

2008	1040	US	Client Information	1
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Know Taxes
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Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2008 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)		<p align="center">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse.		
	Year spouse died, if qualifying widow(er) (2006 or 2007).....		
Taxpayer	First name and initial		
	Last name.....		
	Title/suffix		
	Social security number.....		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind.....			
Spouse	First name and initial		
	Last name.....		
	Title/suffix		
	Social security number.....		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind.....			
Address	In care of.....		
	Street address		
	Apartment number.....		
	City.....		
	State.....		
Foreign Address	ZIP code		
	Region.....		
	Postal code.....		
	Country.....		

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Client Information (continued)

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Please add, change or delete information for 2008.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone.		
	Work extension.		
	Daytime phone (table).		
	Mobile phone.		
	Pager number.		
	Fax number.		
	E-mail address.		
Spouse Contact Information	Home phone.		RDP Filing Status 1 = Not applicable 2 = Joint 3 = Separate
	Work phone.		
	Work extension.		
	Daytime phone (table).		
	Mobile phone.		
	Pager number.		
	Fax number.		
	E-mail address.		
CA State Information	Registered domestic partner filing status (see table)		
	1=PMB no. in address		
NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information.			

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2008	1040	US	Dependents	2
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Please add, change or delete information for 2008.

DEPENDENTS

	Dependent	Dependent	
First name			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p>
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	<p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled age 19 or older 4 = Force 5 = Suppress</p>
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2008, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2008?
		DEPENDENTS
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2008?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 on January 1, 2009, or full-time students under age 24, with interest and dividend income in excess of \$900, or total investment income in excess of \$1,800?
		INCOME
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
		PURCHASES, SALES AND DEBT
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you add energy efficient property to your home in 2008? Energy efficient property specifically refers to solar energy, solar water heating, fuel cell, small wind energy or a geothermal heat pump.
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new hybrid vehicle in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone owe you money which had become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2008, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	EDUCATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	ITEMIZED DEDUCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	ESTIMATED TAXES
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2007 taxes to your 2008 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2008 taxes, do you want the excess applied to your 2009 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2009 taxable income and withholdings to be different from 2008?
<input type="checkbox"/>	<input type="checkbox"/>	MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2008, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you (or someone on your behalf, including your employer) make contributions to a health savings account (HSA) this year? Or, did you receive a HSA distribution or acquire an interest in an HSA due to the death of the account beneficiary?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$12,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Were you or was any of your property located in a federally declared disaster area, such as those affected by the Midwest flooding or Hurricanes Gustav or Ike?

Please enter all pertinent 2008 information.

STIMULUS PAYMENT / DIRECT DEPOSIT OF REFUND / ELECTRONIC PAYMENT (3)

Stimulus payment received from IRS		
1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		
1=direct deposit of CA state tax refund		
1=electronic payment of CA state tax balance due		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2008 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2008 Voucher Amount
Overpayment applied from 2007				
1st quarter payment (due 4/15/08)				
2nd quarter payment (due 6/16/08)				
3rd quarter payment (due 9/15/08)				
4th quarter payment (due 1/15/09)				

Additional Estimated Tax Payments				

Paid with extension (not later than 4/15/09)				
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State

	Amount Paid	Date Paid	TS	2008 Voucher Amount
Overpayment applied from 2007				
1st quarter payment (due 4/15/08)				
2nd quarter payment (due 6/16/08)				
3rd quarter payment (due 9/15/08)				
4th quarter payment (due 1/15/09)				

Additional Estimated Tax Payments				

Paid with extension (not later than 4/15/09)				
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1	Type of Account
	1 = Savings 2 = Checking

2	Type of Investment
	1 = Checking or savings (default) 6 = Coverdell savings account (ESA) 2 = Taxpayer's IRA (next year limits) 7 = Other 3 = Spouse's IRA (next year limits) 8 = Taxpayer's IRA (current year limits) 4 = Health savings account (HSA) 9 = Spouse's IRA (current year limits) 5 = Archer MSA

2008	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2008 information.

APPLICATION OF 2008 OVERPAYMENT (7.1)

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

Other (please explain): _____

2009 ESTIMATED TAX INFORMATION

Do you expect your 2009 taxable income to be different from 2008? Yes No
If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2009 withholding to be different from 2008? Yes No
If "yes" explain any differences: _____

	Hash Total		7.1
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2008	1040	US/CA	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2008 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2007 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	SDI (Box 14)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/08	2007 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE	1=spouse						

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2007 Winnings
				Federal (Box 2)	State (Box 14)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2008 Amount	T	S	2007 Amount
Total gambling losses				
Winnings not reported on Form W-2G				

10, 13.1, 13.2

2008	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2008 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
Tier 1 RR retirement benefits (RRB-1099, box 5)...				
1=lump-sum election for SS benefits.....				
Alimony received.....				
Taxable scholarships and fellowships.....				
Jury duty pay				
Household employee income not on W-2.....				
Excess minister's allowance.....				
Alaska permanent fund dividends.....				
Income from rental of personal property.....				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld.....				
State income tax withheld.....				
Local income tax withheld.....				

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State & Local Tax Refunds / Unemployment Compensation

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Please add, change or delete 2008 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2008 1099-G Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2008 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2007 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Agriculture payments:		
Agriculture payments (Box 7).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld.....			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2008 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2007 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Agriculture payments:		
Agriculture payments (Box 7).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld.....			

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2008	1040	US/CA	Business Income (Schedule C)	No. <input style="width:30px;" type="text"/>	16
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Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	<input style="width:95%;" type="text"/>
Principal business code	<input style="width:95%;" type="text"/>
Business name, if different from Form 1040	<input style="width:95%;" type="text"/>
Business address, if different from Form 1040	<input style="width:95%;" type="text"/>
City, state, ZIP code, if different from Form 1040	<input style="width:95%;" type="text"/>
Employer identification number	<input style="width:95%;" type="text"/>
Other accounting method	<input style="width:95%;" type="text"/>

Accounting method: 1=cash, 2=accrual	<input style="width:95%;" type="text"/>	
Inventory method: 1=cost, 2=lower c/m, 3=other	<input style="width:95%;" type="text"/>	
1=change of inventory method	<input style="width:95%;" type="text"/>	
1=spouse, 2=joint	<input style="width:95%;" type="text"/>	
1=first Schedule C filed for this business	<input style="width:95%;" type="text"/>	
1=W-2 earnings as statutory employee	<input style="width:95%;" type="text"/>	
1=not subject to self-employment tax	<input style="width:95%;" type="text"/>	
1=did not "materially participate"	<input style="width:95%;" type="text"/>	
1=personal services is not a material income producing factor	<input style="width:95%;" type="text"/>	
1=investment	<input style="width:95%;" type="text"/>	
1=minister's Schedule C	<input style="width:95%;" type="text"/>	
1=single member limited liability company	<input style="width:95%;" type="text"/>	
CA FTB Form 3805V:		
1=eligible small business	<input style="width:95%;" type="text"/>	
Qualified new business year: 1=1st, 2=2nd, 3=3rd	<input style="width:95%;" type="text"/>	
Principle business code (SIC 1987)	<input style="width:95%;" type="text"/>	

INCOME

	2008 Amount	2007 Amount
Gross receipts or sales (Form 1099-MISC, box 7)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Returns and allowances	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other income:		
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

COST OF GOODS SOLD

Inventory at beginning of the year	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Purchases	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cost of items for personal use	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cost of labor	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Materials and supplies	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other costs:		
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Inventory at end of the year	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

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Business Income (Schedule C) (cont.)

No.

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Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2008 Amount	2007 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (75%)		
Uniforms		
Utilities		
Wages		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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Installment Sales (Form 6252)

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Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2008 Amount	2007 Amount
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

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Sale of Home & Moving Expenses

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If you sold your home or moved in 2008, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)
Date acquired (m/d/y)
Date sold (m/d/y) (Box 1)
Sales price (Box 2)
1=sale of home
1=owned and used property as main home for at least 2 of 5 years before sale
1=business use in year of sale.

Adjusted Basis

Original cost
Improvements:
Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale.

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
1=sale due to change in health, employment or unforeseen circumstances
Days used as main home - taxpayer.
Days used as main home - spouse.
Days property owned - taxpayer.
Days property owned - spouse.

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint
1=armed forces move due to permanent change of station.
Miles from old home to new work place.
Miles from old home to old work place.
Expenses for transportation and storage of household goods and personal effects.
Lodging and travel (excluding meals):
Lodging and travel (excluding automobile)
Parking fees and tolls
Gas and oil
Miles driven to new home (1/1/08 - 6/30/08)
Miles driven to new home (7/1/08 - 12/31/08)

(* owned and used property as main home for at least 2 of 5 years before sale)

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Rental & Royalty Income (Schedule E)

No.

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Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property.....
 Location of property.....

Percentage of ownership if not 100% (.xxxx).....	<input type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx).....	<input type="text"/>	
1=spouse, 2=joint.....	<input type="text"/>	
1=nonpassive activity, 2=passive royalty.....	<input type="text"/>	
1=did not actively participate.....	<input type="text"/>	
1=real estate professional.....	<input type="text"/>	
1=rental other than real estate.....	<input type="text"/>	
1=investment.....	<input type="text"/>	
1=single member limited liability company.....	<input type="text"/>	
CA FTB Form 3805V:		
1=eligible small business.....	<input type="text"/>	
Qualified new business year: 1, 2 or 3.....	<input type="text"/>	
Principle business code (SIC 1987).....	<input type="text"/>	

INCOME

	2008 Amount	2007 Amount
Rents received (Form 1099-MISC, box 1).....	<input type="text"/>	<input type="text"/>
Royalties received (form 1099-MISC, box 2).....	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....	<input type="text"/>	<input type="text"/>
Association dues.....	<input type="text"/>	<input type="text"/>
Auto and travel (not entered elsewhere).....	<input type="text"/>	<input type="text"/>
Cleaning and maintenance.....	<input type="text"/>	<input type="text"/>
Commissions.....	<input type="text"/>	<input type="text"/>
Gardening.....	<input type="text"/>	<input type="text"/>
Insurance.....	<input type="text"/>	<input type="text"/>
Legal and professional fees.....	<input type="text"/>	<input type="text"/>
Licenses and permits.....	<input type="text"/>	<input type="text"/>
Management fees.....	<input type="text"/>	<input type="text"/>
Miscellaneous.....	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.).....	<input type="text"/>	<input type="text"/>
Qualified mortgage insurance premiums.....	<input type="text"/>	<input type="text"/>
Excess mortgage interest.....	<input type="text"/>	<input type="text"/>
Other interest (not entered elsewhere).....	<input type="text"/>	<input type="text"/>
Painting and decorating.....	<input type="text"/>	<input type="text"/>
Pest control.....	<input type="text"/>	<input type="text"/>
Plumbing and electrical.....	<input type="text"/>	<input type="text"/>
Repairs.....	<input type="text"/>	<input type="text"/>
Supplies.....	<input type="text"/>	<input type="text"/>
Taxes - real estate.....	<input type="text"/>	<input type="text"/>
Taxes - other (not entered elsewhere).....	<input type="text"/>	<input type="text"/>
Telephone.....	<input type="text"/>	<input type="text"/>
Utilities.....	<input type="text"/>	<input type="text"/>
Wages and salaries.....	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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2008

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US

Rental & Royalty Income (Sch. E) (cont.)

No.

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Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2008 Amount	2007 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days rented at fair market value		
Number of days personal use		
Number of days owned (if optional method elected)		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		

Other:

2008	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2008 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

2008	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2008 information as appropriate.
 Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

Please enter all pertinent 2008 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2008 payments from 1/1/09 to 4/15/09				

ROTH IRA CONTRIBUTIONS

	2008 Amount	2007 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older)		
Contributions made to date		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2008 Amount	2007 Amount
	Taxpayer	Spouse
Self-employed health insurance:		
Total premiums (excluding long-term care)		
Long-term care premiums		
Student loan interest paid (1098-E, box 1)		
Educator expenses (kindergarten thru grade 12)		
Jury duty pay given to employer		
Expenses from rental of personal property		
Other adjustments to income:		

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Alimony paid:				
Recipient's first name				
Recipient's last name				
Recipient's SSN				
Amount paid				
		2007 amt:		2007 amt:

2008

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US

Itemized Deductions

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Please enter all pertinent 2008 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2008 Amount	TS	2007 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. long-term care & amts. paid w/pre-tax dollars)			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven (1/1/08 - 6/30/08)			
Medical miles driven (7/1/08 - 12/31/08)			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2008 estimates are automatic.)

State income taxes - 1/08 payment on 2007 state estimate			
State income taxes - paid with 2007 state extension			
State income taxes - paid with 2007 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/08 payment on 2007 city/local estimate			
City/local income taxes - paid with 2007 city/local extension			
City/local income taxes - paid with 2007 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes			
Use taxes paid on 2008 purchases			
Use taxes paid with 2007 state return			
Taxes paid on vehicles, boats, and aircraft			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment			
Personal property taxes (including automobile fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes			
Other taxes:			

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US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098:

2008 Amount

TS

2007 Amount

Home mortgage interest not reported on Form 1098:

Payee's name	_____	
Payee's SSN or FEIN. . .	_____	
Payee's street address. .	_____	
Payee's city, state, ZIP .	_____	
Amount paid	_____	_____

Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Investment interest (interest on margin accounts):

Passive interest

Certain home mortgage interest included above (6251)

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Contributions above made for Midwestern disaster relief

Volunteer expenses (out-of-pocket)

Number of charitable miles

Midwestern disaster relief miles (5/2/08 - 6/30/08)

Midwestern disaster relief miles (7/1/08 - 12/31/08)

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

Midwestern disaster relief miles (5/2/08 - 6/30/08)

Midwestern disaster relief miles (7/1/08 - 12/31/08)

25 p2

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US/CA

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2008 Amount

TS

2007 Amount

Three horizontal lines for 50% limitation entries.

Table with 3 columns: 2008 Amount, TS, 2007 Amount. 3 rows.

30% limitation (see above):

Three horizontal lines for 30% limitation entries.

Table with 3 columns: 2008 Amount, TS, 2007 Amount. 3 rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Three horizontal lines for 30% capital gain property entries.

Table with 3 columns: 2008 Amount, TS, 2007 Amount. 3 rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Three horizontal lines for 20% capital gain property entries.

Table with 3 columns: 2008 Amount, TS, 2007 Amount. 3 rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues.....

Table with 3 columns: 2008 Amount, TS, 2007 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Three horizontal lines for other unreimbursed employee expenses.

Table with 3 columns: 2008 Amount, TS, 2007 Amount. 3 rows.

Investment expense:

Three horizontal lines for investment expense.

Table with 3 columns: 2008 Amount, TS, 2007 Amount. 3 rows.

Tax return preparation fee.....

Safe deposit box rental.....

Table with 3 columns: 2008 Amount, TS, 2007 Amount. 2 rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Three horizontal lines for miscellaneous deductions.

Table with 3 columns: 2008 Amount, TS, 2007 Amount. 3 rows.

Federal only:

Two horizontal lines for federal only.

Table with 3 columns: 2008 Amount, TS, 2007 Amount. 2 rows.

State only:

Two horizontal lines for state only.

Table with 3 columns: 2008 Amount, TS, 2007 Amount. 2 rows.

25 p3

If your total noncash contributions are in excess of \$500 in 2008, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input style="width:40px;" type="text"/>	Name of charitable organization (donee)		
	Street address		
	City, state, ZIP code		
	1=spouse, 2=joint		
	Property description		
	Date of contribution (m/d/y) *		
	Date acquired by donor (m/y) *		
	How acquired by donor (Table 1 or describe)		
	Donor's cost or basis		
	Fair market value		
Method used to determine FMV (Table 2 or describe)			

No. <input style="width:40px;" type="text"/>	Name of charitable organization (donee)		
	Street address		
	City, state, ZIP code		
	1=spouse, 2=joint		
	Property description		
	Date of contribution (m/d/y) *		
	Date acquired by donor (m/y) *		
	How acquired by donor (Table 1 or describe)		
	Donor's cost or basis		
	Fair market value		
Method used to determine FMV (Table 2 or describe)			

No. <input style="width:40px;" type="text"/>	Name of charitable organization (donee)		
	Street address		
	City, state, ZIP code		
	1=spouse, 2=joint		
	Property description		
	Date of contribution (m/d/y) *		
	Date acquired by donor (m/y) *		
	How acquired by donor (Table 1 or describe)		
	Donor's cost or basis		
	Fair market value		
Method used to determine FMV (Table 2 or describe)			

1	How Property was Acquired
1 = Purchase 2 = Gift 3 = Inheritance 4 = Exchange	

2	Method Used to Determine FMV
1 = Appraisal 2 = Thrift shop value 3 = Catalog 4 = Comparable sales For other methods, see IRS Pub. 561.	

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US

Business Use of Home (Form 8829)

No.

29

Please enter 2008 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2008 Amount	2007 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		

2008

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US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....

Form.....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.).....	<input type="text"/>	
1=spouse.....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2008 Amount	2007 Amount
Meal and entertainment expenses.....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1.....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (75% meal allowance).....	<input type="text"/>	
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight.....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

30

2008

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2008 Amount	2007 Amount
1=vehicle used primarily by more than 5% owner		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		

VEHICLE 1

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage (1/1/08 - 6/30/08)		
Business mileage (7/1/08 - 12/31/08)		
Commuting mileage		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

VEHICLE 2

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage (1/1/08 - 6/30/08)		
Business mileage (7/1/08 - 12/31/08)		
Commuting mileage		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E and F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

30 p2

2008

1040

US/CA

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2008 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2008 . . .				
Employer-provided benefits forfeited in 2008				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input type="text"/>	First name	
	Last name	
	Date of birth (m/d/y)	
	Social security number	
	Qualified dependent care expenses incurred and paid in 2008	2007 amt:
	1=disabled 1=spouse, 2=joint	

No. <input type="text"/>	First name	
	Last name	
	Date of birth (m/d/y)	
	Social security number	
	Qualified dependent care expenses incurred and paid in 2008	2007 amt:
	1=disabled 1=spouse, 2=joint	

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input type="text"/>	Name of provider	
	Street address	
	City, state, ZIP code	
	Address where care provided (if different):	
	Street address	
	City, state, ZIP code	
	Telephone number	
	Identification number (SSN or EIN)	
	1=organization is tax-exempt	
	1=care provider is a person	
Amount paid to care provider in 2008	2007 amt:	
1=spouse, 2=joint		

No. <input type="text"/>	Name of provider	
	Street address	
	City, state, ZIP code	
	Address where care provided (if different):	
	Street address	
	City, state, ZIP code	
	Telephone number	
	Identification number (SSN or EIN)	
	1=organization is tax-exempt	
	1=care provider is a person	
Amount paid to care provider in 2008	2007 amt:	
1=spouse, 2=joint		

33.1,33.2

2008	1040	US	Education Credits / Tuition Deduction	38
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Please complete the information below if you paid qualified education expenses in 2008 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

		2008 Amount	2007 Amount
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*			

*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.