2008 1040 US Topical Index

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ORGANIZER Page 2 2008 1040 US **Tax Organizer Tax Return Appointment** McGOVERN GARRY, LLC 786 Mountain Boulevard, Suite 100 Watchung, NJ 07069-6268 Date: Telephone number: (908) 668-1040 Time: Fax number: (908) 668-1042 Location: E-mail address: contact@mcgoverngarryllc.com This tax organizer will assist you in gathering information necessary for the preparation of your 2008 tax return. Please enter all pertinent 2008 information. **CLIENT INFORMATION** Taxpayer 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). . . . Home phone Work phone Work extension..... E-mail address In care of Street address..... Apartment number... Address State..... ZIP code..... **DEPENDENTS** Dependent No. Dependent No. First name Last name Title/suffix..... Date of birth (m/d/y). Social security number . . Relationship..... Months lived at home. . . . Dependent No. Dependent No. Title/suffix...... Date of birth (m/d/y).... Social security number . . Relationship..... Months lived at home. . . .

800	1040	US	Tax Organizer		
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	oyer name:			2008 Amount	2007 Amount
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	REST INC	OME			
	Traine.			Attach Forms 1099-INT	
	DEND INC	OME			
Payer	name:			Attach Forms 1099-DIV	
Payer	name:		V-2G	Attach Forms 1099-R & W-2G	
	· ·		ORMS - INCOME		
	Form 1099-B Form 1099-M	- Sales of sto ISC - Miscella	ck (also include transaction history) neous income	Attach Fo	rms 1099
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		•	for investment		
Foreig	n income taxe	S			
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Home	mortgage inte	rest and poir	nts paid:		
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Home r	nortgage interest r	ot on Form 1098	3 (include name, SSN, & address of payee):		
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ORGANIZER				Page 6
2008	1040	US	Client Information	1

McGOVERN GARRY, LLC

786 Mountain Boulevard, Suite 100 Watchung, NJ 07069-6268

Telephone number: (908) 668-1040 Fax number: (908) 668-1042

E-mail address: contact@mcgoverngarryllc.com

Tax Return Appointment

Time: Location:

Date:

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	Filing status (table)
Filing Status	1=married filing separate and lived with spouse.
	Year spouse died, if qualifying widow(er) (2006 or 2007)
	First name and initial
	Last name
	Title/suffix
Taynayar	Social security number
Taxpayer	Occupation
	Date of birth (m/d/y)
	Date of death (m/d/y)
	1=blind
	First name and initial
	Last name
	Title/suffix
Spouse	Social security number
Ороизс	Occupation
	Date of birth (m/d/y)
	Date of death (m/d/y)
	1=blind
	In care of
	Street address
Address	Apartment number
71441 033	City
	State
	ZIP code
Foreign	Region
Address	Postal code
	Country
i	

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying widow(er)

Client Information (continued) US 2008 1040 1 p2 Please add, change or delete information for 2008. **CLIENT INFORMATION** Home phone....... Work phone....... **Daytime Phone** Work extension Taxpayer Contact Information 1 = WorkDaytime phone (table) 2 = Home Mobile phone 3 = Mobile Pager number...... Fax number..... E-mail address..... Home phone...... Work phone...... Work extension Spouse Contact Daytime phone (table) Information Mobile phone Pager number..... Fax number..... E-mail address..... 1 p2

2008 1040 US Dependents

2

Please add, change or delete information for 2008.

DEPENDENTS

	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		
1	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		
Ciaimed by: 1-taxpayer, 2-spouse	Dependent	Dependent
First name	Берепаетт	Берепаен
Last name		
Title/suffix.		
Date of birth (m/d/y).		
Social security number		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse	Danandant	Danandant
Fixel name	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		

Type of Dependent

- 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

Earned Income Credit

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled age 19 or older
- 4 = Force
- 5 = Suppress

Did you have any children under age 19 on January 1, 2009, or full-time students under age 24, with interest dividend income in excess of \$900, or total investment income in excess of \$1,800? INCOME Did you receive unreported tip income of \$20 or more in any month? Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenyourself, your spouse, or your dependents? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.),or corpersonal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2008? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity load.	2008	1040	40 US Miscellaneous Questions
Did your marital status change during the year? Did your address change during the year? Could you be claimed as a dependent on another person's tax return for 2008? DEPENDENTS Were there any changes in dependents? Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the e Did you have any children under age 19 on January 1, 2009, or full-time students under age 24, with interes dividend income in excess of \$900, or total investment income in excess of \$1,800? INCOME Did you receive unreported tip income of \$20 or more in any month? Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenyourself, your spouse, or your dependents? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.),or corpersonal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2008? Did you burchase, sell, or refinance your principal home or second home, or did you take a home equity load poil you add energy efficient property to your home in 2008? Energy efficient property specifically refers to solar water heating, fuel cell, small wind energy or a geothermal heat pump. Did you purchase a new hybrid vehicle in 2008? Did you have any debts cancelled or forgiven?		If an	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.
Could you be claimed as a dependent on another person's tax return for 2008? DEPENDENTS	YES	NO	
DEPENDENTS Were there any changes in dependents? Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the e Did you have any children under age 19 on January 1, 2009, or full-time students under age 24, with interes dividend income in excess of \$300, or total investment income in excess of \$1,800? INCOME Did you receive unreported tip income of \$20 or more in any month? Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenyourself, your spouse, or your dependents? Did you receive any disability income? Did you have any foreign income or pay any foreign taxes? PURCHASES, SALES AND DEBT Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.),or corpersonal assets to business use? Did you burd assets to business use? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity load of your base the heating, fuel cell, small wind energy or a geothermal heat pump. Did you purchase a new hybrid vehicle in 2008? Did you have any debts cancelled or forgiven?			Did your address change during the year?
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Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership corporation, trust, or REMIC? Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.),or corpersonal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2008? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity load Did you add energy efficient property to your home in 2008? Energy efficient property specifically refers to solar water heating, fuel cell, small wind energy or a geothermal heat pump. Did you purchase a new hybrid vehicle in 2008? Did you have any debts cancelled or forgiven?			Did you have any foreign income or pay any foreign taxes?
personal assets to business use? Did you buy or sell any stocks, bonds or other investment property in 2008? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity load Did you add energy efficient property to your home in 2008? Energy efficient property specifically refers to solar water heating, fuel cell, small wind energy or a geothermal heat pump. Did you purchase a new hybrid vehicle in 2008? Did you have any debts cancelled or forgiven?			Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership,S
Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity load Did you add energy efficient property to your home in 2008? Energy efficient property specifically refers to solar water heating, fuel cell, small wind energy or a geothermal heat pump. Did you purchase a new hybrid vehicle in 2008? Did you have any debts cancelled or forgiven?			Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.),or convert any personal assets to business use?
Did you add energy efficient property to your home in 2008? Energy efficient property specifically refers to solar water heating, fuel cell, small wind energy or a geothermal heat pump. Did you purchase a new hybrid vehicle in 2008? Did you have any debts cancelled or forgiven?			Did you buy or sell any stocks, bonds or other investment property in 2008?
solar water heating, fuel cell, small wind energy or a geothermal heat pump. Did you purchase a new hybrid vehicle in 2008? Did you have any debts cancelled or forgiven?			Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
Did you have any debts cancelled or forgiven?			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.
			Did you purchase a new hybrid vehicle in 2008?
Did anyone owe you money which had become uncollectible?			Did you have any debts cancelled or forgiven?
			Did anyone owe you money which had become uncollectible?

Series: Miscellaneous Questions

2008	1040	US N	liscellaneous Questions (continued)
	lf an	y of the follow	ving items portain to you or your spouse for 2009, please shock the
	II ali	approp	ving items pertain to you or your spouse for 2008, please check the riate box and provide additional information if necessary.
YES	NO	RETIRE	IENT PLANS
			ve a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you make	a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you trans	fer or rollover any amount from one retirement plan to another retirement plan?
		Did you conve	ert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
		EDUCAT	ION
		Did you recei	ve a distribution from an Education Savings Account or a Qualified Tuition Program?
		Did you, your vocational sc	spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or nool?
	_	ITEMIZE	D DEDUCTIONS
		Did you incur	a loss because of damaged or stolen property?
		Did you work	out of town for part of the year?
		Did you use y	our car on the job (other than to and from work)?
		ESTIMA	ED TAXES
		Did you apply	an overpayment of 2007 taxes to your 2008 estimated tax (instead of being refunded)?
		If you have a refunded)?	n overpayment of 2008 taxes, do you want the excess applied to your 2009 estimated tax (instead of being
		Do you expec	t your 2009 taxable income and withholdings to be different from 2008?
_		MISCELL	ANEOUS
		Do you want	o electronically file your tax return?
		Do you want	to allocate \$3 to the Presidential Election Campaign Fund?
		Does your sp	ouse want to allocate \$3 to the Presidential Election Campaign Fund?
		May the IRS	discuss your tax return with your preparer?
			an interest in or signature or other authority over a financial account in a foreign country, such as a bank rities account, or other financial account?

2008	1040	US	Miscellaneous Questions (continued)
	If an	y of the fo appr	llowing items pertain to you or your spouse for 2008, please check the opriate box and provide additional information if necessary.
YES	NO	MISCE	ELLANEOUS (continued)
			eceive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
		Was your	home rented out or used for business?
			or someone on your behalf, including your employer) make contributions to a health savings account (HSA)? Or, did you receive a HSA distribution or acquire an interest in an HSA due to the death of the account by?
		Medicare	ave a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Advantage MSA because of the death of the account holder? Or, were you a policyholder who received a under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life e policy?
		Did you ir	ncur moving expenses due to a change of employment?
		Did you e	ngage the services of any household employees?
		Were you	notified or audited by either the Internal Revenue Service or the State taxing agency?
		Did you o	r your spouse make any gifts to an individual that total more than \$12,000, or any gifts to a trust?
			or was any of your property located in a federally declared disaster area, such as those affected by the looding or Hurricanes Gustav or Ike?

2008	1040	US	Miscellaneous Questions
	If an	y of the fo appr	llowing items pertain to you or your spouse for 2008, please check the ropriate box and provide additional information if necessary.
YES	NO	Did your i	marital status change during the year?
		Did your a	address change during the year?
		Could you	u be claimed as a dependent on another person's tax return?
		Were then	re any changes in dependents?
		Did you re	eceive unreported tip income of \$20 or more in any month?
		Did you re	eceive any disability income?
		Did you b	buy or sell any stocks, bonds or other investment property?
		Did you p	ourchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
		Did you p	ourchase a new hybrid vehicle in 2008?
		Did you re	eceive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
		Did you tr	ransfer or rollover any amount from one retirement plan to another?
		Did you c	convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
		Did you, y vocationa	your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or al school?
		Did you ir	ncur a loss because of damaged or stolen property?
		Did you u	se your car on the job (other than to and from work)?
		Do you w	ant to electronically file your tax return?
		May the I	RS discuss your tax return with your preparer?
		Was your	home rented out or used for business?
		Were you	notified or audited by either the IRS or the State taxing agency?
		Did you re	eceive the Economic Stimulus Payment (rebate) in 2008?

ANIZER			l							Page
80	1040	US	Direct	Depo	sit & Estima	ites (F	orm 1 04 0	ES)		3, 6
>	III IIC DA	\/84581			er all pertinent 2			0 DAV	/B4EAIT /?\	
					SIT OF REFU	ND / E	LECTRONIC	PAY	MENI (3)	
l=direct l=electr	deposit of fed onic payment	deral tax refu of balance d	nd into bank a ue	ccount						
BANK	Name o		De	cent to eposit (x.xx)	Routing Number		Account Num	her	Type of Account (Table 1)	Invest.
	Name	JI Dalik		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Routing Number		Account Num	DCI	(Table 1)	(Table 2)
2008	ESTIMAT	TED TAX	/ 1040-ES	6 (6)					2008	•
Federa		from 2007		Amo	ount Paid	D	ate Paid	TS	Voucher A	
	ment applied ter payment (
	rter payment									
	rter payment (rter payment (
	Additional Es	stimated								
	Tax Payn	nents						+		
Paid wit	h extension (r	not later than	4/15/09).							
									2008	1
State				Am	ount Paid	D	ate Paid	TS	Voucher A	
	ment applied ter payment (
•	rter payment	,								
	ter payment (
tin quar	ter payment (aue 1/15/09)								
	Additional Es	stimatod						+		
	Tax Payn									
Paid wit	h extension (r	not later than	4/15/09).							
	1				2					
		Type of Ac	count				of Investment			
		1 = Savings 2 = Checking	3		1 = Checking or saving 2 = Taxpayer's IRA (ne 3 = Spouse's IRA (nex 4 = Health savings acc 5 = Archer MSA	xt year limits) year limits)	6 = Coverdell si 7 = Other 8 = Taxpayer's 9 = Spouse's IF	IRA (currer	t year limits)	
							Hash Total			3, 6

<u>Page</u> 14 **ORGANIZER** US Direct Deposit & Estimates (Form 1040 ES) (cont.) 2008 1040 7.1 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 If "yes" explain any differences in income, deductions, dependents, etc.: Do you expect your 2009 withholding to be different from 2008? Yes If "yes" explain any differences:

<u>Page</u> 15 **ORGANIZER** 10, 13.1, 13.2 Wages, Pensions, Gambling Winnings US 2008 1040 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) Tax Withheld 1=retirement Wages, Tips, Other plan (Box 13) 2007 Social No. Name of Employer (Box c) Medicare State Federal Local Compensation Wages 1=spouse Security (Box 4) (Box 6) (Box 17) (Box 19) (Box 2) (Box 1)

PENSIONS, IRA DISTRIBUTIONS (13.1)

		Distri	ibutio	n coc	le #2	-			Tax W	ithheld		
No.	Name of Payer	Distribu 1=IRA/SE 1=Spou	P/SIN		i l		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Federal (Box 4)	State (Box 10)	Value of all IRAs at 12/31/08	2007 Distribution

GAMBLING WINNINGS (W-2G) (13.2)

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

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

(13.2)	2008 Amount	TS	2007 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

10, 13.1, 13.2

						_
2008	1040	US	Interest & Dividend Income	11.	12)

Please enter all pertinent 2008 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

INTEREST INCOME (11)

		1 4		Interest Income		Tax-Exem	pt Interest	Early	
No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	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	Early Withdrawal Penalty (Box 2)	2007 Interest

DIVIDEND INCOME (12)

				Dividenc	Income		Tax-Exem	pt Interest	-	
No.	Name of Payer	1=tp 2=sp	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.)	Foreign Tax Paid (Box 6)	2007 Dividends

2008 1040 US Miscellaneous Income 14.1

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.

Social security benefits (SSA-1099, bx 5). Medicare premiums paid (SSA-1099). Tier 1 RR retirement benefits (RRB-1099, bx 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.	MISCELLANEOUS INCOME	2008 A	mount	2007 Amount		
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.		Taxpayer	Spouse	Taxpayer	Spouse	
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.	Social security benefits (SSA-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.	Medicare premiums paid (SSA-1099)					
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.	Tier 1 RR retirement benefits (RRB-1099, box 5)					
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.	1=lump-sum election for SS benefits					
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.						
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.	Taxable scholarships and fellowships					
Excess minister's allowance	Jury duty pay					
Alaska permanent fund dividends	Household employee income not on W-2					
Income from rental of personal property	Excess minister's allowance					
Income subject to S/E tax: Other income (1099-MISC, box 3) TAX WITHHELD (not entered elsewhere) Federal income tax withheld	Alaska permanent fund dividends					
Other income (1099-MISC, box 3) TAX WITHHELD (not entered elsewhere) Federal income tax withheld	Income from rental of personal property					
TAX WITHHELD (not entered elsewhere) Federal income tax withheld	Income subject to S/E tax:					
TAX WITHHELD (not entered elsewhere) Federal income tax withheld						
TAX WITHHELD (not entered elsewhere) Federal income tax withheld						
TAX WITHHELD (not entered elsewhere) Federal income tax withheld						
TAX WITHHELD (not entered elsewhere) Federal income tax withheld						
TAX WITHHELD (not entered elsewhere) Federal income tax withheld						
TAX WITHHELD (not entered elsewhere) Federal income tax withheld						
Federal income tax withheld	Other income (1099-MISC, box 3)					
Federal income tax withheld						
Federal income tax withheld						
Federal income tax withheld						
Federal income tax withheld						
Federal income tax withheld						
Federal income tax withheld						
Federal income tax withheld						
	TAX WITHHELD (not entered elsewhere)					
	Federal income tax withheld					
Local income tax withheld						

2000	10/		1:5	C1-1 C 1	-IT- D (' '	1		rage
8008	104	10	US	State & Loc	cal Tax Refunds / I	Jnemploym	ent Compensat	tion 14.2
			Ple	ease add, chang Be s	ge or delete 2008 info sure to attach all 1099	rmation as app -G forms.	oropriate.	
				TAX REFUND IMPENSATIO)S / DN (Form 1099-G)	2008 1099-	-G Amount	
		Nam	e of payer				a / illount	
		Unei		ompensation:				
		State	e and local re					
			State and I	local income tax ref	und, credit or offsets (Box 2)		
					ınd			
No.					(Box 3)			
				ax withheld (Box 4)				
		Таха	able grants: Federal tay	vable amount (Roy (5)			
					ent			
		Agri	culture paym					
					e (Box 8)			
		Otat	, income tax	Withincla		· I		
		Nam	e of payer					
		1=sp	ouse					
		Unei		ompensation:				
		Stat	2008 Overp e and local re					
		Stati			und, credit or offsets (Box 2	,		
					ınd			
No.			Tax year fo	or box 2 if not 2007	(Box 3)			
				ax withheld (Box 4)				
		Taxa	able grants:		~ `			
					5)			
		Agri	State taxat culture paym		CIIL			
		, .g						
					e (Box 8)			
		State	e income tax	withheld				

2008 1040 US Education Distributions (ESA's and QTP's) 14.3

Please enter all pertinent 2008 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.

	AND QTP'S (Form 1099-Q)	2008 Amount	2007 Amount
	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)		
No.	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:		
	2008 contributions to this ESA		
	Value of this account at 12/31/08 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/07.		
	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)		
No			
No.	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:		
	2008 contributions to this ESA		
	Value of this account at 12/31/08 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/07.		
	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)		
No.	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:		
	2008 contributions to this ESA		
	value of this account at 12/31/08 (bius outstanding rollovers)		1

	1040	US	Business Income (Schedu	le C)	No.	16
	Please ei	nter all pe	rtinent 2008 amounts. Last year's amo	ounts are provided fo	r your reference).
GEN	NERAL IN	FORMA ¹	TION			
Princi	pal business/p	rofession				
Princi	pal business c	ode				
Busine	ess name, if d	ifferent from	Form 1040			
Busine	ess address, it	f different fro	m Form 1040			
City, s	state, ZIP code	e, if different	from Form 1040			
Other	accounting m	ethod				
Accou	ınting method:	1=cash, 2=	accrual			
Invent	tory method:	1=cost, 2=lov	ver c/m, 3=other			
1=cha	inge of invento	ory method				
			pusiness			
	-		oloyee			
			ıt tax		_	
			torial income producing factor			
			terial income producing factor			
			company			
		ca nasy				
INC	OME			2008 Amount	2007 Amo	unt
Gross	receipts or sa	les (Form 10	99-MISC, box 7)			
Returr	ns and allowar					
	ns and allowar income:		· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·			
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			· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·			
Other	income:	nces				
Other	ST OF GO	OODS SO	OLD			
Other CO:	ST OF GC	ODS SO	DLD			
COS Invent	ST OF GO tory at beginni	ODS SO	DLD ar.			
COS Invent Purcha	ST OF GO tory at beginni asses	OODS SO	DLD			
COS Invent Purch Cost of Cost	ST OF GO tory at beginni ases of items for pe	OODS SO	DLD			
COS Invent Purch: Cost of Material	ST OF GO tory at beginni ases of items for pe	OODS SO	OLD ar			
COS Invent Purch: Cost of Material	ST OF GC tory at beginni ases of items for pe of labor	OODS SO	OLD ar			
COS Invent Purch: Cost of Material	ST OF GC tory at beginni ases of items for pe of labor	OODS SO	OLD ar			
COS Invent Purch: Cost of Material	ST OF GC tory at beginni ases of items for pe of labor	OODS SO	OLD ar			
COS Invent Purch: Cost of Material	ST OF GC tory at beginni ases of items for pe of labor	OODS SO	OLD ar			
COS Invent Purch: Cost of Material	ST OF GC tory at beginni ases of items for pe of labor	OODS SO	OLD ar			
COS Invent Purch: Cost of Material	ST OF GC tory at beginni ases of items for pe of labor	OODS SO	OLD ar			
COS Invent Purch: Cost of Material	ST OF GC tory at beginni ases of items for pe of labor	OODS SO	OLD ar			
COS Invent Purch: Cost of Material	ST OF GC tory at beginni ases of items for pe of labor	OODS SO	OLD ar			

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RGANIZER			Page ZI

2008	1040	US	Business Income ((Schedule C)	(cont.)) No	16 p2
------	------	----	--------------------------	--------------	---------	------	-------

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:		
Other expenses.		

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

2008 1040 US Capital Gains & Losses (Schedule D)

17

If you sold any stocks, bonds, or other investment property in 2008, please list the pertinent information for each sale below or provide a spreadsheet file with this information.

Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity (Box 5)	Description of Property (Box 7)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
								17

80	1040	040 US Installment Sales (Form 6252)				
Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.						
RIO	R YEAR	INSTALI	LMENT SALE	2008 Amount	2007 Amount	
			operty			
[n/d/y)		_	
No.	_)			
			o (.xxxx)			
	<u> </u>	rrent year pin	telpar payments (+ in none)			
	De	scription of pr	roperty			
	Da	te acquired (r	n/d/y)			
No.	Da	te sold (m/d/y)			
) (xxxx)			
	Cu	rrent year prir	ncipal payments (-1 if none)			
			roperty			
N -			n/d/y)		4	
No.			o (.xxxx)			
			ncipal payments (-1 if none)			
	1	·······	<u> </u>			
	De	scription of pr	roperty			
ı	Da	te acquired (r	n/d/y)			
No.			')			
			(xxxx.)			
	Cu	rrent year prir	ncipal payments (-1 if none)			
	Do	scription of pr	roporty			
			opertyn/d/y)			
No.)		-	
) (.xxxx)			
			ncipal payments (-1 if none)			
	De	scription of pr	roperty			
ı			n/d/y)		_	
No.			")			
) (xxxx)			
	Cu	rrent year prii	ncipal payments (-1 if none)			
	Do	scription of pr	roperty			
			n/d/y)			
No.)			
			(XXXXX)			
			ncipal payments (-1 if none)		†	

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2008	1040	US	Sale of Home & Moving Expenses	17, 27
			daio di fidilio di movilia Expolisos	· , , —,

If you sold your home or moved in 2008, please complete the information below.

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 unforseen 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 unforseen 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 - 0/30/08)
miles differ to flow floring (77700 1210700)
(* owned and used property as main home for at least 2 of 5 years before sale)

17, 27

80			•			
	1040	US	Rental & Royalty Income (Schedule E)	No	18	
Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.						
GEN	NERAL IN	IFORMA [*]	TION			
Kind a	of property					
	on of property					
Locati	on or property	<i>.</i>	•			
Perce	ntage of owner	ership if not 1	00% (.xxxx)			
	-	•	r if not 100% (.xxxx)			
	-					
1=nor	passive activi	ity, 2=passive	e royalty			
1=did	not actively p	articipate				
1=rea	l estate profes	ssional				
1=ren	tal other than	real estate				
1=inve	estment					
1=sin	gle member li	mited liability	company			
INC	OME					
			2008 Amount	2007 Amoi	unt	
	,		C, box 1)			
Royali	ties received ((Form 1099-M	/IISC, box 2)			
DIR	ECT EXP	ENSES				
NOTE	: Direct experiental agen	nses are relat	ated only to the rental activity. These include ertising, and office supplies.			
Adver	tisina					
	· ·					
Auto a	and travel (no	t entered else	ewhere)			
Clean	ing and maint	enance				
Comm	nissions					
Carda						
Garue	ning					
	· ·					
Insura	ance					
Insura Legal	anceand professio	onal fees				
Insura Legal Licens Manag	anceand professionses and permingement fees	onal fees ts				
Insura Legal Licens Manag Misce	ance	nal fees ts				
Insura Legal Licens Manag Misce Mortga	anceand professionses and permit gement fees	onal fees ts	s, etc.)			
Insura Legal Licens Manag Misce Mortga Qualif	anceand professionses and permit gement feesllaneousage interest (pried mortgage	onal fees ts	s, etc.).			
Legal Licens Manag Misce Mortga Qualif Exces	ance	onal fees	s, etc.)			
Insura Legal Licens Manaç Misce Mortga Qualif Exces Other	ance	paid to banks, insurance presterest.	s, etc.). emiums where)			
Insura Legal Licens Manag Misce Mortga Qualif Exces Other Painti	ance	ts	s, etc.)emiums			
Insura Legal Licens Manag Misce Mortga Qualif Exces Other Painti	ance	paid to banks, insurance presterest.	s, etc.). emiums where).			
Insura Legal Licens Manag Misce Mortg: Qualif Exces Other Painti Pest of	and professionses and permit gement fees. Illaneousage interest (pried mortgage interest (not eng and decorations)	paid to banks, insurance presterest.	s, etc.) remiums where)			
Insura Legal Licens Manag Misce Mortga Qualif Exces Other Painti Pest of Plumb Repai	and profession ses and permit gement fees. Illaneous	paid to banks, insurance presterest.	s, etc.)			
Insura Legal Licens Manag Misce Mortg Qualif Exces Other Painti Pest of Plumb Repai Suppl	and profession ses and permit gement fees. Illaneous	paid to banks, insurance presterest entered elsewating.	s, etc.). remiums where)			
Insura Legal Licens Manag Misce Mortga Qualif Exces Other Painti Pest o Plumb Repai Suppl Taxes	ance	paid to banks, insurance presterestentered elsewatingrical	s, etc.). emiums where)			
Insura Legal Licens Manag Misce Mortga Qualif Excess Other Painti Pest of Plumb Repai Suppl Taxess Taxes	ance	paid to banks, insurance presterestentered elsewarting	s, etc.). emiums where)			
Insura Legal Licens Manag Misce Mortga Qualif Excess Other Painti Pest o Plumb Repai Suppl Taxes Taxes	ance	paid to banks, insurance presterest. entered elsewating.	s, etc.) remiums where)			
Insura Legal Licens Manag Misce Mortga Qualif Exces Other Painti Pest of Plumb Repai Suppl Taxes Taxes Telepl Utilitie	and profession ses and permit gement fees. Illaneous	paid to banks, insurance presterest. entered elsewarting.	s, etc.). emiums where)			
Insura Legal Licens Manag Misce Mortga Qualif Exces Other Painti Pest of Plumb Repai Suppl Taxes Taxes Telepl Utilitie	and profession ses and permit gement fees. Illaneous	paid to banks, insurance presterest. entered elsewarting.	s, etc.). remiums where).			
Insura Legal Licens Manag Misce Mortg Qualif Exces Other Painti Pest of Plumb Repai Suppl Taxes Telepl Utilitie Wages	and profession ses and permit gement fees. Illaneous	paid to banks, insurance presterest. entered elsewarting.	s, etc.). remiums where).			
Insura Legal Licens Manag Misce Mortg Qualif Exces Other Painti Pest of Plumb Repai Suppl Taxes Telepl Utilitie Wages	and profession ses and permit gement fees. Illaneous	paid to banks, insurance presterest. entered elsewarting.	s, etc.). remiums where).			
Insura Legal Licens Manag Misce Mortg Qualif Exces Other Painti Pest of Plumb Repai Suppl Taxes Telepl Utilitie Wages	and profession ses and permit gement fees. Illaneous	paid to banks, insurance presterest. entered elsewarting.	s, etc.). remiums where).			

18

2008 1040	US	Rental & Royalty Income	e (Sch.	E) (cont.)	No.	18 p2	
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 GA	AS		2	008 Amount	2007 Amo	ount	
Production type (n	renarer use on	ly)	_	oco / uniouni	2007 74110	June	
		ount					
		-1 if none)					
		t, if different (-1 if none)					
VACATION					1		
VACATION	HOIVIE				T		
		arket value					
Number of days pe	ersonal use						
Number of days ov	wned (if optiona	al method elected)					
INDIRECT E	XPENSES	8					
NOTE: Indirect ex These incli	penses are rela	ated to operating or maintaining the dwelling surance, and utilities.	unit.				
		where)					
•							
ŭ							
· ·							
·							
· ·							
		etc.)					
0 0		emiums					
	•						
3 3		here)					
•							
• •							
		nere)					
•							
•							
Other:	·····		<u> </u>		1		
301011							
-							
-			<u> </u>		<u> </u>		

800	1040	US	Farm Income (Schedule F/Fo	rm 4835)	No.	19			
CEN	Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. GENERAL INFORMATION								
GEI	NEKAL IIV	FURIMA	IION						
	pal product oyer ID numbe								
Accounting	inting method: puse, 2=joint . m rental (Form p insurance pi not "materiall not actively p I estate profes gle member lin	1=cash, 2=a 	ccrual ion (Schedule F only) rm 4835 only) 4835 only) company. (x) (Form 4835 only).						
	RM INCOM								
Cash Si Cash Si Accru Si In Ca In Other Ta Ta Ta Ta Ta Ta Ta	method: ales of livestor ost or basis of ales of livestor al method: ales of livestor ventory of live ost of livestor ventory of live farm income: otal cooperative axable coopera otal agricultura axable agricult ommodity crec otal commodity axable commo otal crop insur axable crop insur axable crop insur	ck, etc. bought livestock, etc. ck, etc. you rack, produce, gestock, etc. at ck, etc. purchastock, etc. at edistribution at ive distribution at live distrib	nt for resale. c. bought for resale. grains, etc. beginning of year. sed end of year. s. ions yments. payments. rted under election forfeited or repaid ans forfeited or repaid ds received in 2008 eeds received in 2008 eeds deferred from 2007 income.	2008 Amount	2007 Amo	bunt			
	income:								

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Farm Income (Sch. F/Form 4835) (cont.) 2008 1040 US 19 p2 No.

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

FARM EXPENSES	2008 Amount	2007 Amount
Car and truck expenses (not entered elsewhere)		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel, and oil		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Labor hired		
Pension and profit sharing - contributions		
Pension and profit sharing plans - admin. and education costs		
Rent - vehicles, machinery, and equipment (not entered elsewhere)		
Rent - other		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes (not entered elsewhere)		
Utilities		
Veterinary, breeding, and medicine		
Other expenses:		T
		L
PREPRODUCTIVE PERIOD EXPENSES (also enter above)		
`	7	T
Capitalized preproductive period expenses		

ORGANIZER

ORGANIZER						Page 29
2008	1040	US	Partnersh	ip and S corporat	ion Information	20.1,20.2
			or delete 2008 in	nformation as appropriat	e. Be sure to attach all S	Schedule K-1s.
No.	lo. Name of Partnership		ship	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
S CO		FION INF	ORMATION (2	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
						20 1 20 2

2008	1040	US	Estate or Trust and REMI	C Information	20.3,20.4				
	Please add, change or delete 2008 information as appropriate. Be sure to attach all Schedule K-1s and Schedule Qs.								
ESTA	ATE OR T	RUST IN	FORMATION (20.3)						
No.		Nar	me of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number				
REM	IC INFOR	MATION	(20.4)						
No.	. Name of REMIC				Employer Identification Number				

ORGANIZER				Page	3 ⊥
2008	1040	US	Asset Disposition List	22	

If you disposed of any business assets in 2008, please enter date sold, sales price, and expenses of sale. For real estate transactions, be sure to attach all 1099-S forms and closing statements.

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale

Asset Acquisition List 2008 1040 US **22** p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2008, please enter all pertinent information below.

			Pren	arer Use	Only			Preparer Us	se Only
No.	Description of Property	Related Business or Activity	Form	No. of Form		Date Placed in Service	Cost or Basis	Current Section 179	Method
		l	l			<u> </u>		22	2 _{p2}
								l .	

Please enter all pertinent 2008 amounts. Last year's amounts are provided for GENERAL INFORMATION Description of vehicle 1=no evidence to support your deduction. 1=no written evidence to support your deduction. 1=no written evidence to support your deduction. 1=no other 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 Business mileage (1/1/08 - 6/30/08). Business mileage (7/1/08 - 12/31/08). Commuting mileage. 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).	2007 Am	
Description of vehicle 1=no evidence to support your deduction. 1=no written evidence to support your deduction. 1=no other vehicle is available for 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 Business mileage (1/1/08 - 6/30/08). Business mileage (7/1/08 - 12/31/08). Commuting mileage. 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)	2007 Am	ount
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 Business mileage (1/1/08 - 6/30/08). Business mileage (7/1/08 - 12/31/08). Commuting mileage. 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)		
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Number of months your job required a vehicle (if not 12 months). AUTOMOBILE MILEAGE 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. 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).		
AUTOMOBILE MILEAGE 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. 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)		
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. 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)		
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. 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)		
Business mileage (7/1/08 - 12/31/08) Commuting mileage. 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)		
Commuting mileage. 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)		
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)		
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)		
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)		
Tires. Insurance. Miscellaneous. Auto license (other than personal property taxes) Personal property taxes (based on car's value)		
Insurance. Miscellaneous. Auto license (other than personal property taxes) Personal property taxes (based on car's value)		
Miscellaneous. Auto license (other than personal property taxes) Personal property taxes (based on car's value)		
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 of 1 of 11 w-2 (2100)		

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2008 1040 US Adjustments to Income 24

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

TRADITIONAL IRA CONTRIBUTIONS	2008 Amount		mount
lax	ayer Spouse	Taxpayer	Spouse
RA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older)			
Contributions made to date			
=covered by plan, 2=not covered			
2008 payments from 1/1/09 to 4/15/09			
ROTH IRA CONTRIBUTIONS			
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 (KE			
Profit-sharing (25%/1.25) contributions you			
nade 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)			
ndividual 401k: SE elective deferrals (except Roth) (1=max.)		_	
ndividual 401k: SE designated Roth contributions (1=max.)			
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)			
lury duty pay given to employer			
Expenses from rental of personal property			
Other adjustments to income:	•		
Alimony paid: <u>Taxpayer</u>	Spouse		
Recipient's first name	Spouse		
Recipient's last name			
Recipient's SSN			
Amount paid		2007 amt:	

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Itemized Deductions US 2008 1040 25

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

IOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.	2008 Amount	TS	2007 Amount
rescription medicines and drugs	2006 Amount	15	2007 Amount
loctors, dentists and nurses.			
lospitals and nursing homes			
isurance premiums not entered elsewhere (excl. long-term care & amts. paid w/pre-tax dollars).			
ong-term care premiums - taxpayer.			
ong-term care premiums - spouse.			
nsurance reimbursement (enter as a positive number)			
odging 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:			
		\bot	
TAVES DAID (OLD and Local William and 2000 and south and and and	:- >		
TAXES PAID (State and local withholding and 2008 estimates are automated	ic.)		
tate income taxes - 1/08 payment on 2007 state estimate			
tate income taxes - paid with 2007 state extension			
tate income taxes - paid with 2007 state return			
tate income taxes - paid for prior years and/or to other state			
tity/local income taxes - 1/08 payment on 2007 city/local estimate			
ity/local income taxes - paid with 2007 city/local extension			
ity/local income taxes - paid with 2007 city/local return			
TALES AND LISE TAYES DAID			
SALES AND USE TAXES PAID			
tate and local sales taxes			
lse taxes paid on 2008 purchases			
lse taxes paid with 2007 state return.			
axes paid on vehicles, boats, and aircraft			
and paid on verifices, bodies, and aircraft			
OTHER TAXES PAID			
leal estate taxes - principal residence:			
principal residence.			
L			
had askets to an annual to be left from lower to			
leal estate taxes - property held for investment			
ersonal property taxes (including automobile fees in some states. Provide a copy of tax notice)		-+-	
oreign income taxes			
Other taxes:			
		1 1 -	

2008 1040 US Itemized Deductions (continued) 25 p2

me 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			
oints not reported on Form 1098:			
·			
ortgage insurance premiums on post 12/31/06 contracts (Box 4)			
vestment interest (interest on margin accounts):			
· ·····			
assive interest			
ertain home mortgage interest included above (6251)			
ASH CONTRIBUTIONS OTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date	e(s), and contribution am		
OTE: No deduction is allowed for cash or check contributions unless the dono	e(s), and contribution am		
DTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date nurches, schools, hospitals, and other charitable organizations (50% limitation	e(s), and contribution am		
DTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date nurches, schools, hospitals, and other charitable organizations (50% limitation	e(s), and contribution am		
DTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date nurches, schools, hospitals, and other charitable organizations (50% limitation	e(s), and contribution am		
DTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date nurches, schools, hospitals, and other charitable organizations (50% limitation	e(s), and contribution am		
DTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date nurches, schools, hospitals, and other charitable organizations (50% limitation Contributions by cash or check:	e(s), and contribution am		
DTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date nurches, schools, hospitals, and other charitable organizations (50% limitation Contributions by cash or check: Contributions above made for Midwestern disaster relief.	e(s), and contribution am		
DTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date nurches, 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).	e(s), and contribution am		
DTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date nurches, 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)	e(s), and contribution am		
DTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date nurches, 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).	e(s), and contribution am		
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).	e(s), and contribution am):	ount(s).	
DTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date nurches, 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).	e(s), and contribution am):	ount(s).	
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).	e(s), and contribution am):	ount(s).	
DTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date nurches, 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).	e(s), and contribution am):	ount(s).	
DTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date nurches, 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).	e(s), and contribution am):	ount(s).	
DTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date nurches, 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).	e(s), and contribution am):	ount(s).	
DTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date nurches, 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).	e(s), and contribution am):	ount(s).	
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). Sterans' organizations, fraternal societies, nonprofit cemeteries, and certain process of the contributions by cash or check:	e(s), and contribution am):	ount(s).	
DTE: No deduction is allowed for cash or check contributions unless the dono from the donee, showing the name of the organization, contribution date nurches, 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). Alternals' organizations, fraternal societies, nonprofit cemeteries, and certain procontributions by cash or check: Volunteer expenses (out-of-pocket).	e(s), and contribution am):	ount(s).	
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). Sterans' organizations, fraternal societies, nonprofit cemeteries, and certain process of the contributions by cash or check:	e(s), and contribution am):	ount(s).	

2008 1040 US Itemized Deductions (continued) 25 n3

UO	1040	03	itemized Deductions	(continued)		25
	Please e	enter all pe	ertinent 2008 amounts. Last ye	ar's amounts are provide	ed for vo	ur reference.
NO		-	-			
	NCASH C			and the state of t	:	
NOTE	that are no	≥6 if total noi it in <i>aood</i> use	ncash contributions are over \$500. No d d condition or better. In addition, a ded	eduction is allowed for contribut luction for any item with minima	ions of clot I monetary	ning and nousehold item value may be denied.
		good acc	a containen en zetten in adamen, a aca	action for any normal manner.		value may be demeal
50%	limitation (see	e above):		2008 Amount	TS	2007 Amount
30%	limitation (see	e above):				
30%	capital gain p	roperty (gifts	of capital gain property to 50% limit org	IS.):		
20%	capital gain p	roperty (aifts	of capital gain property to non-50% limi	t orgs.):		
	J J J-	-1 9 (3				
	-					
	7					
	-					
			EDUCTIONS (subject to 2% AGI I	·		
	•			<u> </u>		
profe	ssional subsc	riptions, emp	expenses (uniforms and protective clothic loyment agency fees, and certain edu. e	ny, expenses):		
•			, , , , , , , , , , , , , , , , , , ,			
	-					
				-		
Invac	tment expens	Α.				
IIIVCS	stillerit experis					
	-					
	-					
				-		
_		1. 6		_		_
Safe	deposit box re	ental				
Misce	ellaneous dedi	uctions (2% A	AGI) (certain legal and accounting fees,			
and o	custodial fees)):	-		1 1	
	-					
	<u></u>					

25 p3

2008 1040 US Itemized Deductions (continued) 25 p4

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

THER MISCELLANEOUS DEDUCTIONS	2008 Amount	TS	2007 Amount
ate tax, section 691(c)			
er miscellaneous deductions:			
_			
	_		
	_		
	<u> </u>		
-	_		
	_		
	_		
-			
		1 1	

Noncash Contributions (Form 8283) 2008 1040 US

26

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.

DOI	NΛ	LED	PDC	PERT	VINIEC	DMA	TION
IJ	VA.	IFIJ	rr.	<i>)</i>	T HNEC	<i>)</i>	a i ivjiv

DONAIL	D PROPERTY INFORMATION
	Name of charitable organization (donee)
	Street address
	City, state, ZIP code
	1=spouse, 2=joint
	Property description
No.	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)
	Name of charitable organization (donee)
	Street address
	City, state, ZIP code
	1=spouse, 2=joint
	Property description
No.	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)
	Name of charitable organization (donee)
	Street address
	City, state, ZIP code
	1=spouse, 2=joint
	Property description
No.	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)

How Property was Acquired

1

- 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.

26

2008	1040	US	Business Use of Home (Form 8829)	No.	29
	IVTV	00	Dusiness use of Hollie (Follif oces)		23

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:		1
other mandet expenses.		
		1
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.	е	
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:		

80	1040	US	Employee/Vehicle Bus. Exp	p. (Form 2106)	No	•
	Please e	nter all pei	tinent 2008 amounts. Last year's amo	unts are provided for y	our reference.	
GEN	IERAL IN	IFORMAT	ΓΙΟΝ			
Occup	ation, if differ	ent from Forn	n 1040			
Number 1=spor	er of form (1= use	first Schedule	e C, 2=second, etc.)			
EMP	PLOYEE	BUSINES	SS EXPENSES	2008 Amount	2007 Amou	nt
Reimb 1=Dep Local t Travel Reimb	ursements for partment of Tr transportation expenses wh	r meals and e ansportation (bus, taxi, tradile away from tot included on	s			
- - - -						
- - -						

2008	1040	US	Vehicle Expenses (Form 2	106) (cont.)	No.	30 p2
	Please ei	nter all pe	rtinent 2008 amounts. Last year's amo	ounts are provided for	your reference	e.
VEH	HICLE INF	ORMAT	ION	2008 Amount	2007 Amo	ount
1=veh	nicle used prim	arily by more	e than 5% owner			
			y personal use			
1=no	other vehicle is	s available fo	or personal use			
1=no	evidence to su	ipport your d	eduction			
1=no	written eviden	ce to suppor	t your deduction			
VEH	HICLE 1					
Descr	ription of vehic	le				
	•					
	· ·		/08)			
			1/08)			
Comn	nuting mileage					
	3 3		te			
			siness use (if not 12)			
Parkir	ng fees and tol	ls (business	portion only)			
	Il expenses:	`				
G	iasoline, lube,	oil				
R	epairs					
Ti	ires					
In	nsurance					
M	liscellaneous					
А	uto license (ot	her than pers	sonal property taxes)			
Р	ersonal proper	ty taxes (bas	sed on car's value)			
In	nterest (car loa	n) (for Sched	dule C, E & F)			
V	ehicle rent or I	ease payme	nts			
In	nclusion amour	nt (enter as p	oositive)			
V	alue of employ	er-provided	vehicle on Form W-2 (2106)			
VEH	HICLE 2		_			
Descr	ription of vehic	le				
	•					
	-					
			/08)			
			1/08)		_	
					_	
	,	•	te			
			siness use (if not 12)			
	-	is (business	portion only)			
	Il expenses:	oil				
			······			
	•					
			sonal property taxes).			
			sed on car's value).			
		-	dule C, E and F)			
			nts			
			positive)			
			vehicle on Form W-2 (2106)			

Please enter all pertinent 2008 information. GENERAL INFORMATION 1=spouse.	08	1040	US	Foreign Income Exclu	No.	31.1			
Type of exclusion revoked if revoked in earlier year (if applicable): Tax year revocation was effective for days during tax year at separate foreign residence if maintained due to adverse living conditions (if applicable):	Please enter all pertinent 2008 information.								
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 street address. Foreign region. Foreign postal code. Foreign postal code. Foreign fountry. 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 Number of days during tax year at separate foreign residence if maintained due to adverse living conditions (if applicable): Number of days during tax year at separate foreign residence if maintained due to adverse living conditions (if applicable):	GEN	IERAL IN	IFORMA [®]	TION					
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 postal code. Foreign postal code. Foreign postal code. Foreign feelon. Foreign fountry 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 Number of days during tax year at separate foreign daddress (if applicable): Number of days during tax year at separate foreign address (if applicable):	•								
City									
Postal code Country. Employer: Name. U.S. street address U.S. city U.S. state. U.S. ZIP code Foreign street address. Foreign region. Foreign region. Foreign postal code. Foreign postal code. 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 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)									
Country. Employer: Name. U.S. street address U.S. city U.S. state. U.S. ZIP code Foreign street address. 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 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)	Re	gion							
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Name. U.S. street address. U.S. city U.S. state. U.S. ZIP code Foreign street address. Foreign street address. Foreign street address. Foreign freet address. 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 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)		-							
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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): 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)	Fo	reign postal o	code						
Type of exclusion revoked if revoked in earlier year (if applicable): 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)	Fo	reign country							
Type of exclusion revoked if revoked in earlier year (if applicable): 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)	En 3=	nployer type: self, 4=foreig	1=foreign e n affiliate of	entity, 2=U.S. company, U.S. company, 5=other					
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)	En	nployer type,	if other						
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)									
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)	Type o	of exclusion re	evoked if revo	oked in earlier year (if applicable):	Tax year revocation was effective				
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adverse living conditions (if applicable): Number of days during tax year at separate foreign address (if applicable)	Countr	y of citizensh	ip						
adverse living conditions (if applicable): Number of days during tax year at separate foreign address (if applicable)	City ar	nd country of	separate fore	eign residence if maintained due to					
Tax homes(s) during tax year: Dates tax home(s) were established (m/d/y)	advers	e living condi	itions (if appl	icable):	foreign address (if applicable)				
Tax homes(s) during tax year: Dates tax home(s) were established (m/d/y)	-								
Tax homes(s) during tax year: Dates tax home(s) were established (m/d/y)						-			
Tax homes(s) during tax year: Dates tax home(s) were established (m/d/y) Established (m/d/y)									
established (III/U/y)	Tay ho	mes(s) durin	a tax vear:		Dates tax home(s) were				
	Tax 110	incs(s) dumi	g tax year.		established (m/d/y)				

	2008 Amount	2007 Amount
Qualified housing expenses		
Location of housing expenses:	Qualifying days in location (m	nultiple locations only)

Travel Type

1 = Travel to U.S. (default)

2 = Travel to foreign country

3 = Travel to restricted country

Enter a	nter all po amounts i	ertinent 2008 amounts and attach all			
GN WAC		n U.S. dollars only. Last year's amou	W-2 forms, or other wa unts are provided for yo	ge statements. ur reference.	ı
	GES, SA	LARIES, TIPS	2008 Amount	2007 Am	ount
-	-				
	•				
ne tax withh	neld (Box 19	ì			
ng and over	seas differe	ntial			
oses:					
lodging prov excludable	vided for the under sectio	convenience of the n 119)			
reign Ea	rned Inco	me			
	nployer (Bo is, other come come tax with rity tax withheld ne tax withhele ine tax withhele ine tax withhele ing) certies or face ces and F ing and over oses:	nployer (Box c)	Inployer (Box c) Is, other compensation (Box 1) Is of the compensation (Box 2) In the tax withheld (Box 2) In the tax withheld (Box 4) In the tax withheld (Box 17) In the tax withheld (Box 19) Income Ing) Income Ing) Income Ingle Income In	Inployer (Box c) In other compensation (Box 1) In other compensation (Box 2) In other compensation (Box 2) In other compensation (Box 2) In other tax withheld (Box 4) In other tax withheld (Box 6) In other tax withheld (Box 19) In other tax withhel	Inployer (Box c) In other compensation (Box 1) In other compensation (Box 1) In other compensation (Box 2) In other compensation (Box 2) In other compensation (Box 4) In other compensation (Box 6) In other compensation (Box 17) In other compensation (Box 19) In other compensation (Box 19) In other compensation (Box 19) In other compensation (Box 1) In other compen

31.2

Total days worked before and after foreign assignment..... Foreign days worked before and after foreign assignment..... 2008 | 1040 | US | Health Savings Accounts (8889) | 32.1

Please enter all pertinent 2008 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 2008, a high deductible health plan is one with an annual deductible that is not less than \$1,100 for self-only coverage or \$2,200 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,600 for self-only coverage or \$11,200 for family coverage.

	2008 Amount		2007 A	mount
	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				

Child and Dependent Care Expenses (Form 2441) 2008 1040 US 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. 2008 Amount 2007 Amount **DEPENDENT CARE EXPENSES (33.1)** Taxpaver **Spouse** Spouse Taxpayer Dependent care expenses incurred but not paid in 2008 . . . PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT Last name...... Date of birth (m/d/y)..... Social security number..... No. Qualified dependent care expenses incurred and paid in 2008....... 2007 amt: Last name..... Date of birth (m/d/v)..... No. Social security number..... Qualified dependent care expenses incurred and paid in 2008........ 2007 amt: Last name...... Date of birth (m/d/y)..... Social security number..... No. Qualified dependent care expenses incurred and paid in 2008........ 2007 amt: 1=spouse, 2=joint PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2) Name of provider..... No. City, state, ZIP code..... Identification number (SSN or EIN)..... Amount paid to care provider in 2008..... 2007 amt: Name of provider..... No. City, state, ZIP code..... Identification number (SSN or EIN)..... Amount paid to care provider in 2008. 2007 amt:

33.1,33.2

2008	1040	US	Qualified Adoption Expense	es (Form 8839)	3
FI II	Please er GIBLE C	•	tinent 2008 information. Last year's amo	unts are provided for	your reference.
	GIBLE C		1	2008 Amount	2007 Amount
No.	Las Ide Da' 1=1 1=2 () E	est name entification nu te of birth (m. born before 1 special needs foreign child. adoption was Qualified Adoption ixpenses Paid in entification 20 20	mber. /d/y). 991 and was disabled. s child. not final in 2008. 007 for adoption not finalized by end of 2008. 007 and 2008 for adoption finalized in 2008. 008 for adoption finalized in 2008. 008 for adoption finalized before 2008. 009 for adoption finalized before 2008. 010 for adoption finalized before 2008.		
No.	Las Ide Da' 1=1 1=5 1=1 () E	st name	mber. /d/y) 991 and was disabled s child. not final in 2008. 107 for adoption not finalized by end of 2008. 107 and 2008 for adoption finalized in 2008.		

	Identification	number	
	Date of birth	(m/d/y)	
	1=born befor	e 1991 and was disabled	
	1=special ne	eds child	
No.	1=foreign chi	ld	
	1=adoption v	gas not final in 2008	
	Qualified	2007 for adoption not finalized by end of 2008	
	Adoption	1997-2001 for adoption of foreign child finalized in 2008	
	Expenses Paid in	2007 and 2008 for adoption finalized in 2008	
	raiu III	2008 for adoption finalized before 2008	
	1-000000 2-	-ioint	

1=spouse, 2=joint.

Last name.....

2008 1040 US Education Credits / Tuition Deduction

38

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
		1=taxpayer, 2=spouse		
	Student	First name		
	Info.	Last name		
No.		Social security number		
	1=hope cred	dit, 2=lifetime learning credit		
	Qualified tui (net of refur	ition and fees paid in 2008 and or assistance and not entered elsewhere)		
	Amount of p	orior year refund or assistance*		
		1 0		
		1=taxpayer, 2=spouse		
	Student Info.	First name		
	ı """".	Last name.		
No.	J	Social security number		
	I=hope cred	dit, 2=lifetime learning credit		
	Qualified tui (net of refur	ition and fees paid in 2008 and or assistance and not entered elsewhere)		
	Amount of p	orior year refund or assistance*		
		T		
		1=taxpayer, 2=spouse		
	Student	First name		
	Info.	Last name		
No.		Social security number		
	1=hope cred	dit, 2=lifetime learning credit		
	Qualified tui (net of refur	ition and fees paid in 2008 and or assistance and not entered elsewhere)		
	Amount of p	prior year refund or assistance*		
		1=taxpayer, 2=spouse		
	Student	First name		
	Info.	Last name		
No.]	Social security number		
	1=hope cred	dit, 2=lifetime learning credit		
	Qualified tui	ition and fees paid in 2008 and or assistance and not entered elsewhere)		
	(net of refur	nd or assistance and not entered elsewhere)		
	Amount of p	orior year refund or assistance*		
		1		
		1=taxpayer, 2=spouse		
	Student Info.	First name		
	1	Last name		
No.	J	Social security number		
	1=hope cred	dit, 2=lifetime learning credit		
		ition and fees paid in 2008 nd or assistance and not entered elsewhere)		
	Amount of r	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.

2008 1040 US Household Employment Taxes (Schedule H)

42

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

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of \$1,600 or more in 2008; whousehold employee; or paid total cash wages of \$1,000 or more in any calendar complete the following:	withheld federal income tax of quarter of 2007 or 2008 to h	during 2008 for any ousehold employees, please
Employer identification number.		
1=spouse, 2=joint		
Social security, Medicare and income taxes:	2008 Amount	2007 Amount
1=paid any one employee cash wages of \$1,500 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Advance earned income credit payments		
Taxes withheld from state disability payments		
Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008.		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/09		
1=all wages taxable for FUTA were also taxable for state unemployment.		
Name of state		
State reporting number		
Contributions paid to state unemployment fund		

80	1040	US	Parent's Election to Repor	t Child's Inc.	No.	44
	Ple	ase enter	all pertinent 2008 amounts & attach al	II 1099-INT and 1099-D	IV forms.	
	L DIC INE		Last year's amounts are provided fo	r your reference.		
CHI	LD'S INF	JRIVIATIO	JN			
	name					
	iame					
	security numl					
	of birth (m/d/y) ntaxable to fed					
	ntaxable to led					
INII	ERESI IN	COME (I	Form 1099-INT)			
Banks	s, credit unions	s, etc. (Box 1):	2008 Amount	2007 Amo	unt
-						
		-1- /	(Day 2)			
U.S. b	onds, Γ-bills,	etc. (nontaxa	able to state) (Box 3):			
-						
Tay-ev	xempt interest					
	•					
	•					
Adjust	tments:					
No	ominee distribi	ution				
Ad	ccrued interest					
Ta	ax-exempt inte	rest (1099-IN	NT in error)			
	,					
	•					
Foreig		authority ove	r foreign account			
		-				
	ŭ	-	ved distribution from foreign trust			
			interest (included above) (6251)			
DIVI	IDEND IN	COME (F	Form 1099-DIV)			
	ordinary divide	•	·			
,	,	(= = //				
-						
Qualif	ied dividends	(Box 1b)				
Total	capital gain dis	stributions (B	3ox 2a):		1	
-						
		1050	(D 0h)			
			(Box 2b).			
	5 (,				
	xempt interest	,				
	•					
	·					
Nomir	nee distribution	is:				
Oı	rdinary divider	ıds				
Qı	ualified divider	nds				
Ca						
		1 12 2 1 1	s included above		i	

2008 1040 US Topical Index

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ORGANIZER Page 54 2008 1040 US **Tax Organizer Tax Return Appointment** McGOVERN GARRY, LLC 786 Mountain Boulevard, Suite 100 Watchung, NJ 07069-6268 Date: Telephone number: (908) 668-1040 Time: Fax number: (908) 668-1042 Location: E-mail address: contact@mcgoverngarryllc.com This tax organizer will assist you in gathering information necessary for the preparation of your 2008 tax return. Please enter all pertinent 2008 information. **CLIENT INFORMATION** Taxpayer 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 Home phone Work phone Work extension..... E-mail address In care of Street address..... Apartment number... Address State..... ZIP code..... **DEPENDENTS** Dependent No. Dependent No. First name Last name Title/suffix..... Date of birth (m/d/y). Social security number . . Relationship..... Months lived at home. . . . Dependent No. Dependent No. Title/suffix...... Date of birth (m/d/y). Social security number . . Relationship..... Months lived at home. . . .

2008	1040	US	Tax Organizer		
WAG	a GES, SALA	_	ase enter all pertinent 2008 inforn ent form for an item, check the bo TIPS	nation. If you have attached ox and do not enter a 2008	d amount.
	oyer name:			2008 Amount	2007 Amount
				Attach Forms W-2	
	REST INC	OME			
				Attach Forms 1099-INT	
	DEND INC	OME			
Payer	name:			Attach Forms 1099-DIV	
Payer	name:		V-2G	Attach Forms 1099-R & W-2G	
ОТЦ	· ·		DRMS - INCOME		
	Form 1099-B Form 1099-M	- Sales of sto ISC - Miscella	ck (also include transaction history) neous income	Attach Fo	rms 1099
	Form 1099-G	- State tax re	funds	Attach Forms 1099	
Spous	Form SSA-10 Form 1099-G se: Form SSA-10	- Unemploym 99 - Social se	curity benefitsent compensation	Attach Forms 1099 Attach Forms 1099	
	CELLANEC	US INCOM	ent compensation		
Other	Spouse: Ali	mony received	d		

80	1040	US	Tax Organizer		
RETI	REMENT P	LAN CON	TRIBUTIONS	2008 Amount	2007 Amount
			outions (1=maximum)		
			s (1=maximum)		
			insurance premiums		
Spouse			outions (1=maximum)		
орошос			s (1=maximum)		
			insurance premiums		
			ORMS - DEDUCTIONS interest		
_			lated expenses	Attach Forms 1098	
ADJU	JSTMENTS	TO INCO	ME		
Taxpay					
Self	f-employed SEP,	SIMPLE, & quali	fied plan contributions (1=maximum)		
Ed	ucator expens	ses			
Ex	penses from	rental of pers	sonal property		
Oth	her adjustmer	nts to income	:	,	
Alii	mony paid - F	Recipient nan	ne & SSN		
Spouse	e:			,	
Self	f-employed SEP,	SIMPLE, & quali	fied plan contributions (1=maximum)		
Ed	ucator expens	ses			
Ex	penses from	rental of pers	sonal property		
Oth	her adjustmer	nts to income	:	,	
Alii	mony paid - F	Recipient nan	ne & SSN		
MEDI	CAL AND	DENTAL E	EXPENSES		
			S		
	'				
		_			
	•		·····		
-	•	•	ayer		
-		•	se		
			ortation expenses		
			- 6/30/08)		
			- 12/31/08)		
otner:					
	-				
TAXE	S PAID				
State in	ncome taxes	- 1/08 payme	ent on 2007 state estimate		
State in	ncome taxes	- paid with 20	007 state extension		
State in	ncome taxes	- paid with 20	007 state return		
State in	ncome taxes	- paid for prid	or years and/or to other states		
Otato II					

ORGANIZER Page 57 **Tax Organizer** 2008 1040 US **TAXES PAID (continued)** 2008 Amount 2007 Amount 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..... State and local sales taxes..... Sales taxes paid on vehicles, boats, and aircraft..... **Attach Tax Notice** Personal property taxes (including automobile fees in some states) . . . **INTEREST PAID** Home mortgage interest and points paid: Attach Forms 1098 Home mortgage interest not on Form 1098 (include name, SSN, & address of payee): Points not reported on Form 1098: Mortgage insurance premiums on post 12/31/06 contracts..... Investment interest (interest on margin accounts): Passive interest **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). Volunteer expenses (out-of-pocket)..... NONCASH CONTRIBUTIONS NOTE: 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. **MISCELLANEOUS DEDUCTIONS** Union and professional dues..... Tax return preparation fee..... Safe deposit box rental..... Unreimbursed employee expenses:

Other:

2008 US **Client Information** 1040 1

McGOVERN GARRY, LLC

786 Mountain Boulevard, Suite 100

Watchung, NJ 07069-6268 Telephone number: (908) 668-1040 Fax number: (908) 668-1042

E-mail address: contact@mcgoverngarryllc.com **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	Filing status (table)
Filing Status	1=married filing separate and lived with spouse
	Year spouse died, if qualifying widow(er) (2006 or 2007)
	First name and initial
	Last name
	Title/suffix
Taxpayer	Social security number
тахраует	Occupation
	Date of birth (m/d/y)
	Date of death (m/d/y)
	1=blind
	First name and initial
	Last name
	Title/suffix
Spouse	Social security number
Ороизс	Occupation
	Date of birth (m/d/y)
	Date of death (m/d/y)
	1=blind
	In care of
	Street address
Address	Apartment number
7 ladi 000	City
	State
	ZIP code
Foreign	Region
Address	Postal code
	Country
1	

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying widow(er)

2008	1040	US/NJ	Client Information (continued)	1 p2
			Please add, change or delete information for 2008.	
CLIE	NT INFO	RMATION		
Taxpayer Contact Information	Work phone Work exten Daytime ph Mobile phone	esionone (table)	Daytime 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =	e Phone Work Home Mobile
	Fax numbe E-mail addr	ee		
Spouse Contact Information	Work phone Work exten Daytime ph Mobile phor Pager numl Fax numbe	esionone (table) neoer		
State Info.		nicipal code		
				1 p2

2008 1040 US Dependents

2

Please add, change or delete information for 2008.

DEPENDENTS

	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		
1	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		
Ciaimed by: 1-taxpayer, 2-spouse	Dependent	Dependent
First name	Берепаетт	Берепаен
Last name		
Title/suffix.		
Date of birth (m/d/y).		
Social security number		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse	Danandant	Danandant
Fixel name	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		

Type of Dependent

- 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

Earned Income Credit

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled age 19 or older
- 4 = Force
- 5 = Suppress

2008	1040	US	Miscellaneous Questions				
	If an	y of the fo appi	llowing items pertain to you or your spouse for 2008, please check the ropriate box and provide additional information if necessary.				
YES	NO	PERSONAL INFORMATION Did your marital status change during the year?					
			address change during the year?				
		•	u be claimed as a dependent on another person's tax return for 2008?				
		DEPE	NDENTS				
		Were the	re any changes in dependents?				
		Were any	of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2008?				
			have any children under age 19 on January 1, 2009, or full-time students under age 24, with interest and income in excess of \$900, or total investment income in excess of \$1,800?				
		INCO					
			eceive unreported tip income of \$20 or more in any month?				
			ash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for your spouse, or your dependents?				
		Did you r	eceive any disability income?				
		Did you h	nave any foreign income or pay any foreign taxes?				
		Did you s	HASES, SALES AND DEBT start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S on, trust, or REMIC?				
			ourchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.),or convert any assets to business use?				
		Did you b	buy or sell any stocks, bonds or other investment property in 2008?				
		Did you p	ourchase, sell, or refinance your principal home or second home, or did you take a home equity loan?				
			add energy efficient property to your home in 2008? Energy efficient property specifically refers to solar energy, er heating, fuel cell, small wind energy or a geothermal heat pump.				
		Did you p	ourchase a new hybrid vehicle in 2008?				
		Did you h	nave any debts cancelled or forgiven?				
		Did anyo	ne owe you money which had become uncollectible?				

Series: Miscellaneous Questions

2008	1040	US Miscellaneous Questions (continued)
	16 0 00	or of the following items portain to you arrively approach at 2009, places should be
	ır an	y 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	RETIREMENT PLANS
		Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you transfer or rollover any amount from one retirement plan to another retirement plan?
		Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
		EDUCATION
		Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
		Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
		ITEMIZED DEDUCTIONS
		Did you incur a loss because of damaged or stolen property?
		Did you work out of town for part of the year?
		Did you use your car on the job (other than to and from work)?
		ESTIMATED TAXES Did you apply an overpayment of 2007 taxes to your 2008 estimated tax (instead of being refunded)?
		If you have an overpayment of 2008 taxes, do you want the excess applied to your 2009 estimated tax (instead of being
		refunded)?
		Do you expect your 2009 taxable income and withholdings to be different from 2008?
		MISCELLANEOUS De very wordt to all extracionally file years to washing?
		Do you want to electronically file your tax return?
		Do you want to allocate \$3 to the Presidential Election Campaign Fund?
		Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
		May the IRS discuss your tax return with your preparer?
		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?

ORGANIZER
Page 63
2008 1040 US Miscellaneous Questions (continued)

2008	1040	US Miscellaneous Questions (continued)
	lf an	ny 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) 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 (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?
		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 \$12,000, or any gifts to a trust?
		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 lke?

ORGANIZER Page 64 **Miscellaneous Questions** 2008 1040 US 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 Did your marital status change during the year? Did your address change during the year? Could you be claimed as a dependent on another person's tax return? Were there any changes in dependents? Did you receive unreported tip income of \$20 or more in any month? Did you receive any disability income? Did you buy or sell any stocks, bonds or other investment property? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you purchase a new hybrid vehicle in 2008? Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? Did you transfer or rollover any amount from one retirement plan to another? Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? Did you incur a loss because of damaged or stolen property? Did you use your car on the job (other than to and from work)? Do you want to electronically file your tax return? May the IRS discuss your tax return with your preparer? Was your home rented out or used for business? Were you notified or audited by either the IRS or the State taxing agency? Did you receive the Economic Stimulus Payment (rebate) in 2008?

ORGANIZERPage 6520081040US/NJDirect Deposit & Estimates (Form 1040 ES)3, 6

		r all pertinent 200				
STIMULUS PAYMENT / DIRE	CT DEPO	SIT OF REFUN	ID / ELECTROI	NIC PAY	MENT (3)	
Stimulus payment received from IRS						
=direct deposit of federal tax refund into ba						
=electronic payment of balance due						
=electronic payment of estimated tax						
=state direct deposit						
=state electronic payment of balance due.						
BANK INFORMATION	Percent to				Type of	Type o
Name of Pank	Deposit	Pouting Number	Account N	umbor	Account	Invest
Name of Bank	(xx.xx)	Routing Number	Account N	umber	(Table 1)	(Table 2
					I	l
2000	40					
2008 ESTIMATED TAX / 1040	-ES (6)				2008	
- ederal	Amo	unt Paid	Date Paid	TS	Voucher Am	ount
Overpayment applied from 2007						
st quarter payment (due 4/15/08)						
nd quarter payment (due 6/16/08)						
rd quarter payment (due 9/15/08)						
th quarter payment (due 1/15/09)						
Additional Estimated						
Tax Payments						
						
Paid with extension (not later than 4/15/09)						
State	A	t Daid	Data Daid		2008	
Overpayment applied from 2007		ount Paid	Date Paid	TS	Voucher Am	iount
st quarter payment (due 4/15/08)						
rd quarter payment (due 9/15/08)						
th quarter payment (due 1/15/09)						
un quarter payment (due 1/15/05)						
Additional Fatimated						
Additional Estimated Tax Payments						
,						
		I				
Paid with extension (not later than 4/15/09)						
(12.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		l				
1		2				
Type of Account		_	Type of Investment	t		
			(-1	ell savings acco	unt (ESA)	
1 = Savings		1 = Checking or savings	(default) 6 = Coverd	en savings acco	unt (Lon)	
1 = Savings 2 = Checking		1 = Checking or savings 2 = Taxpayer's IRA (next 3 = Spouse's IRA (next y	year limits) 7 = Other	er's IRA (curren		

3, 6

Hash Total

ORGANIZER Page 66 US Direct Deposit & Estimates (Form 1040 ES) (cont.) 2008 1040 7.1 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 If "yes" explain any differences in income, deductions, dependents, etc.: Do you expect your 2009 withholding to be different from 2008? Yes If "yes" explain any differences:

7.1

Hash Total

2008 1040 US/NJ Wages, Pensions, Gambling Winnings

10, 13.1, 13.2

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)

		1=retire	ment	Wagas Tips			Tax With	held			
No.	Name of Employer (Box c)	1=retirer plan (Bo 1=spous		Wages, Tips, Other Compensation (Box 1)	Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Disablilty (Box 14)	WD/HC (Box 14)	2007 Wages

PENSIONS, IRA DISTRIBUTIONS (13.1)

		Distri	butior	code	#2			Tax W	ithheld		
No.	Name of Payer	Distribut	P/SIM	\neg	1	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Federal (Box 4)	State (Box 10)	Value of all IRAs at 12/31/08	2007 Distribution

GAMBLING WINNINGS (W-2G) (13.2)

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

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

(13.2)	2008 Amount	TS	2007 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

10, 13.1, 13.2

						_
2008	1040	US	Interest & Dividend Income	11.	12	2

Please enter all pertinent 2008 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

INTEREST INCOME (11)

		1 4		Interest Income		Tax-Exem	pt Interest	Early	
No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	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	Early Withdrawal Penalty (Box 2)	2007 Interest

DIVIDEND INCOME (12)

				Dividend	Income		Tax-Exem	pt Interest		
No.	Name of Payer	1=tp 2=sp	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.)	Foreign Tax Paid (Box 6)	2007 Dividends

2008 1040 US Miscellaneous Income 14.1

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.

Social security benefits (SSA-1099, bx 5). Medicare premiums paid (SSA-1099). Tier 1 RR retirement benefits (RRB-1099, bx 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.	MISCELLANEOUS INCOME	2008 A	mount	2007 Amount			
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.		Taxpayer	Spouse	Taxpayer	Spouse		
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.	Social security benefits (SSA-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.	Medicare premiums paid (SSA-1099)						
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.	Tier 1 RR retirement benefits (RRB-1099, box 5)						
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.	1=lump-sum election for SS benefits						
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.							
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.	Taxable scholarships and fellowships						
Excess minister's allowance	Jury duty pay						
Alaska permanent fund dividends	Household employee income not on W-2						
Income from rental of personal property	Excess minister's allowance						
Income subject to S/E tax: Other income (1099-MISC, box 3) TAX WITHHELD (not entered elsewhere) Federal income tax withheld	Alaska permanent fund dividends						
Other income (1099-MISC, box 3) TAX WITHHELD (not entered elsewhere) Federal income tax withheld	Income from rental of personal property						
TAX WITHHELD (not entered elsewhere) Federal income tax withheld	Income subject to S/E tax:						
TAX WITHHELD (not entered elsewhere) Federal income tax withheld							
TAX WITHHELD (not entered elsewhere) Federal income tax withheld							
TAX WITHHELD (not entered elsewhere) Federal income tax withheld							
TAX WITHHELD (not entered elsewhere) Federal income tax withheld							
TAX WITHHELD (not entered elsewhere) Federal income tax withheld							
TAX WITHHELD (not entered elsewhere) Federal income tax withheld							
Federal income tax withheld	Other income (1099-MISC, box 3)						
Federal income tax withheld							
Federal income tax withheld							
Federal income tax withheld							
Federal income tax withheld							
Federal income tax withheld							
Federal income tax withheld							
Federal income tax withheld							
	TAX WITHHELD (not entered elsewhere)						
	Federal income tax withheld						
Local income tax withheld							

80	1040	US	State & Local	Tax Refunds / Un	employment Comper	nsation	14.2
		PI	ease add, change o Be sur	or delete 2008 informa e to attach all 1099-G	ation as appropriate. forms.		
			TAX REFUNDS OMPENSATION				
OITE				•	2008 1099-G Amount		
		Jnemployment (
	Ç	State and local					
		State and	local income tax refund	, credit or offsets (Box 2)			
		1=city or I	ocal income tax refund.				
No.				x 3)			
			tax withheld (Box 4)				
		Taxable grants:					
		State taxa Agriculture payn					
	-			ox 8)			
	Ç	State income ta	x withheld				
No.	F -	Total rece 2008 Over State and local State and 1=city or I Tax year f Federal income Faxable grants: Federal ta State taxa Agriculture payn Agriculture Number of =box 2 is trade	compensation: ived (Box 1)	x 3)			

2008 1040 US Education Distributions (ESA's and QTP's)

Please enter all pertinent 2008 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.

FSA'S	AND QTP'S (Form 1099-Q)		
		2008 Amount	2007 Amount
	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)		
No.	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:		
	2008 contributions to this ESA		
	Value of this account at 12/31/08 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/07		
	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)		
No.	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:		
	2008 contributions to this ESA		
	Value of this account at 12/31/08 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/07		
	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)		
No.	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:		
	2008 contributions to this ESA		
	Value of this account at 12/31/08 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/07		

14.3

)8	1040	US	Business Income (Schedul	e C)	No.	16
	Please e	nter all pe	rtinent 2008 amounts. Last year's amo	unts are provided fo	or your reference	: .
GEN	NERAL IN	FORMA ¹	TION			
	•		Form 1040			
	•		m Form 1040			
			from Form 1040			
Emplo	yer identificat	ion number				
Other	accounting m	ethod				
Accou	ınting method:	1=cash, 2=	accrual			
Invent	tory method:	1=cost, 2=lov	ver c/m, 3=other			
1=cha	inge of invento	ory method				
•						
			ousiness			
	-		oloyee			
	-		t tax			
			derical income producing factor			
			erial income producing factor			
l=sıng	are member in	miled hability	company			
		ппей парппу	company			
INC	OME			2008 Amount	2007 Amo	unt
INC Gross	OME receipts or sa	ıles (Form 10	99-MISC, box 7)	2008 Amount	2007 Amo	unt
INC Gross Return	OME receipts or sans and alloware	ıles (Form 10		2008 Amount	2007 Amo	unt
INC Gross Return	OME receipts or sa	ıles (Form 10	99-MISC, box 7)	2008 Amount	2007 Amo	ount
INC Gross Return	OME receipts or sans and alloware	ıles (Form 10	99-MISC, box 7)	2008 Amount	2007 Amo	unt
INC Gross Return	OME receipts or sans and alloware	ıles (Form 10	99-MISC, box 7)	2008 Amount	2007 Amo	ount
INC Gross Return	OME receipts or sans and alloware	ıles (Form 10	99-MISC, box 7)	2008 Amount	2007 Amo	ount
INC Gross Return	OME receipts or sans and alloware	ıles (Form 10	99-MISC, box 7)	2008 Amount	2007 Amo	ount
INC Gross Return	OME receipts or sans and alloware	ıles (Form 10	99-MISC, box 7)	2008 Amount	2007 Amo	ount
INC Gross Return	OME receipts or sans and alloware	ıles (Form 10	99-MISC, box 7)	2008 Amount	2007 Amo	ount
INC Gross Return	OME receipts or sans and alloware	ıles (Form 10	99-MISC, box 7)	2008 Amount	2007 Amo	ount
Gross Return Other	OME receipts or sans and alloware	ales (Form 10	99-MISC, box 7)	2008 Amount	2007 Amo	ount
Gross Return Dther	receipts or sans and allowar income: ST OF GO	OODS SO	099-MISC, box 7)	2008 Amount	2007 Amo	unt
Gross Return Other	receipts or sans and allowar income: ST OF GC tory at beginning ases	DODS SO	099-MISC, box 7)	2008 Amount	2007 Amo	unt
Gross Return Other	receipts or sans and allowar income: ST OF GC tory at beginning ases	OODS SO	099-MISC, box 7)	2008 Amount	2007 Amo	ount
COS OCCOST	receipts or sans and allowar income: ST OF GC tory at beginning ases	OODS SO	DLD	2008 Amount	2007 Amo	ount
Gross Return Dther	receipts or sans and allowar income: ST OF GC tory at beginning ases	OODS SO	099-MISC, box 7)	2008 Amount	2007 Amo	unt
Gross Return Other	receipts or sans and alloware income: ST OF GC tory at beginning asses	OODS SO	DLD	2008 Amount	2007 Amo	punt
Gross Return Other	receipts or sans and alloware income: ST OF GC tory at beginning asses	OODS SO	DLD	2008 Amount	2007 Amo	ount
Gross Return Other	receipts or sans and alloware income: ST OF GC tory at beginning asses	OODS SO	DLD	2008 Amount	2007 Amo	punt
Gross Return Other	receipts or sans and alloware income: ST OF GC tory at beginning asses	OODS SO	DLD	2008 Amount	2007 Amo	punt
Gross Return Other	receipts or sans and alloware income: ST OF GC tory at beginning asses	OODS SO	DLD	2008 Amount	2007 Amo	punt
Gross Return Other	receipts or sans and alloware income: ST OF GC tory at beginning asses	OODS SO	DLD	2008 Amount	2007 Amo	punt
Gross Return Other	receipts or sans and allowar income: ST OF GC tory at beginning ases	OODS SO	DLD	2008 Amount	2007 Amo	punt
Gross Return Other	receipts or sans and allowar income: ST OF GC tory at beginning ases	OODS SO	DLD	2008 Amount	2007 Amo	ount
COS nvent Cost o Cost o Materia - - - - - - - - - - - - -	receipts or sans and allowar income: ST OF GC tory at beginniases	OODS SO ng of the yea rsonal use	DLD	2008 Amount	2007 Amo	ount

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0000	1040	110	D '	 10	

Business Income (Schedule C) (cont.) 2008 1040 US 16 p2

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:		
other expenses.		
-		

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

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2008 1040 US Capital Gains & Losses (Schedule D)

If you sold any stocks, bonds, or other investment property in 2008, please list the pertinent information for each sale below or provide a spreadsheet file with this information.

Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity (Box 5)	Description of Property (Box 7)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
								17

80	1040	US	Installment Sales (Form 6	252)	17
	Dlasss :	mtou all ===	outing at 2000 amounts. Last vasula are	ounte que provide d'é-	
		•	ertinent 2008 amounts. Last year's am	iounts are provided it	r your reference.
RIO			LMENT SALE	2008 Amount	2007 Amount
			roperty		
No.			m/d/y)		_
	-		(.xxxx)		
			ncipal payments (-1 if none)		
	Des	scription of p	roperty		
			m/d/y)		
No.			/)		
	Cui	rent year pri	ncipal payments (-1 if none)		
	Des	scription of p	roperty		
	Dat	te acquired (r	m/d/y)		
No.	Dat	te sold (m/d/y	/)		
	Gro	oss profit ratio	C.xxxx)		
	Cui	rent year pri	ncipal payments (-1 if none)		
	Des	scription of p	roperty		
Ī			m/d/y)		_
No.			/)		
			o (.xxxx)		
	<u> </u> Cui	rent year pri	ncipal payments (-1 if none)		
	Dod	porintian of n	ranarhi		
			ropertyn/d/y)		
No.			/)		_
110.			(.xxxx)		
			ncipal payments (-1 if none).		
	•				•
	Des	scription of p	roperty		
			m/d/y)		
No.	Dat	te sold (m/d/y	/)		
	Gro	oss profit ratio	o (.xxxx)		
	Cui	rent year pri	ncipal payments (-1 if none)		
	ı		,		
			roperty		
NI.			m/d/y)		-
No.			/)		
			o (.xxxx)		+
	Cui	rent year pil	ποιραι μαχιποπιο (-1 11 ΠΟΠο)		

Page 76 **ORGANIZER**

2008	1040	US	Sale of Home & Moving Expenses	17,	27
		•	Calo of Figure & Moving Expenses	,	,

If you sold your home or moved in 2008, please complete the information below.

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)	
=owned and used property as mair	n home for at least 2 of 5 years before sale
=business use in year of sale	
Adjusted Basis	
Original cost	
mprovements:	
p. o romemer	
	
Adjusted basis	
expenses of Sale (Commission	ns, advertising fees, legal fees, and loan charges paid by the seller)
Total expenses of sale	
Reduced Exclusion	
Please complete the following inform	nation if due to a change in health, place of employment, or unforseen circumstances you either:
Please complete the following inform) Did not meet the ownership and u	nation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.
Please complete the following inform) Did not meet the ownership and to f excl. gain from another home afte	nation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. r May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
Please complete the following inform Did not meet the ownership and use fexcl. gain from another home afte sale due to change in health, emp	nation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. r May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
Please complete the following inform Did not meet the ownership and use the conference of the confere	nation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. r May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
Please complete the following inform Did not meet the ownership and use fexcl. gain from another home afteto a sale due to change in health, employs used as main home - taxpayer coays used as main home - spouse.	nation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. r May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
Please complete the following inform Did not meet the ownership and use fexcl. gain from another home aftethe and use to change in health, employs used as main home - taxpayer cays used as main home - spouse. Days property owned - taxpayer	nation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. r May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) bloyment or unforseen circumstances
Please complete the following informal) Did not meet the ownership and of excl. gain from another home afted escale due to change in health, employs used as main home - taxpayer Days used as main home - spouse. Days property owned - taxpayer	nation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. r May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
Please complete the following inform Did not meet the ownership and use fexcl. gain from another home aftethe and use to change in health, employs used as main home - taxpayer cays used as main home - spouse. Days property owned - taxpayer	nation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. r May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) bloyment or unforseen circumstances
Please complete the following inform Did not meet the ownership and use fexcl. gain from another home afteto a sale due to change in health, employs used as main home - taxpayer coays used as main home - spouse. Days property owned - taxpayer	nation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. r May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) bloyment or unforseen circumstances
Please complete the following inform Did not meet the ownership and of excl. gain from another home after esale due to change in health, employs used as main home - taxpayer Days used as main home - spouse. Days property owned - taxpayer	nation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. r May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) bloyment or unforseen circumstances
Please complete the following inform Did not meet the ownership and used to change in health, employs used as main home - taxpayer Days used as main home - spouse. Days property owned - taxpayer Days property owned - spouse MOVING EXPENSES (2)	nation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. r May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) bloyment or unforseen circumstances
Please complete the following inform Did not meet the ownership and used to change in health, employs used as main home - taxpayer Days used as main home - spouse. Days property owned - taxpayer. Days property owned - spouse. Days property owned - spouse. WOVING EXPENSES (2) =spouse, 2=joint	nation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. r May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) bloyment or unforseen circumstances
Please complete the following inform Did not meet the ownership and use fexcl. gain from another home afteresale due to change in health, employs used as main home - taxpayer and use used as main home - spouse. Days property owned - taxpayer Days property owned - spouse MOVING EXPENSES (2) =spouse, 2=joint	nation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. r May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) bloyment or unforseen circumstances c 7) (If you moved because of a change in the location of your job) nent change of station.
Please complete the following inform Did not meet the ownership and of excl. gain from another home afte =sale due to change in health, employs used as main home - taxpayer Days used as main home - spouse. Days property owned - taxpayer Days property owned - spouse WOVING EXPENSES (2' =spouse, 2=joint	mation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In May 6, 1997 & within 2 yrs. of current sale, ent
Please complete the following inform Did not meet the ownership and used fexcl. gain from another home after esale due to change in health, employs used as main home - taxpayer oays used as main home - spouse. Days property owned - taxpayer Days property owned - taxpayer WOVING EXPENSES (2' espouse, 2=joint	mation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. If May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) It is ployment or unforseen circumstances If you moved because of a change in the location of your job) In the important change of station In
Please complete the following informal Did not meet the ownership and used fexcl. gain from another home after a sale due to change in health, employers used as main home - taxpayer and used as main home - spouse. Days property owned - taxpayer Days property owned - spouse MOVING EXPENSES (2) I = spouse, 2 = joint	mation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. If May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). It is ployment or unforseen circumstances. It is ployment of the location of your job) In the location of your job)
Please complete the following inform Did not meet the ownership and use fexcl. gain from another home after esale due to change in health, employs used as main home - taxpayer obays used as main home - spouse. Days property owned - taxpayer Days property owned - spouse WOVING EXPENSES (2) =spouse, 2=joint	mation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. If May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) It is ployment or unforseen circumstances If you moved because of a change in the location of your job) In the important change of station In
Please complete the following inform Did not meet the ownership and use fexcl. gain from another home after Seale due to change in health, employs used as main home - taxpayer Days used as main home - spouse. Days property owned - taxpayer Days property owned - spouse WOVING EXPENSES (2) Seale forces move due to permanely forces move due to permanely forces move due to permanely forces from old home to new work planely forces for transportation and stotal codging and travel (excluding meals Lodging and travel (excluding parking fees and tolls	mation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. If May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). In May 6, 1997 & wit
Please complete the following inform Did not meet the ownership and of f excl. gain from another home after sale due to change in health, employs used as main home - taxpayer Days used as main home - spouse. Days property owned - taxpayer Days property owned - spouse WOVING EXPENSES (2' spouse, 2=joint sarmed forces move due to permanulation from old home to new work play. Expenses for transportation and stotogoing and travel (excluding meals Lodging and travel (excluding Parking fees and tolls Gas and oil	mation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. If May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) Doloyment or unforseen circumstances
a) Did not meet the ownership and of excl. gain from another home after lesale due to change in health, employs used as main home - taxpayer Days used as main home - spouse. Days property owned - taxpayer Days property owned - taxpayer Days property owned - spouse MOVING EXPENSES (2) Lespouse, 2=joint	mation if due to a change in health, place of employment, or unforseen circumstances you either: use tests *, or b) Excluded gain on the sale of another home after May 6, 1997. In May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) In Dioloyment or unforseen circumstances

17, 27

80	1040	US	Rental & Royalty Income (Schedule E) No	18
	Please e	nter all pei	rtinent 2008 amounts. Last year's amounts are provid	led for your reference.	
GEN	IERAL IN	IFORMA ¹	TION		
Locatio	on or property	/			
Percer	ntage of owne	ership if not 10	00% (.xxxx)		
Percer	ntage of tenai	nt occupancy	if not 100% (.xxxx)		
1=non	passive activi	ity, 2=passive	e royalty		
1=did	not actively p	articipate			
1=real	estate profes	ssional			
1=rent	al other than	real estate			
1=inve	stment				
1=sing	ıle member li	mited liability	company		
INC	OME				
			2008 Amount	2007 Amou	ınt
	`		C, box 1)		
Royalt	ies received ((Form 1099-M	IISC, box 2)		
DIRI	ECT EXP	ENSES			
NOTE:			ted only to the rental activity. These include rtising, and office supplies.		
Advart					
	· ·				
			ewhere).		
			which is a second of the secon		
	o .				
	•				
-	•				
Manag	jement fees .				
_					
Mortga	age interest (p	paid to banks,	, etc.)		
Qualifi	ed mortgage	insurance pre	emiums		
Excess	s mortgage ir	nterest			
Other	interest (not	entered elsew	/here)		
Paintir	ng and decora	ating			
Pest c	ontrol				
Plumb	ing and elect	rical			
Repair	S				
Suppli	es				
	`		here)		
•		i			
Other:					
-					
-					
-					

18

800	1040	US	Rental & Royalty Income	e (Sch. E) (cont.)	No.	18 p2		
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 A	ND GA	S		2008 Amount	2007 Amo	ount		
Production	on type (pre	eparer use on	ly)					
Percenta	age depletio	on rate or amo	ount					
State cos	st depletion	n, if different (-1 if none)					
State %	depletion ra	ate or amount	t, if different (-1 if none)					
VACA	ATION H	IOME						
Number	of days ren	ited at fair ma	rket value					
Number	of days owi	ned (if optiona	al method elected)					
INDIR	ECT E	KPENSES						
NOTE: [ndirect exp	enses are rela	ated to operating or maintaining the dwelling surance, and utilities.	unit.				
	5							
			whore)					
	-		where)					
· ·								
	3							
•								
3								
			etc.)					
			emiums					
			here)					
Painting	and decora	ating						
Pest con	ntrol							
Plumbing	g and electi	rical						
Repairs.								
	-		nere)					
	ind salaries							
Other:			ĺ			1		
				<u> </u>				
				<u> </u>				
				<u> </u>	<u>I</u>			

ORGANIZER 2008 1040 US Farm Income (Schedule F/Form 4835) No. 19 Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. **GENERAL INFORMATION** Employer ID number..... Accounting method: 1=cash, 2=accrual 1=did not actively participate (Form 4835 only)..... 1=real estate professional (Form 4835 only)..... % of ownership if not 100% (.xxxx) (Form 4835 only)..... FARM INCOME Cash method: 2008 Amount 2007 Amount Sales of livestock, etc. bought for resale..... Cost or basis of livestock, etc. bought for resale..... Accrual method: Sales of livestock, produce, grains, etc..... Inventory of livestock, etc. at end of year..... Other farm income: Total cooperative distributions..... Taxable agricultural program payments..... Commodity credit loans reported under election..... Taxable commodity credit loans forfeited or repaid Total crop insurance proceeds received in 2008..... Taxable crop insurance proceeds deferred from 2007..... Other income:

2008 1040 US Farm Income (Sch. F/Form 4835) (cont.) No. 19 p2

FARM EXPENSES	2008 Amount	2007 Amount
Car and truck expenses (not entered elsewhere)		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
eed purchased		
ertilizers and lime		
reight and trucking		
Gasoline, fuel, and oil		
nsurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
abor hired		
Pension and profit sharing - contributions		
Pension and profit sharing plans - admin. and education costs		
Rent - vehicles, machinery, and equipment (not entered elsewhere)		
Rent - other.		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased.		
Taxes (not entered elsewhere)		
Jtilities.		
/eterinary, breeding, and medicine.		
Other expenses:		
office experises.		
		1
PREPRODUCTIVE PERIOD EXPENSES (also enter above)		

19 p2

Page 81 **ORGANIZER** Partnership and S corporation Information US 2008 1040 Please add, change or delete 2008 information as appropriate. Be sure to attach all Schedule K-1s. **PARTNERSHIP INFORMATION (20.1)** Employer Identification Tax Shelter Additional Amounts Registration Invested in No. Name of Partnership Number Number Partnership **S CORPORATION INFORMATION (20.2)** Employer Identification Tax Shelter Additional Amounts Registration Invested in No. Name of S corporation Number Number S corporation

20.1,20.2

ORGANIZER					Page 82
2008	1040	US	Estate or Trust and REMIC In	formation	20.3,20.4
		Ple	ease add, change or delete 2008 informatio Be sure to attach all Schedule K-1s and S	n as appropriate. Schedule Qs.	·
EST/	ATE OR T	TRUST IN	IFORMATION (20.3)		
No.		Nai	me of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number
REM	IC INFOR	RMATION	l (20.4)		
No.			Name of REMIC		Employer Identification Number

ORGANIZER				Page 8	<u> </u>
2008	1040	US	Asset Disposition List	22	

If you disposed of any business assets in 2008, please enter date sold, sales price, and expenses of sale. For real estate transactions, be sure to attach all 1099-S forms and closing statements.

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale

Asset Acquisition List 2008 1040 US **22** p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2008, please enter all pertinent information below.

			Pren	arer Use	Only			Preparer U	se Only
No.	Description of Property	Related Business or Activity	Form	No. of Form		Date Placed in Service	Cost or Basis	Current Section 179	
		l	l					2	2 _{p2}
									-

Page 85

2008	1040	US	Vehicle Expenses	No.	22 p3
	IUTU		I VCIIICIC ENDCIIOCO		

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

GENERAL INFORMATION	2008 Amount	2007 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		
Business mileage (1/1/08 - 6/30/08)		
Business mileage (7/1/08 - 12/31/08)		
Commuting mileage		
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)		

Page 86

2008 1040 US Adjustments to Income 24

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

TRADITIONAL IRA CONTRIBUTIONS	2008 Amount		mount
Tax	ayer Spouse	Taxpayer	Spouse
RA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older)			
Contributions made to date			
=covered by plan, 2=not covered			
2008 payments from 1/1/09 to 4/15/09			
ROTH IRA CONTRIBUTIONS			
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 (KE			
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			
Plan contribution rate if not .25 (.xxxx)		 	
ndividual 401k: SE elective deferrals (except Roth) (1=max.)			
ndividual 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)			
Expenses from rental of personal property			
Other adjustments to income:	1		
·			
Alimony paid: Taxpayer	Spouse		
Recipient's first name	Spouse		
Recipient's last name			
Recipient's SSN			
Amount paid		2007 amt:	

2008 **Itemized Deductions** US 1040 25

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

Medicare insurance premiums on Sheet 14.	2008 Amount	TS	2007 Amount
rescription medicines and drugs			
octors, dentists and nurses			
ospitals and nursing homes			
surance premiums not entered elsewhere (excl. long-term care & amts. paid w/pre-tax dollars).			
ong-term care premiums - taxpayer			
ong-term care premiums - spouse			
surance reimbursement (enter as a positive number)			
odging and transportation:			
Out-of-pocket expenses			
Medical miles driven (1/1/08 - 6/30/08)			
Medical miles driven (7/1/08 - 12/31/08)			
ther medical and dental expenses:			
·			
AXES PAID (State and local withholding and 2008 estimates are automated)	atic.)		
tate income taxes - 1/08 payment on 2007 state estimate			
tate income taxes - paid with 2007 state extension.			
tate income taxes - paid with 2007 state return			
tate income taxes - paid for prior years and/or to other state			
ity/local income taxes - 1/08 payment on 2007 city/local estimate			
ity/local income taxes - paid with 2007 city/local extension			
ity/local income taxes - paid with 2007 city/local return			
ALEC AND LICE TAVEC DAID			
SALES AND USE TAXES PAID			
tate and local sales taxes			
se taxes paid on 2008 purchases			
se taxes paid with 2007 state return			
axes paid on vehicles, boats, and aircraft			
_			
ATHER TAVEC DAIR			
OTHER TAXES PAID			
eal estate taxes - principal residence:			
eal estate taxes - property held for investment			
prsonal property taxes (including automobile fees in some states. Provide a copy of tax notice).			
preign income taxes			
ther taxes:			
		- - 	

2008 1040 US Itemized Deductions (continued) 25 p2

mortgage interest not reported on Form 1098: """ mortgage interest not reported on Form 1098: """ s name			
s's name			
s's name			
s's name			
L CON FEIN			
s's SSN or FEIN			
s's street address			
e's city, state, ZIP .			
nt paid			
eported on Form 1098:			
surance premiums on post 12/31/06 contracts (Box 4)			
interest (interest on margin accounts):			
erest		-++	
ne mortgage interest included above (6251)			
chools, hospitals, and other charitable organizations (50% limitat ations by cash or check:	on):		
of charitable miles			
of charitable miles			
of charitable miles			
tern disaster relief miles (5/2/08 - 6/30/08)tern disaster relief miles (7/1/08 - 12/31/08)	private popoperating fou	ndations (30)% limitation):
tern disaster relief miles (5/2/08 - 6/30/08)tern disaster relief miles (7/1/08 - 12/31/08)	private nonoperating fou	ndations (30)% limitation):
tern disaster relief miles (5/2/08 - 6/30/08)tern disaster relief miles (7/1/08 - 12/31/08)	private nonoperating fou	ndations (30	0% limitation):
tern disaster relief miles (5/2/08 - 6/30/08)tern disaster relief miles (7/1/08 - 12/31/08)	private nonoperating fou	ndations (30	0% limitation):
tern disaster relief miles (5/2/08 - 6/30/08)tern disaster relief miles (7/1/08 - 12/31/08)	private nonoperating fou	ndations (30)% limitation):
tern disaster relief miles (5/2/08 - 6/30/08)tern disaster relief miles (7/1/08 - 12/31/08)	private nonoperating fou	ndations (30	0% limitation):
tern disaster relief miles (5/2/08 - 6/30/08)tern disaster relief miles (7/1/08 - 12/31/08)	private nonoperating fou	ndations (30	0% limitation):
tern disaster relief miles (5/2/08 - 6/30/08)tern disaster relief miles (7/1/08 - 12/31/08)		ndations (30	0% limitation):
tern disaster relief miles (5/2/08 - 6/30/08)tern disaster relief miles (7/1/08 - 12/31/08)		ndations (30	0% limitation):
utions by cash or check: utions above made for Midwestern disaster relief.	ate(s), and contribution a		tten communic

2008 1040 US Itemized Deductions (continued) 25 p3

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

	Il noncash contributions a						
that are not in good	used condition or better.	In addition,	a deduction for a	any item wit	h minimal monet	ary value may	y be denied.

6 limitation (see above):	2008 Amount	TS	2007 Amount
limitation (see above):			
6 capital gain property (gifts of capital gain property to 50% limit orgs.):			
/			
6 capital gain property (gifts of capital gain property to non-50% limit org	5.).		
SCELLANEOUS DEDUCTIONS (subject to 2% AGI limit) on and professional dues.			
on and professional dues			
on and professional dues			
on and professional dues			
on and professional dues			
on and professional dues			
on and professional dues			
on and professional dues			
on and professional dues			
on and professional dues			
on and professional dues. er unreimbursed employee expenses (uniforms and protective clothing, fessional subscriptions, employment agency fees, and certain edu. experessment expense:			
on and professional dues. er unreimbursed employee expenses (uniforms and protective clothing, fessional subscriptions, employment agency fees, and certain edu. experestment expense:			
er unreimbursed employee expenses (uniforms and protective clothing, fessional subscriptions, employment agency fees, and certain edu. expersestment expense: estment expense: return preparation fee. e deposit box rental. ccellaneous deductions (2% AGI) (certain legal and accounting fees,			
er unreimbursed employee expenses (uniforms and protective clothing, fessional subscriptions, employment agency fees, and certain edu. expersestment expense: estment expense: return preparation fee. e deposit box rental. ccellaneous deductions (2% AGI) (certain legal and accounting fees,			
er unreimbursed employee expenses (uniforms and protective clothing, fessional subscriptions, employment agency fees, and certain edu. expersestment expense: estment expense: return preparation fee. e deposit box rental. ccellaneous deductions (2% AGI) (certain legal and accounting fees,			
er unreimbursed employee expenses (uniforms and protective clothing, fessional subscriptions, employment agency fees, and certain edu. expersestment expense: estment expense: return preparation fee. e deposit box rental. ccellaneous deductions (2% AGI) (certain legal and accounting fees,			

2008 1040 US Itemized Deductions (continued) 25 p4

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

HER MISCELLANEOUS DEDUCTIONS	2008 Amount	TS	2007 Amount
te tax, section 691(c)			
er miscellaneous deductions:			
	_		
	_	+	
	_		
	_		
	_		
	_		
	-	+	
	_	\perp	
	_		

Noncash Contributions (Form 8283) 2008 1040 US

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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.

DOI	NΛ	LED	PDC	PERT	VINIEC	DMA	TION
IJ	VA.	IFIJ	rr.	<i>)</i>	T HNEC	<i>)</i>	a i ivjiv

DONATE	D PROPERTY INFORMATION	
	Name of charitable organization (donee)	
	Street address	
	City, state, ZIP code	
	1=spouse, 2=joint	
	Property description	
No.	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)	
	<u>, </u>	
	Name of charitable organization (donee)	
	Street address	
	City, state, ZIP code	
	1=spouse, 2=joint	
	Property description	
No.	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)	
	<u>, </u>	
	Name of charitable organization (donee)	
	Street address	
	City, state, ZIP code	
	1=spouse, 2=joint	
	Property description	
No.	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)	

How Property was Acquired

1

- 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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2008	1040	US	Business Use of Home (Form 8829)	No.	29
2008	1040	US	Business Use of Home (Form 8829)	No.	

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.	de	
painting or repairs made to specific areas or rooms used for business. Mortgage interest.	de	
	de	
Mortgage interest.	de	
Mortgage interest	de .	
Mortgage interest	ie	
Mortgage interest. Real estate taxes. Qualified mortgage insurance premiums Casualty losses	ie	
Mortgage interest. Real estate taxes. Qualified mortgage insurance premiums Casualty losses Insurance.	le .	
Mortgage interest. Real estate taxes. Qualified mortgage insurance premiums Casualty losses Insurance. Miscellaneous. Rent	le	
Mortgage interest. Real estate taxes. Qualified mortgage insurance premiums Casualty losses Insurance. Miscellaneous. Rent Repairs and maintenance	le .	
Mortgage interest. Real estate taxes. Qualified mortgage insurance premiums Casualty losses Insurance. Miscellaneous. Rent Repairs and maintenance Utilities.	le .	
Mortgage interest. Real estate taxes. Qualified mortgage insurance premiums Casualty losses Insurance. Miscellaneous. Rent Repairs and maintenance Utilities. Excess mortgage interest.	le	
Mortgage interest. Real estate taxes. Qualified mortgage insurance premiums Casualty losses Insurance. Miscellaneous. Rent Repairs and maintenance Utilities. Excess mortgage interest Excess casualty losses.	le	
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.	le	
Mortgage interest. Real estate taxes. Qualified mortgage insurance premiums Casualty losses Insurance. Miscellaneous. Rent Repairs and maintenance Utilities. Excess mortgage interest Excess casualty losses.	le	
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.	le e	
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.	le e	
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.	le e	

ORGANIZER

US Employee/Vehicle Bus. Exp. (Form 2106) 2008 1040 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..... Number of form (1=first Schedule C, 2=second, etc.).... 1=spouse..... 1=performance artist, 2=handicapped, 3=fee-basis government official **EMPLOYEE BUSINESS EXPENSES** 2008 Amount 2007 Amount Meal and entertainment expenses..... 1=Department of Transportation (75% meal allowance)..... Local transportation (bus, taxi, train, etc.)..... Travel expenses while away from home overnight..... Reimbursements not included on Form W-2, box 1..... Other business expenses:

2008	1040	US	Vehicle Expenses (Form 2106) (cont.) No. 30 p2				
	Please e	nter all per	rtinent 2008 amounts. Last year's ar	nounts are provided for	your reference	э.	
VEH	HICLE INF	ORMAT	ION	2008 Amount	2007 Amount		
	nicle used prin	2000 / 11110011111					
1=no	other vehicle	is available fo	or personal use				
1=no	evidence to s	upport your de	eduction				
1=no	written evider	nce to support	your deduction				
VEH	HICLE 1						
Descr	iption of vehic	de					
	•						
	•		08)				
			/08)				
			e				
	,	•	siness use (if not 12)				
			portion only)				
	l expenses:	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
G	asoline, lube,	oil					
R	epairs						
Ti	ires						
In	surance						
M	liscellaneous.						
А	uto license (o	ther than pers	sonal property taxes)				
Р	ersonal prope	rty taxes (bas	sed on car's value)				
In	nterest (car loa	an) (for Sched	dule C, E & F)				
V	ehicle rent or	lease paymer	nts				
In	nclusion amou	nt (enter as p	ositive)				
V	alue of emplo	yer-provided v	vehicle on Form W-2 (2106)				
VEH	HICLE 2		_				
Descr	iption of vehic	ole					
Date	placed in serv	rice (m/d/y)					
	-						
			08)				
			/08)		_		
			e				
			siness use (if not 12)				
	-	olls (business	portion only)				
	l expenses:				1		
_							
					1		
			sonal property taxes)		1		
			sed on car's value)		1		
			dule C, E and F)		1		
			nts				
			ositive)				
V	alue of emplo	yer-provided v	vehicle on Form W-2 (2106)				

	1040	US	Foreign Income Exclu	sion (Form 2555)	No.	31.1
Please enter all pertinent 2008 information.						
GEN	IERAL IN	IFORMA	TION			
•						
			different from Form 1040:			
_	Ť.					
Po	ostal code					
Co	ountry					
Emplo	-					
	•					
	•					
	0 ,					
Fo	oreign postal o	code				
Fo	reign country					
Er 3=	mployer type: self, 4=foreig	1=foreign of n affiliate of	entity, 2=U.S. company, U.S. company, 5=other			
Type o	of exclusion re	evoked if rev	oked in earlier year (if applicable):	Tax year revocation was effective	1	
					-	
					-	
Countr	ry of citizensh	ip				
Citv ar		separate for	eign residence if maintained due to	Number of days during tax year at separate foreign address (if applicable)		
Citv ar	nd country of	separate for	eign residence if maintained due to	Number of days during tax year at separate foreign address (if applicable)		
Citv ar	nd country of	separate for	eign residence if maintained due to	Number of days during tax year at separate foreign address (if applicable)		
Citv ar	nd country of	separate for	eign residence if maintained due to	Number of days during tax year at separate foreign address (if applicable)		
City ar	nd country of se living condi	separate fore	eign residence if maintained due to			
City ar	nd country of	separate fore	eign residence if maintained due to	Number of days during tax year at separate foreign address (if applicable) Dates tax home(s) were established (m/d/y)		
City ar	nd country of se living condi	separate fore	eign residence if maintained due to			
City ar	nd country of se living condi	separate fore	eign residence if maintained due to			
City ar	nd country of se living condi	separate fore	eign residence if maintained due to			
City ar	nd country of se living condi	separate fore	eign residence if maintained due to			
City ar	nd country of se living condi	separate fore	eign residence if maintained due to			
City ar	nd country of se living condi	separate fore	eign residence if maintained due to			
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City ar	nd country of se living condi	separate fore	eign residence if maintained due to			
City ar	nd country of se living condi	separate fore	eign residence if maintained due to			
City ar	nd country of se living condi	separate fore	eign residence if maintained due to			
City ar	nd country of se living condi	separate fore	eign residence if maintained due to			
City ar	nd country of se living condi	separate fore	eign residence if maintained due to			
City ar	nd country of se living condi	separate fore	eign residence if maintained due to			

Travel Type

1 = Travel to U.S. (default)

2 = Travel to foreign country

3 = Travel to restricted country

	1040	US	Foreign Income Exclusion	on (Form 2555)	No.	31
				•	<u> </u>	
	Please Enter	enter all p amounts	ertinent 2008 amounts and attach a in U.S. dollars only. Last year's amo	II W-2 forms, or other wo	age statements. our reference.	
FORE	EIGN WA	GES, SA	LARIES, TIPS	2008 Amount	2007 Amoւ	ınt
I = spous I = retire Name of Wages, Federal Social s Medicar State inc Local inc FORE Nonca Home (I Meals Car	ment plan (Bo f employer (B tips, other co income tax w ecurity tax wi e tax withheld come tax with come tax with	cox 13)	(Box 1)			
Allowa	ances and	Reimburs	sements			
Family . Educatio	 on		ential			
Family . Education Home le Quarters	on					
Family . Education Home le Quarters Other pu	eaves					
Family . Education Home le Quarters Other pu Meals al	eaves	ovided for the	e convenience of the on 119)			
Family . Education Home le Quarters Other pu Meals al	pavessurposes:	ovided for the	e convenience of the on 119)			
Family . Education Home le Quarters Other pu Meals an Employe	nd lodging proer (excludable	ovided for the under section	e convenience of the on 119)			
Family . Education Home le Quarters Other pu Meals al Employe Other 2008 E Total nu	nd lodging preer (excludable	ovided for the under section arned Income ed Allocate worked (if n	e convenience of the on 119)			

31.2

2008 1040 US Health Savings Accounts (8889) 32.1

Please enter all pertinent 2008 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 2008, a high deductible health plan is one with an annual deductible that is not less than \$1,100 for self-only coverage or \$2,200 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,600 for self-only coverage or \$11,200 for family coverage.

	2008 A	Amount	2007 A	mount
	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				

NIZER						Page
80	1040) US	Child and Deper	ndent Care Expens	ses (Form 2441)	33.1,
ease (enter al	I pertinent 2	008 information. Last ve	ar's amounts are provide	ed for your reference. Yo	u must h
paid f	or the	care of one	or more dependents enal	ar's amounts are provide lling you to work or atter	nd school to qualify for the	his credit
			-			
		NT 0 4 DE	EVDENOEO (00.4)	2008 Amount	2007 An	nount
DEP	ENDE	NI CARE	EXPENSES (33.1)	Taxpayer Spo	ouse Taxpayer	Spouse
Depen	dent care	expenses incu	red but not paid in 2008			
Emplo	yer-provid	ded benefits for	eited in 2008			
PER	SONS	AND EXP	ENSES QUALIFYING	FOR DEPENDENT C	ARE CREDIT	
			·			
			/d/y)			
No.			number			
	-	-	dent care expenses			
		incurred and pa	id in 2008		2007 amt:	
		1=spouse, 2=jo	int			
No.			n/d/y)			
NO.	-	-				
		Qualified deper	dent care expenses id in 2008		2007 amt:	
		•			E007 dilki	
			int			
		First name				
г			/d/y)			
No.		Social security	number			
		Qualified deper	dent care expenses		2007	
			id in 2008		2007 amt:	
			int			
	<u> </u>	1-3pouse, 2-jo				
n=-		00.000	ANIZATIONO BBOVES	INIO OADE (22.0)		
reR	SUNS	UK UKG/	NIZATIONS PROVID	ING CARE (33.2)		
		Name of provid	er			
_						
No.	-	,	code			
			ımber (SSN or EIN)		000=	
			care provider in 2008		2007 amt:	
		r=spouse, 2=jo	int			
		Name of provid	er			
		•				
No.			code			
- 1			ımber (SSN or EIN)			
			care provider in 2008		2007 amt:	
		1=spouse, 2=jo	int			

33.1,33.2

ORGANIZER				Page	<u> </u>
2008	1040	US	Qualified Adoption Expenses (Form 8839)	37	

Please enter all pertinent 2008 information. Last	year's amounts are provided for your reference
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ELIGIBL	E CHILDREN	2008 Amount	2007 Amount
	First name		
	Last name		
	Identification number		
	Date of birth (m/d/y)		
	1=born before 1991 and was disabled		
	1=special needs child		
No.	1=foreign child		
	1=adoption was not final in 2008		
	2007 for adoption not finalized by end of 2009		
	Qualified Adoption 1997-2001 for adoption of foreign child finalized in 2008.		
	Expenses 2007 and 2008 for adoption finalized in 2008		
	Paid in 2008 for adoption finalized before 2008		
	1=spouse, 2=joint		
	,, ,		
	First name		
	Last name		
	Identification number		
	Date of birth (m/d/y)		
	1=born before 1991 and was disabled		
	1=special needs child		
No.	1=foreign child		
	1=adoption was not final in 2008		
	2007 for adoption not finalized by end of 2009		
	Qualified Adoption 1997-2001 for adoption of foreign child finalized in 2008.		
	Expenses 2007 and 2008 for adoption finalized in 2008.		
	Paid in 2008 for adoption finalized before 2008		
	1=spouse, 2=joint		
	[1-5pouse, 2-joint		
	First name		
	Last name		
	Identification number		
	Date of birth (m/d/y)		
	1=born before 1991 and was disabled		
	1=special needs child		
No.	1=foreign child		
	1=adoption was not final in 2008.		
	2007 for adoption not finalized by end of 2009		
	Qualified Adoption 1997-2001 for adoption of foreign child finalized in 2008.		
	Expenses 2007 and 2008 for adoption finalized in 2008.		
	Paid in 2008 for adoption finalized before 2008		
	1=spouse, 2=joint		

2008	1040	US	Education Credits / Tuition Deduction
2000	1070	03	Luucation Cieuts / Tuition Deutction

38

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
		1=taxpayer, 2=spouse		
	Student	First name		
	Info.	Last name		
No.	⅃	Social security number		
	1=hope cred	dit, 2=lifetime learning credit		
	Qualified tui (net of refur	tion and fees paid in 2008 and or assistance and not entered elsewhere)		
	Amount of p	orior year refund or assistance*		
	T			
		1=taxpayer, 2=spouse		
	Student Info.	First name		
N		Last name.		
No	1-hono oros	Social security number		
	· ·			
	Qualified tui	tion and fees paid in 2008 and or assistance and not entered elsewhere)		
	Ι'	prior year refund or assistance*		
l			<u>'</u>	
		1=taxpayer, 2=spouse		
	Student	First name		
	Info.	Last name		
No.	⅃	Social security number		
	1=hope cred	dit, 2=lifetime learning credit		
	Qualified tui	tion and fees paid in 2008		
	Ι'	nd or assistance and not entered elsewhere)		
	μΑιτιουτίτ οι μ	orior year returns or assistance		
		1=taxpayer, 2=spouse		
	Student	First name		
	Info.	Last name		
No.		Social security number		
	1=hope cred	dit, 2=lifetime learning credit		
	Qualified tui	tion and fees paid in 2008		
	Ι'	nd or assistance and not entered elsewhere)		
	Amount of p	orior year refund or assistance*		
		1-taypayor 2-spayo	-	
	CII.	1=taxpayer, 2=spouse		
	Student Info.	Last name.		
No.		Social security number.		
	1=hope cred	dit, 2=lifetime learning credit		
	· ·			
	(net of refur	tion and fees paid in 2008 and or assistance and not entered elsewhere)		
	Amount of p	orior 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.

2008 1040 US Household Employment Taxes (Schedule H)

42

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

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of \$1,600 or more in 2008; whousehold employee; or paid total cash wages of \$1,000 or more in any calendar complete the following:	vithheld federal income tax of quarter of 2007 or 2008 to h	during 2008 for any ousehold employees, please
Employer identification number		
1=spouse, 2=joint		
Social security, Medicare and income taxes:	2008 Amount	2007 Amount
1=paid any one employee cash wages of \$1,500 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Advance earned income credit payments		
Taxes withheld from state disability payments		
Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008.		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/09		
1=all wages taxable for FUTA were also taxable for state unemployment.		
Name of state		
State reporting number		
Contributions paid to state unemployment fund.		

80	1040	US	Parent's Election to Repor	t Child's Inc.	No.	44
	Ple	ease enter	all pertinent 2008 amounts & attach a	II 1099-INT and 1099-D	OIV forms.	
~!!!!	L DIC INE		Last year's amounts are provided fo	r your reference.		
CHII	LD'S INF	ORMATIC)N			
	,	ber)				
)				
		ite				
INTE	EREST IN	ICOME (F	Form 1099-INT)			
		s, etc. (Box 1)	·	2008 Amount	2007 Amo	ount
-	,					
IIS h	onds T-hills	etc (nontava	ble to state) (Box 3):			
0.5. b	orius, r-bilis,	etc. (Horitaxai	ble to state) (box 3).			
Tax-ev	xempt interes	<u></u>				
	•					
ln-	-state municip	oal bonds				
Adjust	ments:					
No	ominee distrib	ution				
			T in error)			
	•					
	•	t				
Foreig		authority avoi	r foreign account			
		-	r foreign account			
	-	-	red distribution from foreign trust			
	-		interest (included above) (6251)			
DIVI	DEND IN	COME (F	orm 1099-DIV)			
		ends (Box 1a)	·			
-						
Ouglifi	ind dividends	(Doy 1b)				
		stributions (Bo	ov 3a).			
Total	capital galli al	בווסמוסווס (בי	5X 2a).			
-						
Unreca	aptured section	n 1250 gain (Box 2b)			
Sectio	n 1202 gain (Box 2c)				
Collec	tibles (28%) (jain (Box 2d) .				
		, ,				
	xempt interest		_			
	nee distribution					
		Ius				
Or	,	nde	ı			
Or Qı	ualified divide					

ORGANIZER Page 104 NJ FAIR Rebate / Property Tax Deduction 2008 1040 NJ 53.081 Please enter all pertinent 2008 information and note any applicable changes. **GENERAL** 1=homeowner, 2=tenant (at 10/1/08), 3=both (mandatory)..... FAIR REBATE INFORMATION FOR TENANTS Residence (if different): Street address City, state, ZIP code Number of days in 2008 as tenant, if not 365..... Total number of tenants who shared rent..... Total rent paid by taxpayer(s) during this period, if different..... PROPERTY TAX DEDUCTION INFORMATION FOR HOMEOWNERS Residence (if different): City, state, ZIP code..... Share of property owned by taxpayer(s), if not 100% (.xxxx)..... Share of property used as principal residence, if different (.xxxx)..... Total 2008 property tax paid on this property during 2008.....

53.081

Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.	_ _ _
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