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2009 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2009 tax return.

To save you time, selected information from your 2008 tax return has been entered within this organizer. Please line through any information which does not apply to your 2009 tax return.

In some cases, 2008 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2009 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

I (We) agree that Pearce, Bevill, Leesburg, Moore, P.C.'s maximum liability for any negligent errors or omissions committed by them in the performance of this engagement will be limited to the amount of my (our) fees for this engagement, except to the extent determined to result from their gross negligence or willful misconduct. In addition, I (We) agree to binding arbitration for resolution of any and all disputes with the Firm.

Taxpayer Signature	Date
Spouse Signature	Date

Primary E-mail Address	Home Phone	Fax Number
Secondary E-mail Address	Taxpayer's Business Phone	Spouse's Business Phone
Preferred Method of Contact (i.e., cell phone, e-mail, etc.)		

Dear Client:

We have enclosed your 2009 Tax Organizer to assist you in gathering the information necessary to prepare your individual income tax returns. We will prepare your 2009 federal and requested state income tax returns from information that you will furnish us. As an alternative to completing the enclosed Tax Organizer, you have the option of submitting your Tax Organizer online using **Tax Notebook**. **Tax Notebook** allows you to use your home computer to provide us with your tax data. All you need is an Internet connection to submit your information via this secure, dependable online tool. If you are interested in using **Tax Notebook** rather than completing the enclosed Tax Organizer, please call or e-mail us and we will forward you a User ID and password.

The Internal Revenue Service matches information returns with amounts reported on tax returns. A negligence penalty may be assessed where dividends, interest, and security sales are under reported or when mortgage interest is overstated. Accordingly, all forms W-2, 1098 and 1099, schedules K-1 and other informational returns reflecting amounts reported to the Internal Revenue Service should be included with the organizer.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks, and other data that form the basis of income and deductions for at least 3 years. These may be necessary to prove the accuracy and completeness of the returns to the taxing authorities. You have the final responsibility for the income tax return and therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authority, interpretations of the law, and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

We urge you to collect your information and provide it to us as soon as possible so we may continue to provide you with quality services on a timely basis. If information from "pass through" entities such as partnerships, trusts, and S-corporations is the only data you are missing, please send the data you have assembled and forward the missing information when it is available.

The filing deadline for your 2009 income tax return is April 15, 2010. In order to meet this filing deadline, your completed tax organizer needs to be received as soon as practical, but no later than **April 1, 2010**. Any information received after that date might require an extension of time to be filed for your returns.

If an extension of time is required, any tax that may be due with the returns must be paid with that extension. Any taxes not paid by the filing deadline are subject to late payment penalties and interest when those taxes are actually paid. Please remember, it is your responsibility to make sure the tax returns are timely filed.

We look forward to providing services to you. If you have any questions concerning the preparation of your 2009 income tax returns, please do not hesitate to contact us. If there are other tax returns you expect us to prepare, such as gift and /or property, please inform us so they can be prepared at the same time your income tax returns are prepared.

Very truly yours,

PEARCE, BEVILL, LEESBURG, MOORE, P.C.

**RE: CONSENT TO DISCLOSE TAX RETURN INFORMATION.
YOUR SIGNATURE IS REQUESTED BELOW.**

Dear Client:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return and, in certain limited circumstances, for purposes involving tax return preparation. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. Because our ability to disclose your tax return information to another tax preparer affects the service that we provide to you and its costs, we may decline to provide you with service or change the terms of service that we provide to you if you do not sign this form. If you agree to the disclosure of your tax return, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return.

If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution. You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

CONSENT TO DISCLOSE TAX RETURN INFORMATION: As taxpayer, I/we _____
_____ hereby consent to the disclosure by Pearce, Bevill, Leesburg, Moore, P.C. of
my/our tax return information for the purposes identified and with the parties specified below. This
consent also covers our minor children listed below (adult children must provide their own consents): _____

1) **Consent Period.** This applied for (please indicate):

One Year: _____ **Five Year:** _____ **Other Specified Period:** _____

2) **Content of consent.** The consent to disclose tax return information is deemed to cover your entire income tax return and supporting documentation, unless you request a more limited scope below. Tax return information that may be disclosed by Pearce, Bevill, Leesburg, Moore, P.C. is limited to the following information: _____

3) **Please indicate "yes" or "no" for each intended purpose and specified party listed below.** If "yes" is selected, please provide the information noted in parentheses on the line provided.

	Intended Purpose: Consent to disclose tax return Information in tax preparation or auxillary services context			Intended Purposes: Consent to disclose tax return Information in context other than tax preparation or auxillary services context		
	YES		NO	YES		NO
Attorney (specify law firm):						
Stock Broker (specify firm):						
Banker (specify bank):						
Trust Officer (specify trust company):						
Insurance Agent (specify firm):						
Other Individual (please specify):						

4) **Signature.** The tax return information may not be disclosed by Pearce, Bevill, Leesburg, Moore, P.C. for any purposes other than that permitted by this consent document.

Taxpayer Signature(s): _____ **Date:** _____

Taxpayer Name(s) - Please Print

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at (800) 366-4484 or by email at complaints@tigta.treas.gov.

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Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ".
 TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.



For any question answered Yes, please attach supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change during 2009?		
If married, do you and your spouse want to file separate returns?		
Did your address change during 2009?		
Can you or your spouse be claimed as a dependent by another taxpayer?		

Dependents:

Were there any changes in dependents from the prior year?		
Did you pay for child care while you worked or looked for work?		
Do you have any children under age 18 with unearned income more than \$950?		
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$950?		
Did you adopt a child or begin adoption proceedings during 2009?		

Purchases, Sales and Debt:

Did you have any debts canceled, forgiven or refinanced during 2009?		
Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2009?		
Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2009?		
Did you sell, exchange or purchase any real estate in 2009? If so, please attach closing statements.		
Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?		
Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan?		
Did you pay any student loan interest in 2009?		
Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year.		
Did you have an outstanding home equity loan at the end of 2009? If so, please provide the principal balance and interest rate at the beginning and end of the year.		
Did you take out a home equity loan in 2009?		
Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098?		
Did you engage in any put or call transactions? If Yes, please provide details.		
Did you close any open short sales during 2009?		
Did you sell any securities not reported on your Form 1099-B?		



Itemized Deductions:

	Yes	No
Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or theft losses during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any large purchases, such as motor vehicles and boats?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or loss attributable to a federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or loss attributable to the Midwestern disaster area?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous:

Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
If you received a distribution from an MSA, please include Form 1099-SA.		
Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
If you received a distribution from an HSA, please include Form 1099-SA.		
Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity, or deferred compensation plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your dependents incur any post-secondary education expenses, such as tuition?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered?	<input type="checkbox"/>	<input type="checkbox"/>
Months <input type="text"/>		
Did you move to a different home because of a change in the location of your job?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay in excess of \$1,000 in any quarter, or \$1,700 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive unreported tip income of \$20 or more in any month of 2009?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive distributions from long-term care insurance contracts?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please include Form 1099-LTC.		
Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new "hybrid", or alternative technology vehicle, including a qualified plug-in electric drive motor vehicle in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
Were you notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lose your job during 2009 because of foreign competition and pay for your own health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?	<input type="checkbox"/>	<input type="checkbox"/>
Were any distributions from your IRA and/or Roth IRA account(s) distributed to a charitable organization?	<input type="checkbox"/>	<input type="checkbox"/>



Miscellaneous: (continued)

- Did you engage in any bartering transactions?
- Did you have any work outside of the U.S. or pay any foreign taxes?
- Did someone displaced by the storms in the Midwest live with you?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Gifts:

- Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$13,000 to any individual during the year?
- Did you or your spouse make any gifts to a trust for any amount during the year?
- Do you or your spouse have a life insurance trust?
- Did you assist in the purchase of any asset (auto, home) for any individual during the year?
- Did you forgive any indebtedness to any individual, trust or entity during the year?

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

If you answered Yes to any of the above gift questions, please complete Form 34 and/or 35 in the back of the Organizer.

Severance/Retirement:

- Did you retire or change jobs in 2009?
- Did you receive deferred, retirement or severance compensation?

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

If Yes, enter the date received (Mo/Da/Yr).

Date

Sale of Your Home:

- Did you sell your home in 2009?
- If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?
- Did you ever rent out this property?
- Did you ever use any portion of the home for business purposes?
- Have you or your spouse sold a principal residence within the last two years?

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

At the time of the sale, the residence was owned by the: Taxpayer Spouse Both

Additional Information:

- With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2009?
- Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2009?

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

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2009 Amount Contributed



Personal Information, Dependent(s) and Wages

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Daytime/Work Telephone Number _____

Evening/Home Telephone Number _____ Primary Email Address _____ Secondary Email Address _____

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____

Present Mailing Address:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP code _____

Foreign Country _____

May the IRS or other taxing authority discuss the return with the preparer? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Taxpayer Spouse

Yes No Yes No

Dependent Information:

Did dependent have income over \$3,650? Yes No

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return _____

Please list the years for which a release of claim to exemption is given for a dependent child not living with you _____

Wages and Salaries: Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local



Electronic Filing

Electronic Filing: Please enclose all copies of your current year Forms W-2

Electronic filing is the means by which your return is transmitted directly to the IRS. Electronic filing is the only filing method that provides you with acknowledgement that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 2 weeks.

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

If you qualify for electronic filing, would you like to file the return electronically with the IRS? Yes No

Would you like your return prepared and filed electronically when you have a balance due?

Would you like your federal return filed electronically only if your refund is greater than a certain minimum dollar amount?

If Yes, enter the amount here.

If you qualify, would you like to file your state return electronically?

If you file more than one state, do you want to file all of them electronically?

The IRS has implemented a program to allow taxpayers to e-file without mailing a signature document. In order to participate, please provide a 5-digit self-selected Personal Identification Number (PIN).

Self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



Direct Deposit and Withdrawal

Direct Deposit and Electronic Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns to be filed electronically, the IRS and many states allow the entire amount due to be paid using electronic withdrawal. If you would like to have your refund deposited directly into your account or pay a balance due by using an electronic withdrawal, please complete the following information.

(To properly file your return, please attach a voided check or a copy of a monthly statement for your account.)

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings

Name of financial institution

Financial Institution Routing Transit Number (if known)
(Use the routing number from a check, NOT a deposit slip. They can be different.
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account?

Do you want to use any of your refund to purchase any Series I U.S. Savings Bonds?

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount of your refund, if not the entire refund, do you want to use to purchase Series I U.S. Savings Bonds?

What amount do you want withdrawn if not the entire balance due?

Yes	No

What date do you want the withdrawal done? (Mo/Da/Yr) _____

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings

Name of financial institution

Financial Institution Routing Transit Number (if known)
(Use the routing number from a check, NOT a deposit slip. They can be different.
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account?

Do you want to use any of your refund to purchase any Series I U.S. Savings Bonds?

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount of your refund, if not the entire refund, do you want to use to purchase Series I U.S. Savings Bonds?

What amount do you want withdrawn if not the entire balance due?

Yes	No

What date do you want the withdrawal done? (Mo/Da/Yr) _____



Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state and ZIP code _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2009:

Did you dispose of this business? Yes No
 If Yes, what was the disposition date? _____ (Mo/Da/Yr)
 Was there a change in determining quantities, costs or valuations between opening and closing inventory? Yes No
 Were you involved in the operations of this business on a regular, continuous and substantial basis? Yes No

	2009 Amount	2008 Amount
Health insurance premiums paid for yourself and your dependents		

Income:

	2009 Amount	2008 Amount
Gross receipts or sales		
Less returns and allowances		

Cost of Goods Sold:

	2009 Amount	2008 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other Costs of Cost of Goods Sold:

Description	2009 Amount	2008 Amount
Ending inventory		

Other Income:

Description	2009 Amount	2008 Amount



Business Expenses - Vehicle Information

6B

Name of Business: _____

Principal Business or Profession: _____

Vehicle Questions for 2009:

Do you have evidence to support your deduction? Yes No
 If Yes, is the evidence written? Yes No

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Yes No

Do you treat all use of vehicles by employees as personal use? Yes No

Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? Yes No

Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? Yes No

Vehicle:

Description of vehicle _____
 Date placed in service _____ (Mo/Da/Yr)
 Do you (or your spouse) have another vehicle available for your personal use? Yes No
 Was your vehicle available for use during off-duty hours? Yes No

Mileage:

Total miles _____
 Total business miles _____
 Total commuting miles for the year _____

Actual Expenses:

Gasoline, oil, repairs, insurance, etc. _____
 Interest _____
 Taxes _____
 Fair market value of leased vehicle _____
 Vehicle rentals/leases _____

Vehicle 1		Vehicle 2	
Description of vehicle _____		Description of vehicle _____	
Date placed in service _____ (Mo/Da/Yr)		Date placed in service _____ (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2009 Miles	2008 Miles	2009 Miles	2008 Miles
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
2009 Amount	2008 Amount	2009 Amount	2008 Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Business Use of Home

6E

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2009	2008

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Sale or Exchange of Your Home:

Please attach the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ

Date acquired (Mo/Da/Yr) _____

Date sold (Mo/Da/Yr) _____

Selling price

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? Yes No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? Yes No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ

Were the moving expenses reimbursed by your employer? Yes No

Enter reimbursements not included in wages on your Form W-2

Mileage:

Number of miles from old home to new workplace

Number of miles from old home to old workplace

Number of automobile miles in move

Miles

Transportation Expenses:

Costs of transportation of household goods and personal effects

Costs of travel and lodging (do not include meals or automobile expenses)

Automobile expenses (gasoline, oil, etc.)

Meals (Pennsylvania only)

Amount



Individual Retirement Account (IRA):

TS _____
Name of payer _____

IRA Questions for 2009:

- Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you receive distributions in 2009 from a traditional IRA, Roth IRA or Qualified Education Account?
Did you convert a traditional IRA to a Roth IRA in 2009?
Did you use your IRA as security for a loan this year?
Did you have any transactions with your IRA during the year?
If Yes, please explain.

Table with 2 columns: Yes, No. Rows for each question.

IRA Values, Rollovers, and Distributions: Please enclose copies of all Forms 1099-R

Total value of all traditional IRAs on December 31, 2009
Outstanding rollovers on December 31, 2009
IRA distributions received during 2009
Total distributions converted to Roth IRAs
Amount of Qualified Disaster Recovery Assistance distributions

Contributions: Please enclose copies of all Forms 5498

IRA:
Contributions in 2009 for the 2009 tax return
Contributions in 2010 for the 2009 tax return
Amount for 2009 you choose to be treated as nondeductible
Roth IRA:
Contributions made for the 2009 tax year

Pensions and Annuities: Please enclose all Forms 1099-R and any nontaxable distribution details

Table with columns: TSJ, Name of Payer, 2009 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, IRA?, 2008 Gross Distributions

Self-Employed Retirement Plan: Please enclose copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
Do you wish to contribute the maximum amount allowed?
Taxpayer (Yes/No)
Spouse (Yes/No)

Contributions to:

Simplified employee pension
Defined benefit plan
Defined contribution plan
SIMPLE plan
2009 Amount (Taxpayer/Spouse)



Rental and Royalty Property and Equipment & Depletion

Location of Property: _____

Property and Equipment: Please attach a list if more space is needed

Acquisitions:

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions:

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Percentage Depletion Information:

Production Type	Royalty Income	
	2009 Amount	2008 Amount



Farm Income

Proprietor's Name: _____

Principal Crop or Activity: _____

TSJ _____
Employer identification number _____
Method of accounting _____

Farm Questions for 2009:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did you dispose of this farm? _____
If Yes, what was the disposition date? _____ (Mo/Da/Yr)

2009 Amount	2008 Amount

Health insurance premiums paid for yourself and your dependents _____

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2009		2008	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income:

Sales of livestock, produce, grains, etc. you raised _____
 Total cooperative distributions (Forms 1099-PATR) _____
 Taxable cooperative distributions _____
 Total agricultural program payments _____
 Taxable agriculture program payments _____
 Total Commodity Credit Corporation (CCC) loans _____
 Total crop insurance proceeds and certain disaster payments received in 2009 _____
 Taxable crop insurance proceeds received _____
 Crop insurance proceeds deferred from prior year _____
 Custom hire (machine work) income _____
 Federal gasoline tax or fuel tax credit or refund _____
 State gasoline tax or fuel tax credit or refund _____

2009 Amount	2008 Amount

Other Income:

Description	2009 Amount	2008 Amount



Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

	TSJ ____		TSJ ____	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2009				
Social security benefits received				
Social security benefits repaid in 2009				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2009				
Economic recovery payment received in 2009				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2009 Amount	2008 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2009 Amount	2008 Amount



Miscellaneous Adjustments

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Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2009 Amount	2008 Amount

Health Savings Accounts (HSAs)

TS	Description	2009 Amount	2008 Amount
	Contributions made for 2009		
	Distributions received from all HSAs in 2009		

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did you or your spouse enroll in Medicare?

If yes, what month did you enroll?

What month did your spouse enroll?

Other Adjustments to Income: Please enclose all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2009 Amount	2008 Amount



Itemized Deductions - Medical and Taxes

Itemize real estate taxes by state.

Medical and Dental Expenses:

- Prescription medicines and drugs
- Total medical insurance premiums paid (Do not include medicare premiums paid)
- Long-term care expenses
- Total insurance reimbursement
- Number of miles traveled for medical care
- Lodging
- Doctors, dentists, etc.
- Hospitals
- Lab fees
- Eyeglasses and contacts

TSJ	2009 Amount	2008 Amount

- Taxpayer long-term care insurance premiums paid
- Spouse long-term care insurance premiums paid

2009 Amount	2008 Amount

Other Medical Expenses:

TSJ	Description	2009 Amount	2008 Amount

Taxes Paid: Please include copies of your tax bills

- Personal property taxes paid (include vehicle taxes)
- General sales taxes paid on specified items
- State and local sales or excise taxes paid on a new vehicle, motorcycle, or mobile home purchased after 2/16/2009
- Purchase price before taxes of new motor vehicle, motorcycle, or mobile home purchased after 2/16/2009
- Real estate taxes paid on U.S. properties are deductible for taxpayers not itemizing in 2009

TSJ	2009 Amount	2008 Amount

TSJ	Real Estate Taxes	2009 Amount	2008 Amount

Other Taxes Paid:

TSJ	Description	2009 Amount	2008 Amount

If you purchased or sold your home in 2009, did you include any taxes from your closing statement in the amounts above? Yes No



Mortgage Questions for 2009:

	<input type="checkbox"/>	<input type="checkbox"/>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, please enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____		
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>
Has the taxpayer (or spouse, if married) owned a residence within the last three years from the date of purchase?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2009 Amount	2008 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2009 Amount	2008 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2009 Amount	2008 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2009 Amount	2008 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2009 Amount	2008 Amount



Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2009 Amount, 2008 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2009 Amount, 2008 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2009 Miles, 2008 Miles. Includes row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling Less Than or Equal to \$500:

Table with 4 columns: TSJ, Description of Donated Property, 2009 Amount, 2008 Amount

Noncash Contributions Totaling More Than \$500:

TSJ _____
Description of the donated property _____

Donee organization name _____

Donee organization address _____

Date the property was acquired by the taxpayer (Mo/Da/Yr) _____

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property []

Fair market value of the donated property []

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain _____

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange



Miscellaneous Itemized Deductions:

Union and professional dues
Tax preparation fee
Professional subscriptions
Hobby expense (To extent of income)
Safe deposit box
Uniforms and protective clothing
Work tools
Gambling losses
Estate taxes

Table with 3 columns: TSJ, 2009 Amount, 2008 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
Investment expenses
Custodial fees
Employment agency fees
Certain educational expenses

Table with 4 columns: TSJ, Description, 2009 Amount, 2008 Amount

Casualty or Theft Loss:

TSJ
Property description

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use
Business use
Income producing
Employee Use
Personal use due to Hurricane Katrina
Personal use attributable to a federally declared disaster
Personal use attributable to Midwestern disaster area
Personal use attributable to Kansas disaster area

Date acquired (Mo/Da/Yr)
Date damaged or lost (Mo/Da/Yr)

Original cost or other basis
Fair market value before casualty
Fair market value after casualty
Cost of replacement
Insurance reimbursement



Itemized Deduction - Business Use of Home

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2009	2008

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Employee Business Expenses

TS: _____ Occupation: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

	2009 Amount	2008 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2009 Amount	2008 Amount

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

	2009 Amount	2008 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2009	2008
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2009 Amount	2008 Amount



Employee Business Expenses- Business Use of Home

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Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2009	2008

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2008 but paid in 2009
Employer-provided dependent care benefits that were forfeited in 2009
2008 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
Street address
City, state and ZIP code
Social security number OR
Employer identification number
Telephone number (California only)

	2009 Amount	2008 Amount
Expenses incurred and paid in 2009		
Expenses incurred and not paid in 2009		

Provider 2:

Name
Street address
City, state and ZIP code
Social security number OR
Employer identification number
Telephone number (California only)

	2009 Amount	2008 Amount
Expenses incurred and paid in 2009		
Expenses incurred and not paid in 2009		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2009 Expenses Incurred	2008 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

Please enclose copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	Grade	2009 Qualified Expenses



General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$1,700 or more in 2009? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Federal income tax withheld

Advance earned income credit (EIC) payments

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

Table with 2 columns: 2009 Amount, 2008 Amount. Rows correspond to Social Security, Medicare, and Income Taxes items.

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Table with 2 columns: 2009 Amount, 2008 Amount. Row for Total cash wages subject to FUTA tax.

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2010

Table with 6 columns: Name of State, State Reporting Number, Taxable Wages, Contribution Paid to Unemployment Fund, X, 2008 Amount.



Refund Application:

If you have an overpayment of 2009 taxes, do you want the excess:

Refunded Yes No
 Applied to your 2010 estimated tax liability Yes No

Federal Estimated Tax Payments:

2009 1st Quarter Estimate (Due 04-15-2009)
 2009 2nd Quarter Estimate (Due 06-15-2009)
 2009 3rd Quarter Estimate (Due 09-15-2009)
 2009 4th Quarter Estimate (Due 01-15-2010)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2008 overpayment applied to 2009 estimate

Tax Planning Information for Tax Year 2010:

Do you expect any of the following to occur in 2010?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, please provide details.



State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 1st Quarter Estimate

2009 2nd Quarter Estimate

2009 3rd Quarter Estimate

2009 4th Quarter Estimate

2008 overpayment applied to 2009 estimate

Balance of prior year(s)' tax paid in 2009 plus
amount paid with 2008 extensions

Estimated tax payments for 2008 paid in 2009

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 1st Quarter Estimate

2009 2nd Quarter Estimate

2009 3rd Quarter Estimate

2009 4th Quarter Estimate

2008 overpayment applied to 2009 estimate

Balance of prior year(s)' tax paid in 2009 plus
amount paid with 2008 extensions

Estimated tax payments for 2008 paid in 2009

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 1st Quarter Estimate

2009 2nd Quarter Estimate

2009 3rd Quarter Estimate

2009 4th Quarter Estimate

2008 overpayment applied to 2009 estimate

Balance of prior year(s)' tax paid in 2009 plus
amount paid with 2008 extensions

Estimated tax payments for 2008 paid in 2009



General Information:

Spouse daytime telephone number (including area code)

Name and address of present employer:

Taxpayer

Spouse

Amount of purchases subject to consumer use tax

Amount of sales tax paid to other states on purchases

Did you have any business income from operations outside Alabama?

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Alabama for all of 2009, enter the dates you did live in Alabama

Enter the state names other than Alabama for which you had income

Voluntary Contributions:

Enter the amount you wish to contribute on your 2009 tax return to:

- Senior Services Trust Fund
AL Arts Development Fund
AL Nongame Wildlife Fund
Child Abuse Trust Fund
AL Veteran's Program
AL Indian Children's Scholarship Fund
Alabama Organ Center Donor Awareness Fund
Alabama National Guard Foundation Incorporated

- Cancer Research Institution
Penny Trust Fund
Foster Care Trust Fund
Mental Health Consumers of Alabama
AL Breast & Cervical Cancer Program
Neighbors Helping Neighbors Fund
AL 4-H Club
Alternative Fuel Fund
Alabama Military Support Foundation

Alabama Election Campaign Fund Contribution - Democratic Party

- Republican Party

Enter Any Additional Alabama Information:

Multiple horizontal lines for additional information entry.