

2009	1040	US	Client Information	1
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Know Taxes
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 Tarzana, CA 91356
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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 2009 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) (2007 or 2008).....		
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	Region		
	Postal code.....		
	Country		

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US/CA

Client Information (continued)

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Please add, change or delete information for 2009.

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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Please add, change or delete information for 2009.

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 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 2009, 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 2009?
		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 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 or full-time students under age 24 at the end of 2009, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?
		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 2009?
<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 buy a main home before May 1, 2010 and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy a main home after November 6, 2009 and before May 1, 2010, which replaced a main home that you (and your spouse) maintained for 5 consecutive years during the 8-year period before this latest purchase?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new motor vehicle in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
<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 2009, 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 2008 taxes to your 2009 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2009 taxes, do you want the excess applied to your 2010 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2010 taxable income and withholdings to be different from 2009?
<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 2009, please check the appropriate box and provide additional information if necessary.

YES

NO

MISCELLANEOUS (continued)

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

Was your home rented out or used for business?

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?

Did you incur moving expenses due to a change of employment?

Did you engage the services of any household employees?

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?

Were you or was any of your property located in a federally declared disaster area?

Did you receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?

Did your spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?

Did you receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security?

Did your spouse receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security?

Did you elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and December 31, 2009 as a result of an involuntary termination?

Did your spouse elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and December 31, 2009 as a result of an involuntary termination?

Please enter all pertinent 2009 information.

ECONOMIC RECOVERY PAYMENT / DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

NOTE: You may have received an economic recovery payment if you received social security benefits, supplemental security benefits, railroad retirement benefits, or veterans disability compensation or pension benefits.

1=taxpayer received \$250 economic recovery payment		
1=spouse received \$250 economic recovery payment		
1=taxpayer received government pension not covered by social security		
1=spouse received government pension not covered by social security		
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 CA refund to one account, 2=split deposit between two accounts		
1=electronic payment of CA state tax balance due		
1=electronic payment of CA estimated tax		

BANK INFORMATION

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

2009 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008				
1st quarter payment (due 4/15/09)				
2nd quarter payment (due 6/15/09)				
3rd quarter payment (due 9/15/09)				
4th quarter payment (due 1/15/10)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/10)				

State

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008				
1st quarter payment (due 4/15/09)				
2nd quarter payment (due 6/15/09)				
3rd quarter payment (due 9/15/09)				
4th quarter payment (due 1/15/10)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/10)				

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 10 = Series 1 treasury bonds

2009	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2009 information.

APPLICATION OF 2009 OVERPAYMENT (7.1)

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

Other (please explain): _____

2010 ESTIMATED TAX INFORMATION

Do you expect your 2010 taxable income to be different from 2009? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2010 withholding to be different from 2009? Yes No

If "yes" explain any differences: _____

	Hash Total	7.1
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2009	1040	US/CA	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2009 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					2008 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 12/31/09	2008 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		2008 Winnings
				Federal (Box 2)	State (Box 14)	

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

	2009 Amount	T	S	2008 Amount
Total gambling losses				
Winnings not reported on Form W-2G				

10, 13.1, 13.2

2009	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2009 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2008 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2008 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

2009	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2009 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2009 Amount		2008 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

14.2

Please add, change or delete 2009 information as appropriate.
Be sure to attach all 1099-G forms.

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

2009 1099-G Amount

No. <input type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation:		
	Total received (Box 1)		
	2009 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 2008 (Box 3)		
	Federal income tax withheld (Box 4)		
	ATAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7)			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9)			
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)		
	2009 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 2008 (Box 3)		
	Federal income tax withheld (Box 4)		
	ATAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7)			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9)			
Number of farm			
1=box 2 is trade or business income (Box 8)			
State income tax withheld			

14.2

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US

Education Distributions (ESA's and QTP's)

14.3

Please enter all pertinent 2009 amounts and attach all 1099-Q forms.
 Enter qualified education expenses below that are not entered elsewhere.
 Last year's amounts are provided for your reference.

ESA'S AND QTP'S (Form 1099-Q)

2009 Amount

2008 Amount

No. <input type="text"/>	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2009 contributions to this ESA			
Value of this account at 12/31/09 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/08			

No. <input type="text"/>	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2009 contributions to this ESA			
Value of this account at 12/31/09 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/08			

No. <input type="text"/>	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2009 contributions to this ESA			
Value of this account at 12/31/09 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/08			

14.3

2009	1040	US/CA	Business Income (Schedule C)	No. <input style="width:30px;" type="text"/>	16
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Please enter all pertinent 2009 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 cost/market, 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

	2009 Amount	2008 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 2009 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2009 Amount	2008 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 (80%)		
Uniforms		
Utilities		
Wages		

Other expenses:

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

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2009

1040

US

Installment Sales (Form 6252)

17 p2

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2009 Amount	2008 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).....		

2009

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US

Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2009, 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=first-time homebuyer credit was previously taken on this home
1=business use in year of sale
Number of days after December 31, 2008 that home was not used as principal residence

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

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

17, 27

2009

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US/CA

Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property	<input type="text"/>
Location of property	<input type="text"/>

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

	2009 Amount	2008 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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2009

1040

US

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

No.

18 p2

Please enter all pertinent 2009 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

	2009 Amount	2008 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:

2009	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2009 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

20.1,20.2

2009	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2009 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

2009

1040

US

Vehicle Expenses

No.

22 p3

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2009 Amount	2008 Amount
Description of vehicle		
1=no evidence to support your deduction.		
1=no written evidence to support your deduction.		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use.		
1=vehicle used primarily by more than 5% owner.		
Number of months your job required a vehicle (if not 12 months).		

AUTOMOBILE MILEAGE

Total mileage (for the tax year)		
Business mileage.		
Commuting mileage (for the tax year).		
Average daily round-trip commute.		

ACTUAL EXPENSES

Parking fees and tolls (business portion only).		
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)		

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2009 Amount		2008 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				
2009 payments from 1/1/10 to 4/15/10				

ROTH IRA CONTRIBUTIONS

	2009 Amount	2008 Amount
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)

	2009 Amount	2008 Amount
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

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:		

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

2009

1040

US

Itemized Deductions

25

Please enter all pertinent 2009 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.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums not entered elsewhere, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Medical miles driven, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2009 estimates are automatic.)

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Rows include State income taxes (1/09 payment, 2008 extension, 2008 return, prior years), and City/local income taxes (1/09 payment, 2008 extension, 2008 return).

SALES AND USE TAXES PAID

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Rows include State and local sales taxes, Use taxes paid on 2009 purchases, Use taxes paid with 2008 state return, and New passenger auto's, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 * (Vehicle #1 details).

OTHER TAXES PAID

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Rows include Real estate taxes - principal residence, Real estate taxes - property held for investment, Personal property taxes, Foreign income taxes, and Other taxes.

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2009

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US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

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

2009 Amount

TS

2008 Amount

Table with 3 columns: Description, 2009 Amount, TS, 2008 Amount. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, and amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2009 Amount, TS, 2008 Amount. Includes rows for points not reported on Form 1098.

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

Table with 3 columns: Description, 2009 Amount, TS, 2008 Amount. Includes row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2009 Amount, TS, 2008 Amount. Includes row for investment interest.

Passive interest

Table with 3 columns: Description, 2009 Amount, TS, 2008 Amount. Includes row for passive interest.

Certain home mortgage interest included above (6251)

Table with 3 columns: Description, 2009 Amount, TS, 2008 Amount. Includes row for certain home mortgage interest.

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:

Table with 3 columns: Description, 2009 Amount, TS, 2008 Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Table with 3 columns: Description, 2009 Amount, TS, 2008 Amount. Includes rows for volunteer expenses and charitable miles.

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

Contributions by cash or check:

Table with 3 columns: Description, 2009 Amount, TS, 2008 Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Table with 3 columns: Description, 2009 Amount, TS, 2008 Amount. Includes rows for volunteer expenses and charitable miles.

25 p2

2009

1040

US/CA

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2009 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):

Three horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 3 rows.

30% limitation (see above):

Three horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 3 rows.

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

Three horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 3 rows.

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

Three horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 3 rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues.....

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 1 row.

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

Three horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 3 rows.

Investment expense:

Three horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 3 rows.

Tax return preparation fee.....

Safe deposit box rental.....

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 2 rows.

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

Three horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 3 rows.

Federal only:

Two horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 2 rows.

State only:

Two horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. 2 rows.

25 p3

2009

1040

US

Itemized Deductions (continued)

25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- 1.Total home equity debt exceeded \$100,000 at any time during 2009 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- 2.Total home acquisition debt exceeded \$1,000,000 at any time during 2009 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2009 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

	2009 Amount	TS	2008 Amount
Fair market value of the property on the date that the last debt was secured .			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2009			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2009			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2009			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2009			
Grandfather debt balance - beginning of year			

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

25 p5

2009

1040

US

Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2009, 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 type="text"/>	Vehicle	Name of charitable organization (donee).....	
		Street address.....	
		City, state, ZIP code.....	
		1=spouse, 2=joint.....	
		Property description (other than vehicle).....	
		Year (yyyy).....	
		Make and model.....	
		Condition and mileage.....	
		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 type="text"/>	Vehicle	Name of charitable organization (donee).....	
		Street address.....	
		City, state, ZIP code.....	
		1=spouse, 2=joint.....	
		Property description (other than vehicle).....	
		Year (yyyy).....	
		Make and model.....	
		Condition and mileage.....	
		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 type="text"/>	Vehicle	Name of charitable organization (donee).....	
		Street address.....	
		City, state, ZIP code.....	
		1=spouse, 2=joint.....	
		Property description (other than vehicle).....	
		Year (yyyy).....	
		Make and model.....	
		Condition and mileage.....	
		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 3 = Inheritance
 2 = Gift 4 = Exchange

2 Method Used to Determine FMV

1 = Appraisal 3 = Catalog
 2 = Thrift shop value 4 = Comparable sales

For other methods, see IRS Pub. 561.

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2009

1040

US

Business Use of Home (Form 8829)

No.

29

Please enter 2009 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2009 Amount	2008 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:		

2009

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US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2009 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

	2009 Amount	2008 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 (80% 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"/>

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2009

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2009 information.

GENERAL INFORMATION

1=spouse.

Foreign address of taxpayer, if different from Form 1040:

Street address.

City.

Region.

Postal code.

Country.

Employer:

Name.

U.S. street address.

U.S. city.

U.S. state.

U.S. ZIP code.

Foreign street address.

Foreign city.

Foreign region.

Foreign postal code.

Foreign country.

Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other.

Employer type, if other.

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Country of citizenship.

City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

31.1

2009

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Foreign Income Exclusion (2555)

No.

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Please enter all pertinent 2009 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2009 as well as travel for 2010 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)	<input type="text"/>	
Ending date for bona fide residence (m/d/y)	<input type="text"/>	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer.....	<input type="text"/>	
Names of family living abroad with taxpayer (if applicable):	<input type="text"/>	

Names of family living abroad with taxpayer (if applicable):	Period family lived abroad

1=submitted statement to country of bona fide residence.	<input type="text"/>	
1=required to pay income tax to country of bona fide residence.	<input type="text"/>	
Contractual terms relating to length of employment abroad.	<input type="text"/>	
Type of visa you entered foreign country under	<input type="text"/>	
Explanation why visa limited stay or employment in country (if applicable)	<input type="text"/>	

Address of home in U.S. maintained while living abroad (if applicable):	1=U.S. home rented (if applicable)	Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)

Principal country of employment

FOREIGN HOUSING EXPENSES

	2009 Amount	2008 Amount
Qualified housing expenses.	<input type="text"/>	<input type="text"/>
Location of housing expenses:	Qualifying days in location (multiple locations only)	

Travel Type

1 = Travel to U.S. (default)
 2 = Travel to foreign country
 3 = Travel to restricted country

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Please enter all pertinent 2009 amounts and attach all W-2 forms, or other wage statements. Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

	2009 Amount	2008 Amount
Name or number.....		
1=spouse.....		
1=retirement plan (Box 13).....		
Name of employer (Box c).....		
Wages, tips, other compensation (Box 1).....		
Federal income tax withheld (Box 2).....		
Social security tax withheld (Box 4).....		
Medicare tax withheld (Box 6).....		
State income tax withheld (Box 17).....		
Local income tax withheld (Box 19).....		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging).....		
Meals.....		
Car.....		
Other properties or facilities:		

Allowances and Reimbursements

Cost of living and overseas differential.....		
Family.....		
Education.....		
Home leave.....		
Quarters.....		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119).....		
--	--	--

Other Foreign Earned Income

2009 Days Worked Allocation Information

Total number of days worked (if not 240).....		
Total days worked before and after foreign assignment.....		
Foreign days worked before and after foreign assignment.....		

31.2

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Health Savings Accounts (8889)

32.1

**Please enter all pertinent 2009 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2009, a high deductible health plan is one with an annual deductible that is not less than \$1,150 for self-only coverage or \$2,300 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,800 for self-only coverage or \$11,600 for family coverage.

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage.				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for medicare				
Contributions made to date.				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses.				

32.1

2009 1040 US/CA Child and Dependent Care Expenses (Form 2441) 33.1,33.2

Please enter all pertinent 2009 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)	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2009 . . .				
Employer-provided benefits forfeited in 2009				

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 2009	2008 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 2009	2008 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 2009	2008 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 2009	2008 amt:	
1=spouse, 2=joint		

33.1,33.2

2009

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US

Education Credits / Tuition Deduction

38

Please complete the information below if you paid qualified education expenses in 2009 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.

		2009 Amount	2008 Amount	
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....		
		First name		
		Last name		
		Social security number		
	1=American opportunity/hope credit, 2=lifetime learning credit ...			
	Number of years hope credit claimed			
	Student completed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no. . .			
	1=student attended educational institution in midwest disaster area			
	Qualified tuition and fees paid in 2009 (net of refund or assistance and not entered elsewhere)			
	Course related materials required to be purchased from institution			
	Course related materials not entered above			
	Reasonable cost of room and board (midwestern disaster only) . . .			
	Expenses of a special needs student (midwestern disaster only) . .			
Amount of prior year refund or assistance*				

No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....		
		First name		
		Last name		
		Social security number		
	1=American opportunity/hope credit, 2=lifetime learning credit ...			
	Number of years hope credit claimed			
	Student completed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no. . .			
	1=student attended educational institution in midwest disaster area			
	Qualified tuition and fees paid in 2009 (net of refund or assistance and not entered elsewhere)			
	Course related materials required to be purchased from institution			
	Course related materials not entered above			
	Reasonable cost of room and board (midwestern disaster only) . . .			
	Expenses of a special needs student (midwestern disaster only) . .			
Amount of prior year refund or assistance*				

No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....		
		First name		
		Last name		
		Social security number		
	1=American opportunity/hope credit, 2=lifetime learning credit ...			
	Number of years hope credit claimed			
	Student completed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no. . .			
	1=student attended educational institution in midwest disaster area			
	Qualified tuition and fees paid in 2009 (net of refund or assistance and not entered elsewhere)			
	Course related materials required to be purchased from institution			
	Course related materials not entered above			
	Reasonable cost of room and board (midwestern disaster only) . . .			
	Expenses of a special needs student (midwestern disaster only) . .			
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.

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CA

Other Credits

53.014

Please enter all pertinent 2009 information.

RENTER'S CREDIT

To qualify for the credit you must have paid rent, for at least half of the year, on property in California which was your principal residence.

1=qualified renter.....	
1=filing separate, claiming spouse's credit.....	
1=filing jointly and one spouse claimed homeowner's property tax exemption.....	
Number of months in California, if part-year resident.....	

53.014

