 Qualified expenses incurred in 2009		
20 Taxpayer elects to include nontaxable combat pay	<input type="checkbox"/>	Yes
Spouse elects to include nontaxable combat pay	<input type="checkbox"/>	Yes
23 Amount of dependent care benefits received from sole proprietorship or partnership		

NOTES OR QUESTIONS:

PLEASE ENTER ALL PERTINENT 2009 INFORMATION.

2009 FEDERAL ESTIMATED TAX PAYMENTS				
	DUE DATE	AMOUNT DUE	DATE PAID	AMOUNT PAID
Overpayment applied from 2008 return ..				
1st quarter payment	04- 15- 2009		- -	
2nd quarter payment	06- 15- 2009		- -	
3rd quarter payment	09- 15- 2009		- -	
4th quarter payment	01- 15- 2010		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2008) tax amount

Are you a Farmer / Fisherman?

Prior year adjusted gross income

Was the income received uneven? (seasonal employment)

APPLICATION OF 2009 OVERPAYMENT

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

Other (please explain): _____

2010 ESTIMATED TAX INFORMATION

Do you expect your 2010 taxable income to be generally the same as 2009? Yes No

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

Filing Status

Personal exemptions TP over 65 Yes No TP blind Yes No

Dependent exemptions ... SP over 65 Yes No SP blind Yes No

Qualified Child tax credit,

1	Wages increase or (-) decrease	Taxpayer	<input type="text"/>	Spouse	<input type="text"/>	
	Ordinary income increase or (-) decrease					<input type="text"/>
2	Qualified dividends and/or long-term capital gain increase or (-) decrease (5% or 15%)					<input type="text"/>
3	Self-employment income	Taxpayer	<input type="text"/>	Spouse	<input type="text"/>	
4	Adjustments increase or (-) decrease					<input type="text"/>
6	Itemized deductions increase or (-) decrease					<input type="text"/>
9	Taxable income increase or (-) decrease					<input type="text"/>
10	Tax increase or (-) decrease					<input type="text"/>
11	Alternative minimum tax increase or (-) decrease					<input type="text"/>
12	Nonrefundable credits increase or (-) decrease					<input type="text"/>
14	Other taxes increase or (-) decrease					<input type="text"/>
15	Refundable credits increase or (-) decrease					<input type="text"/>
19	Withholding increase or (-) decrease					<input type="text"/>
20	Total 2010 estimated tax payments paid to date					<input type="text"/>

If you owe a tax for 2010, do you want estimated tax vouchers prepared? Yes

NOTES OR QUESTIONS:

PLEASE ENTER ALL PERTINENT 2009 INFORMATION.

State _____

2009 STATE ESTIMATED TAX PAYMENTS				
	DUE DATE	AMOUNT DUE	DATE PAID	AMOUNT PAID
Overpayment applied from 2007 return ..				
1st quarter payment	04- 15- 2009		- -	
2nd quarter payment	06- 15- 2009		- -	
3rd quarter payment	09- 15- 2009		- -	
4th quarter payment	01- 15- 2010		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2008) tax amount

Are you a Farmer / Fisherman?

Prior year adjusted gross income

Was the income received uneven? (seasonal employment)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes

APPLICATION OF 2009 OVERPAYMENT

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

Other (please explain): _____

2010 ESTIMATED TAX INFORMATION

Do you expect your 2010 taxable income to be generally the same as 2009? Yes No

If "No," enter any differences:

1 Taxable income

2 Tax

7 Withholding

If you owe a tax for 2010, do you want estimated tax vouchers prepared? Yes

NOTES OR QUESTIONS:

Paid Preparer's Earned Income Credit Checklist

▶ Do not send to the IRS. Keep for your records.

For the definitions of the following terms, see Pub. 596 for the year for which you are completing this form.

- Investment Income
- Qualifying Child
- Earned Income

A Taxpayer's name ▶ _____

B If joint return, spouse's name ▶ _____

Part I All Taxpayers

<p>1 Year after 2005 for which you are completing this form ▶ _____</p>	
<p>2 Is the taxpayer's filing status married filing separately?</p> <p style="margin-left: 20px;">▶ If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering</p> <p style="margin-left: 20px;">▶ If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4 Is the taxpayer filing Form 2555 or Form 2555- EZ (relating to the exclusion of foreign earned income)?</p> <p style="margin-left: 20px;">▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5a Was the taxpayer a nonresident alien for any part of the year on line 1?</p> <p style="margin-left: 20px;">▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b Is the taxpayer's filing status married filing jointly?</p> <p style="margin-left: 20px;">▶ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6 Is the taxpayer's investment income more than the limit that applies to the year on line 1? See Pub. 596 for the limit</p> <p style="margin-left: 20px;">▶ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for the year on line 1?</p> <p style="margin-left: 20px;">▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

For Paperwork Reduction Act Notice, see instructions.

Part III Taxpayers Without a Qualifying Child

<p>16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)</p> <p style="padding-left: 20px;">▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 1?</p> <p style="padding-left: 20px;">▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>18 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year on line 1?</p> <p style="padding-left: 20px;">▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit</p> <p style="padding-left: 20px;">▶ If you checked "No" on line 19, the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="background-color: #cccccc; height: 50px; width: 100%;"></div>

Part IV Due Diligence Requirements

<p>20 Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22 Did you comply with the knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquires if the information furnished appears to be incorrect, inconsistent, or incomplete.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>23 Did you keep the following records?</p> <ul style="list-style-type: none"> ● Form 8867 (or your own form or files), ● The EIC worksheet(s) or your own worksheet(s), and ● A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained <p style="padding-left: 20px;">▶ If you checked "Yes" on lines 20, 21, 22, and 23, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.</p> <p style="padding-left: 20px;">▶ If you checked "No" on line 20, 21, 22, or 23, and you have not complied with all the due diligence requirements and may have to pay a \$100 penalty for each failure to comply.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="background-color: #cccccc; height: 50px; width: 100%;"></div>