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2009	1040	US	Tax Organizer
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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@mcgovernarryllc.com**

Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2009 tax return. Please enter all pertinent 2009 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		
Cell phone		
E-mail address		

Address

In care of	
Street address	
Apartment number . . .	
City	
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.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y) . . .		
Social security number . .		
Relationship		
Months lived at home . . .		

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Please enter all pertinent 2009 information. If you have attached a government form for an item, check the box and do not enter a 2009 amount.

WAGES, SALARIES AND TIPS

Employer name:

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

2009 Amount

2008 Amount

Attach Forms W-2

INTEREST INCOME

Payer name:

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

Attach Forms 1099-INT

DIVIDEND INCOME

Payer name:

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

Attach Forms 1099-DIV

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

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

Attach Forms
1099-R & W-2G

Winnings not reported on W-2G.....

Total gambling losses

OTHER GOVERNMENT FORMS - INCOME☐ Form 1099-B - Sales of stock (also include transaction history).....☐ Form 1099-MISC - Miscellaneous income.....☐ Form 1099-S - Sales of real estate (also include closing statements).....

Attach Forms 1099

☐ Form 1099-G - State tax refunds.....

Attach Forms 1099

Taxpayer:

☐ Form SSA-1099 - Social security benefits.....☐ Form 1099-G - Unemployment compensation.....

Attach Forms 1099

Spouse:

☐ Form SSA-1099 - Social security benefits.....☐ Form 1099-G - Unemployment compensation.....

Attach Forms 1099

MISCELLANEOUS INCOME

Taxpayer: Alimony received.....

Spouse: Alimony received.....

Other:

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RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

Spouse: Traditional IRA contributions (1=maximum)

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

2009 Amount

2008 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

☐ Form 1098-E - Student loan interest

☐ Form 1098-T - Tuition and related expenses

Attach Forms 1098

ADJUSTMENTS TO INCOME

Taxpayer:

Self-employed health insurance premiums

Educator expenses

Expenses from rental of personal property

Other adjustments to income:

Alimony paid - Recipient name & SSN

Spouse:

Self-employed health insurance premiums

Educator expenses

Expenses from rental of personal property

Other adjustments to income:

Alimony paid - Recipient name & SSN

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs

Doctors, dentists and nurses

Hospitals and nursing homes

Insurance premiums

Long-term care premiums - taxpayer

Long-term care premiums - spouse

Insurance reimbursement

Out-of-pocket lodging and transportation expenses

Number of medical miles

Other: _____

TAXES PAID

State income taxes - 1/09 payment on 2008 state estimate

State income taxes - paid with 2008 state extension

State income taxes - paid with 2008 state return

State income taxes - paid for prior years and/or to other states

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TAXES PAID (continued)

City/local income taxes - 1/09 payment on 2008 city/local estimate.

City/local income taxes - paid with 2008 city/local extension.

City/local income taxes - paid with 2008 city/local return.

State and local sales taxes (except autos and special items).....

Sales taxes paid on vehicles, boats, and aircraft.

Use taxes paid on 2009 purchases.

Use taxes paid on 2008 state return.

☐ New passenger auto's, light trucks & motorcycles purchased 2/17/09 - 12/31/09.

Sales tax on auto's not included above.

Sales taxes paid on boats, aircraft, and other special items.

Real estate taxes - principal residence.

Real estate taxes - property held for investment.

Foreign income taxes.

☐ Personal property taxes (including automobile fees in some states) ...**INTEREST PAID**

Home mortgage interest and points paid:

☐
☐

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).

Number of charitable miles.

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.

Investment expenses.

Estate tax, section 691(c).

Unreimbursed employee expenses:

Other: _____

2009 Amount

2008 Amount

Attach Vehicle/Tax Information

Attach Tax Notice

Attach Forms 1098

2009	1040	US	Client Information	1
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McGOVERN GARRY, LLC
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Watchung, NJ 07069-6268
Telephone number: **(908) 668-1040**
Fax number: **(908) 668-1042**
E-mail address: **contact@mcgoverngaryllc.com**

Tax Return Appointment

Date: _____
Time: _____
Location: _____

This tax organizer will assist you in gathering information necessary for the preparation of your 2009 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table) 1=married filing separate and lived with spouse Year spouse died, if qualifying widow(er) (2007 or 2008)	
Taxpayer	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind	Filing Status 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Spouse	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind	
Address	In care of Street address Apartment number City State ZIP code	
Foreign Address	Region Postal code Country	

2009	1040	US	Client Information (continued)	1 p2
Please add, change or delete information for 2009.				
CLIENT INFORMATION				
Taxpayer Contact Information	Home phone.		Daytime Phone 1 = Work 2 = Home 3 = Mobile	
	Work phone.			
	Work extension.			
	Daytime phone (table)			
	Mobile phone.			
	Pager number.			
	Fax number.			
	E-mail address.			
Spouse Contact Information	Home phone.			
	Work phone.			
	Work extension.			
	Daytime phone (table)			
	Mobile phone.			
	Pager number.			
	Fax number.			
	E-mail address.			

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2009?
<input type="checkbox"/>	<input type="checkbox"/>	DEPENDENTS
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 or full-time students under age 24 at the end of 2009, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?
<input type="checkbox"/>	<input type="checkbox"/>	INCOME
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
<input type="checkbox"/>	<input type="checkbox"/>	PURCHASES, SALES AND DEBT
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.) or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy a main home before May 1, 2010 and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy a main home after November 6, 2009 and before May 1, 2010, which replaced a main home that you (and your spouse) maintained for 5 consecutive years during the 8-year period before this latest purchase?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new motor vehicle in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone owe you money which had become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES

NO

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 2008 taxes to your 2009 estimated tax (instead of being refunded)?

☐☐

If you have an overpayment of 2009 taxes, do you want the excess applied to your 2010 estimated tax (instead of being refunded)?

☐☐

Do you expect your 2010 taxable income and withholdings to be different from 2009?

MISCELLANEOUS☐☐

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?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Were you or was any of your property located in a federally declared disaster area?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security?
<input type="checkbox"/>	<input type="checkbox"/>	Did you elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and December 31, 2009 as a result of an involuntary termination?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and December 31, 2009 as a result of an involuntary termination?

2009

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new motor vehicle in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security?

2009	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6
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Please enter all pertinent 2009 information.

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

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

1=taxpayer received \$250 economic recovery payment.		
1=spouse received \$250 economic recovery payment.		
1=taxpayer received government pension not covered by social security . . .		
1=spouse received government pension not covered by social security.		
1=direct deposit of federal tax refund into bank account.		
1=electronic payment of balance due.		
1=electronic payment of estimated tax.		

BANK INFORMATION

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

2009 ESTIMATED TAX / 1040-ES (6)

Federal

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

State

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

1

Type of Account

- 1 = Savings
2 = Checking

2

Type of Investment

- 1 = Checking or savings (default) 6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits) 7 = Other
3 = Spouse's IRA (next year limits) 8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA) 9 = Spouse's IRA (current year limits)
5 = Archer MSA 10 = Series 1 treasury bonds

Hash Total

3, 6

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

APPLICATION OF 2009 OVERPAYMENT (7.1)

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

Other (please explain): _____

2010 ESTIMATED TAX INFORMATION

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

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

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

If "yes" explain any differences: _____

	Hash Total	7.1
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2009	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2009 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2008 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2					Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/09	2008 Distribution
		Distribution code #1							Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE										
		1=spouse										

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2008 Winnings
				Federal (Box 2)	State (Box 14)	

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

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

10, 13.1, 13.2

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

MISCELLANEOUS INCOME

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

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

2009	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2
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Please add, change or delete 2009 information as appropriate.
Be sure to attach all 1099-G forms.

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

2009 1099-G Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2009 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2008 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Farm amounts:		
	Agriculture payments (Box 7).....		
	1=agriculture payments are from conservation reserve program.....		
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld.....			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2009 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2008 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Farm amounts:		
	Agriculture payments (Box 7).....		
	1=agriculture payments are from conservation reserve program.....		
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld.....			

2009	1040	US	Education Distributions (ESA's and QTP's)	14.3
------	------	----	---	------

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

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

		2009 Amount	2008 Amount
No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)...		
	ESA's only:		
2009 contributions to this ESA			
Value of this account at 12/31/09 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/08.....			

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

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

2009

1040

US

Business Income (Schedule C)

No.

16

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

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040.....	
City, state, ZIP code, if different from Form 1040.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
1=W-2 earnings as statutory employee.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		

INCOME

	2009 Amount	2008 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		

Inventory at end of the year.....		

16

2009

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

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

EXPENSES

	2009 Amount	2008 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (80%)		
Uniforms		
Utilities		
Wages		

Other expenses:

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

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2009

1040

US

Installment Sales (Form 6252)

17 p2

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

PRIOR YEAR INSTALLMENT SALE

		2009 Amount	2008 Amount
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

17 p2

2009	1040	US	Sale of Home & Moving Expenses	17, 27
------	------	----	--------------------------------	--------

If you sold your home or moved in 2009, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)	
Date acquired (m/d/y)	
Date sold (m/d/y) (Box 1)	
Sales price (Box 2)	
1=sale of home	
1=owned and used property as main home for at least 2 of 5 years before sale	
1=first-time homebuyer credit was previously taken on this home	
1=business use in year of sale	
Number of days after December 31, 2008 that home was not used as principal residence	

Adjusted Basis

Original cost	
Improvements:	
.....	
.....	
.....	
Adjusted basis	

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

.....	
.....	
.....	
.....	
Total expenses of sale	

Reduced Exclusion

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

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) ..

1=sale due to change in health, employment or unforeseen circumstances	
Days used as main home - taxpayer	
Days used as main home - spouse	
Days property owned - taxpayer	
Days property owned - spouse	

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

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

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

2009	1040	US	Rental & Royalty Income (Schedule E)	No. <input type="text"/>	18
------	------	----	--------------------------------------	--------------------------	----

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

GENERAL INFORMATION

Kind of property	
Location of property	

Percentage of ownership if not 100% (.xxxx)		
Percentage of tenant occupancy if not 100% (.xxxx)		
1=spouse, 2=joint		
1=nonpassive activity, 2=passive royalty		
1=did not actively participate		
1=real estate professional		
1=rental other than real estate		
1=investment		
1=single member limited liability company		

INCOME

	2009 Amount	2008 Amount
Rents received (Form 1099-MISC, box 1)		
Royalties received (Form 1099-MISC, box 2)		

DIRECT EXPENSES

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

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

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

2009

1040

US

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

No.

18 p2

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2009 Amount	2008 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

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

INDIRECT EXPENSES

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

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

Other:

18 p2

2009

1040

US

Farm Income (Schedule F/Form 4835)

No.

19

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

GENERAL INFORMATION

Principal product.....
Employer ID number.....

Agricultural activity code		
Accounting method: 1=cash, 2=accrual		
1=spouse, 2=joint		
1=farm rental (Form 4835)		
1=crop insurance proceeds election		
1=did not "materially participate" (Schedule F only)		
1=did not actively participate (Form 4835 only)		
1=real estate professional (Form 4835 only)		
1=single member limited liability company		
% of ownership if not 100% (.xxxx) (Form 4835 only)		

FARM INCOME

Cash method:	2009 Amount	2008 Amount
Sales of livestock, etc. bought for resale		
Cost or basis of livestock, etc. bought for resale		
Sales of livestock, etc. you raised		

Accrual method:	2009 Amount	2008 Amount
Sales of livestock, produce, grains, etc.		
Inventory of livestock, etc. at beginning of year		
Cost of livestock, etc. purchased		
Inventory of livestock, etc. at end of year		

Other farm income:	2009 Amount	2008 Amount
Total cooperative distributions		
Taxable cooperative distributions		
Total agricultural program payments (other than CRP)		
Taxable agricultural program payments (other than CRP)		
Total conservation reserve program payments		
Taxable conservation reserve program payments		
Commodity credit loans reported under election		
Total commodity credit loans forfeited or repaid		
Taxable commodity credit loans forfeited or repaid		
Total crop insurance proceeds received in 2009		
Taxable crop insurance proceeds received in 2009		
Taxable crop insurance proceeds deferred from 2008		
Custom hire (machine work) income		

Other income:	2009 Amount	2008 Amount
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		

19

Farm Income (Sch. F/Form 4835) (cont.)

2009	1040	US	Partnership and S corporation Information	20.1,20.2
Please add, change or delete 2009 information as appropriate. Be sure to attach all Schedule K-1s.				
PARTNERSHIP INFORMATION (20.1)				
No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
S CORPORATION INFORMATION (20.2)				
No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
				20.1,20.2

2009	1040	US	Estate or Trust and REMIC Information	20.3,20.4																																																																													
<p>Please add, change or delete 2009 information as appropriate. Be sure to attach all Schedule K-1s and Schedule Qs.</p> <p>ESTATE OR TRUST INFORMATION (20.3)</p> <table border="1"> <thead> <tr> <th>No.</th> <th>Name of Estate or Trust</th> <th>Employer Identification Number</th> <th>Tax Shelter Registration Number</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>REMIC INFORMATION (20.4)</p> <table border="1"> <thead> <tr> <th>No.</th> <th>Name of REMIC</th> <th>Employer Identification Number</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>					No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number																																									No.	Name of REMIC	Employer Identification Number																														
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				20.3,20.4																																																																													

2009

1040

US

Vehicle Expenses

No.

22 p3

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

GENERAL INFORMATION

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

AUTOMOBILE MILEAGE

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

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

22 p3

2009

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US

Adjustments to Income

24

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

TRADITIONAL IRA CONTRIBUTIONS

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....				
Contributions made to date.....				
1=covered by plan, 2=not covered.....				
2009 payments from 1/1/10 to 4/15/10.....				

ROTH IRA CONTRIBUTIONS

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

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

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

ADJUSTMENTS TO INCOME

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

Alimony paid:

Taxpayer

Spouse

Recipient's first name.....				
Recipient's last name.....				
Recipient's SSN.....				
Amount paid.....		2008 amt:		2008 amt:

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2009

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US

Itemized Deductions

25

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

MEDICAL AND DENTAL EXPENSES

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

	2009 Amount	TS	2008 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

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

State income taxes - 1/09 payment on 2008 state estimate			
State income taxes - paid with 2008 state extension			
State income taxes - paid with 2008 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/09 payment on 2008 city/local estimate			
City/local income taxes - paid with 2008 city/local extension			
City/local income taxes - paid with 2008 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2009 purchases			
Use taxes paid with 2008 state return			
New passenger auto's, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 *			
Vehicle #1 description			
Vehicle #1 purchase price			
Vehicle #1 sales tax paid			
Vehicle #1 other qualified taxes/fees			
Sales tax on auto's not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

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

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2009

1040

US

Itemized Deductions (continued)

25 p2

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

INTEREST PAID

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

2009 Amount

TS

2008 Amount

Home mortgage interest not reported on Form 1098:

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

Points not reported on Form 1098:

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

Investment interest (interest on margin accounts):

Passive interest

Certain home mortgage interest included above (6251)

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:

Volunteer expenses (out-of-pocket)		
Number of charitable miles		

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

Contributions by cash or check:

Volunteer expenses (out-of-pocket)		
Number of charitable miles		

25 p2

2009

1040

US

Itemized Deductions (continued)

25 p3

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

NONCASH CONTRIBUTIONS

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

50% limitation (see above):

2009 Amount

TS

2008 Amount

30% limitation (see above):

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

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

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues.

--	--	--

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

Investment expense:

Tax return preparation fee.

Safe deposit box rental.

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

25 p3

[illegible]

2009

1040

US

Itemized Deductions (continued)

25 p5

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

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

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

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

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

LOAN INFORMATION

Loan #1

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

Loan #2

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

Form

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

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2009

1040

US

Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2009, please complete the information below for each donee using the following guidelines:

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

DONATED PROPERTY INFORMATION

No. <input type="text"/>	Vehicle	Name of charitable organization (donee)			
		Street address			
		City, state, ZIP code			
		1=spouse, 2=joint			
		Property description (other than vehicle)			
		Year (yyyy)			
		Make and model			
		Condition and mileage			
		Date of contribution (m/d/y) *			
		Date acquired by donor (m/y) *			
No. <input type="text"/>	Vehicle	Name of charitable organization (donee)			
		Street address			
		City, state, ZIP code			
		1=spouse, 2=joint			
		Property description (other than vehicle)			
		Year (yyyy)			
		Make and model			
		Condition and mileage			
		Date of contribution (m/d/y) *			
		Date acquired by donor (m/y) *			
No. <input type="text"/>	Vehicle	Name of charitable organization (donee)			
		Street address			
		City, state, ZIP code			
		1=spouse, 2=joint			
		Property description (other than vehicle)			
		Year (yyyy)			
		Make and model			
		Condition and mileage			
		Date of contribution (m/d/y) *			
		Date acquired by donor (m/y) *			
1	How Property was Acquired		2	Method Used to Determine FMV	
	1 = Purchase	3 = Inheritance		1 = Appraisal	3 = Catalog
	2 = Gift	4 = Exchange		2 = Thrift shop value	4 = Comparable sales
For other methods, see IRS Pub. 561.					

26

2009

1040

US

Business Use of Home (Form 8829)

No.

29

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

BUSINESS USE OF HOME

	2009 Amount	2008 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

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

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

DIRECT EXPENSES

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

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

29

GENERAL INFORMATION

Form.		
Number of form (1=first Schedule C, 2=second, etc.)		
1=spouse.....		
1=performance artist, 2=handicapped, 3=fee-basis government official.		

2009 Amount

2008 Amount

Meal and entertainment expenses.....		
Reimbursements for meals and entertainment not on W-2, box 1.....		
1=Department of Transportation (80% 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:		

Other business expenses:

[illegible]

2009

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

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

VEHICLE INFORMATION

	2009 Amount	2008 Amount
1=vehicle used primarily by more than 5% owner		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		

VEHICLE 1

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

VEHICLE 2

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

30 p2

2009	1040	US	Foreign Income Exclusion (Form 2555)	No. <input type="text"/>	31.1
------	------	----	--------------------------------------	--------------------------	------

Please enter all pertinent 2009 information.

GENERAL INFORMATION

1=spouse.....	<input type="text"/>	<input type="text"/>
Foreign address of taxpayer, if different from Form 1040:		
Street address	<input type="text"/>	
City	<input type="text"/>	
Region	<input type="text"/>	
Postal code	<input type="text"/>	
Country.....	<input type="text"/>	
Employer:		
Name	<input type="text"/>	
U.S. street address	<input type="text"/>	
U.S. city	<input type="text"/>	
U.S. state	<input type="text"/>	
U.S. ZIP code	<input type="text"/>	
Foreign street address	<input type="text"/>	
Foreign city	<input type="text"/>	
Foreign region	<input type="text"/>	
Foreign postal code	<input type="text"/>	
Foreign country	<input type="text"/>	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other	<input type="text"/>	<input type="text"/>
Employer type, if other	<input type="text"/>	

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

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

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

2009

1040

US

Foreign Income Exclusion (2555)

No.

31.1 p2

Please enter all pertinent 2009 information.

TRAVEL INFORMATION

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

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

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

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

Names of family living abroad with taxpayer (if applicable):	Period family lived abroad
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

Address of home in U.S. maintained while living abroad (if applicable):	1=U.S. home rented (if applicable)	Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Principal country of employment	<input type="text"/>
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FOREIGN HOUSING EXPENSES

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

Travel Type

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

31.1 p2

2009

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.2

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

FOREIGN WAGES, SALARIES, TIPS

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

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

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

Allowances and Reimbursements

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

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

--	--

Other Foreign Earned Income

2009 Days Worked Allocation Information

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

31.2

2009	1040	US	Health Savings Accounts (8889)	32.1
------	------	----	--------------------------------	------

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

HSA CONTRIBUTIONS

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

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

HSA DISTRIBUTIONS

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

2009

1040

US

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2009 . . .				
Employer-provided benefits forfeited in 2009				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input type="text"/>	First name.		
	Last name.		
	Date of birth (m/d/y).		
	Social security number.		
	Qualified dependent care expenses incurred and paid in 2009		2008 amt:
	1=disabled		
	1=spouse, 2=joint		

No. <input type="text"/>	First name.		
	Last name.		
	Date of birth (m/d/y).		
	Social security number.		
	Qualified dependent care expenses incurred and paid in 2009		2008 amt:
	1=disabled		
	1=spouse, 2=joint		

No. <input type="text"/>	First name.		
	Last name.		
	Date of birth (m/d/y).		
	Social security number.		
	Qualified dependent care expenses incurred and paid in 2009		2008 amt:
	1=disabled		
	1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input type="text"/>	Name of provider.		
	Street address.		
	City, state, ZIP code.		
	Identification number (SSN or EIN).		
	Amount paid to care provider in 2009.		2008 amt:
	1=spouse, 2=joint		

No. <input type="text"/>	Name of provider.		
	Street address.		
	City, state, ZIP code.		
	Identification number (SSN or EIN).		
	Amount paid to care provider in 2009.		2008 amt:
	1=spouse, 2=joint		

33.1,33.2

2009	1040	US	Qualified Adoption Expenses (Form 8839)	37
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Please enter all pertinent 2009 information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

		2009 Amount	2008 Amount	
No. <input type="text"/>	First name.			
	Last name.			
	Identification number.			
	Date of birth (m/d/y).			
	1=born before 1992 and was disabled.			
	1=special needs child.			
	1=foreign child.			
	1=adoption was not final in 2009.			
	Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009.		
		1997-2001 for adoption of foreign child finalized in 2009.		
2008 and 2009 for adoption finalized in 2009.				
2009 for adoption finalized before 2009.				
1=spouse, 2=joint.				
No. <input type="text"/>	First name.			
	Last name.			
	Identification number.			
	Date of birth (m/d/y).			
	1=born before 1992 and was disabled.			
	1=special needs child.			
	1=foreign child.			
	1=adoption was not final in 2009.			
	Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009.		
		1997-2001 for adoption of foreign child finalized in 2009.		
2008 and 2009 for adoption finalized in 2009.				
2009 for adoption finalized before 2009.				
1=spouse, 2=joint.				
No. <input type="text"/>	First name.			
	Last name.			
	Identification number.			
	Date of birth (m/d/y).			
	1=born before 1992 and was disabled.			
	1=special needs child.			
	1=foreign child.			
	1=adoption was not final in 2009.			
	Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009.		
		1997-2001 for adoption of foreign child finalized in 2009.		
2008 and 2009 for adoption finalized in 2009.				
2009 for adoption finalized before 2009.				
1=spouse, 2=joint.				

2009	1040	US	Education Credits / Tuition Deduction	38
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Please complete the information below if you paid qualified education expenses in 2009 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.
Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

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

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

2009

1040

US

Household Employment Taxes (Schedule H)

42

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

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of \$1,700 or more in 2009; withheld federal income tax during 2009 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009 to household employees, please complete the following:

Employer identification number

 1=spouse, 2=joint

Social security, Medicare and income taxes:

2009 Amount

2008 Amount

1=paid any one employee cash wages of \$1,700 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 2008 or 2009		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/10		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
State reporting number		
Contributions paid to state unemployment fund		

42

2009	1040	US	Parent's Election to Report Child's Inc.	No. 	44
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Please enter all pertinent 2009 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name.....	
Last name.....	
Social security number.....	
Date of birth (m/d/y).....	
1=nontaxable to federal.....	
1=nontaxable to state.....	

INTEREST INCOME (Form 1099-INT)

	2009 Amount	2008 Amount
Banks, credit unions, etc. (Box 1):		

U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):		

Tax-exempt interest:		
Total municipal bonds.....		
In-state municipal bonds.....		
Adjustments:		
Nominee distribution.....		
Accrued interest.....		
Tax-exempt interest (1099-INT in error).....		
OID adjustment.....		
ABP adjustment.....		
Foreign:		
1=interest in or authority over foreign account.....		
Name of foreign country.....		
1=grantor/transferor or received distribution from foreign trust.....		
Post 8/7/86 private activity bond interest (included above) (6251).....		

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a):		

Qualified dividends (Box 1b).....		
Total capital gain distributions (Box 2a):		

Unrecaptured section 1250 gain (Box 2b).....		
Section 1202 gain (Box 2c).....		
Collectibles (28%) gain (Box 2d).....		
Nontaxable distributions (Box 3).....		
Tax-exempt interest:		
Total municipal bonds.....		
In-state municipal bonds.....		
Nominee distributions:		
Ordinary dividends.....		
Qualified dividends.....		
Capital gain distributions.....		
Alaska permanent fund dividends included above		

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2009	1040	US	Tax Organizer
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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@mcgoverngaryllc.com**

Tax Return Appointment

Date: _____
Time: _____
Location: _____

This tax organizer will assist you in gathering information necessary for the preparation of your 2009 tax return. Please enter all pertinent 2009 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		
Cell phone		
E-mail address		

Address	In care of	
	Street address	
	Apartment number . . .	
	City	
	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.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y) . . .		
Social security number . .		
Relationship		
Months lived at home . . .		

2009	1040	US	Tax Organizer
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Please enter all pertinent 2009 information. If you have attached
a government form for an item, check the box and do not enter a 2009 amount.

WAGES, SALARIES AND TIPS

Employer name:

		2009 Amount	2008 Amount
<input type="checkbox"/>	_____	Attach Forms W-2	_____
<input type="checkbox"/>	_____		_____
<input type="checkbox"/>	_____		_____
<input type="checkbox"/>	_____		_____
<input type="checkbox"/>	_____		_____

INTEREST INCOME

Payer name:

<input type="checkbox"/>	_____	Attach Forms 1099-INT	_____
<input type="checkbox"/>	_____		_____
<input type="checkbox"/>	_____		_____
<input type="checkbox"/>	_____		_____
<input type="checkbox"/>	_____		_____

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	_____	Attach Forms 1099-DIV	_____
<input type="checkbox"/>	_____		_____
<input type="checkbox"/>	_____		_____
<input type="checkbox"/>	_____		_____
<input type="checkbox"/>	_____		_____

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	_____	Attach Forms 1099-R & W-2G	_____
<input type="checkbox"/>	_____		_____
<input type="checkbox"/>	_____		_____
<input type="checkbox"/>	_____		_____
<input type="checkbox"/>	_____		_____
	Winnings not reported on W-2G.		_____
	Total gambling losses		_____

OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....	Attach Forms 1099
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....	
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements).....	
<input type="checkbox"/>	Form 1099-G - State tax refunds.....	Attach Forms 1099

Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....	Attach Forms 1099
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....	

Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....	Attach Forms 1099
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....	

MISCELLANEOUS INCOME

	Taxpayer: Alimony received		
	Spouse: Alimony received.....		
	Other:		

2009

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US

Tax Organizer

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)
 Spouse: Traditional IRA contributions (1=maximum)
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

2009 Amount

2008 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

☐ Form 1098-E - Student loan interest
☐ Form 1098-T - Tuition and related expenses

Attach Forms 1098

ADJUSTMENTS TO INCOME

Taxpayer:

Self-employed health insurance premiums
 Educator expenses
 Expenses from rental of personal property
 Other adjustments to income:

Alimony paid - Recipient name & SSN

Spouse:

Self-employed health insurance premiums
 Educator expenses
 Expenses from rental of personal property
 Other adjustments to income:

Alimony paid - Recipient name & SSN

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
 Doctors, dentists and nurses
 Hospitals and nursing homes
 Insurance premiums
 Long-term care premiums - taxpayer
 Long-term care premiums - spouse
 Insurance reimbursement
 Out-of-pocket lodging and transportation expenses
 Number of medical miles
 Other:

TAXES PAID

State income taxes - 1/09 payment on 2008 state estimate
 State income taxes - paid with 2008 state extension
 State income taxes - paid with 2008 state return
 State income taxes - paid for prior years and/or to other states

2009

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US

Tax Organizer

TAXES PAID (continued)

City/local income taxes - 1/09 payment on 2008 city/local estimate.

City/local income taxes - paid with 2008 city/local extension.

City/local income taxes - paid with 2008 city/local return.

State and local sales taxes (except autos and special items).....

Sales taxes paid on vehicles, boats, and aircraft.

Use taxes paid on 2009 purchases.

Use taxes paid on 2008 state return.

☐ New passenger auto's, light trucks & motorcycles purchased 2/17/09 - 12/31/09.

Sales tax on auto's not included above.

Sales taxes paid on boats, aircraft, and other special items.

Real estate taxes - principal residence.

Real estate taxes - property held for investment.

Foreign income taxes.

☐ Personal property taxes (including automobile fees in some states) ...**INTEREST PAID**

Home mortgage interest and points paid:

☐
☐

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).

Number of charitable miles.

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.

Investment expenses.

Estate tax, section 691(c).

Unreimbursed employee expenses:

Other: _____

2009 Amount

2008 Amount

Attach Vehicle/Tax Information

Attach Tax Notice

Attach Forms 1098

2009	1040	US	Client Information	1
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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@mcgoverngaryllc.com**

Tax Return Appointment

Date: _____
Time: _____
Location: _____

This tax organizer will assist you in gathering information necessary for the preparation of your 2009 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table) 1=married filing separate and lived with spouse Year spouse died, if qualifying widow(er) (2007 or 2008)	
Taxpayer	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind	Filing Status 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Spouse	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind	
Address	In care of Street address Apartment number City State ZIP code	
Foreign Address	Region Postal code Country	

2009	1040	US/NJ	Client Information (continued)	1 p2
Please add, change or delete information for 2009.				
CLIENT INFORMATION				
Taxpayer Contact Information	Home phone.		Daytime Phone 1 = Work 2 = Home 3 = Mobile	
	Work phone.			
	Work extension.			
	Daytime phone (table)			
	Mobile phone.			
	Pager number.			
	Fax number.			
	E-mail address.			
Spouse Contact Information	Home phone.			
	Work phone.			
	Work extension.			
	Daytime phone (table)			
	Mobile phone.			
	Pager number.			
	Fax number.			
	E-mail address.			
State Info.	County/municipal code.			

2009

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2009?
<input type="checkbox"/>	<input type="checkbox"/>	DEPENDENTS
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 or full-time students under age 24 at the end of 2009, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?
<input type="checkbox"/>	<input type="checkbox"/>	INCOME
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
<input type="checkbox"/>	<input type="checkbox"/>	PURCHASES, SALES AND DEBT
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.) or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy a main home before May 1, 2010 and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy a main home after November 6, 2009 and before May 1, 2010, which replaced a main home that you (and your spouse) maintained for 5 consecutive years during the 8-year period before this latest purchase?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new motor vehicle in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone owe you money which had become uncollectible?

2009

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US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	EDUCATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	ITEMIZED DEDUCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	ESTIMATED TAXES
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2008 taxes to your 2009 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2009 taxes, do you want the excess applied to your 2010 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2010 taxable income and withholdings to be different from 2009?
<input type="checkbox"/>	<input type="checkbox"/>	MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2009

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Were you or was any of your property located in a federally declared disaster area?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security?
<input type="checkbox"/>	<input type="checkbox"/>	Did you elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and December 31, 2009 as a result of an involuntary termination?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and December 31, 2009 as a result of an involuntary termination?

2009

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new motor vehicle in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security?

2009

1040

US/NJ

Direct Deposit & Estimates (Form 1040 ES)

3, 6

Please enter all pertinent 2009 information.

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

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

1=taxpayer received \$250 economic recovery payment.		
1=spouse received \$250 economic recovery payment.		
1=taxpayer received government pension not covered by social security . . .		
1=spouse received government pension not covered by social security.		
1=direct deposit of federal tax refund into bank account.		
1=electronic payment of balance due.		
1=electronic payment of estimated tax.		
1=state direct deposit.		
1=state electronic payment of balance due.		

BANK INFORMATION

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

2009 ESTIMATED TAX / 1040-ES (6)**Federal**

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008.				
1st quarter payment (due 4/15/09)				
2nd quarter payment (due 6/15/09)				
3rd quarter payment (due 9/15/09)				
4th quarter payment (due 1/15/10)				
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Additional Estimated Tax Payments </div>				
Paid with extension (not later than 4/15/10) .				

State

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008.				
1st quarter payment (due 4/15/09)				
2nd quarter payment (due 6/15/09)				
3rd quarter payment (due 9/15/09)				
4th quarter payment (due 1/15/10)				
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Additional Estimated Tax Payments </div>				
Paid with extension (not later than 4/15/10) .				

1

Type of Account

- 1 = Savings
2 = Checking

2

Type of Investment

- 1 = Checking or savings (default) 6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits) 7 = Other
3 = Spouse's IRA (next year limits) 8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA) 9 = Spouse's IRA (current year limits)
5 = Archer MSA 10 = Series 1 treasury bonds

Hash Total

3, 6

2009	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
------	------	----	---	-----

Please enter all pertinent 2009 information.

APPLICATION OF 2009 OVERPAYMENT (7.1)

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

Other (please explain): _____

2010 ESTIMATED TAX INFORMATION

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

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

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

If "yes" explain any differences: _____

	Hash Total	7.1
--	------------	-----

2009	1040	US/NJ	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2009 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld						2008 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Disability (Box 14)	WD/HC (Box 14)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2					Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/09	2008 Distribution
		Distribution code #1							Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE										
		1=spouse										

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2008 Winnings
				Federal (Box 2)	State (Box 14)	

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

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

10, 13.1, 13.2

2009	1040	US	Interest & Dividend Income						11, 12	
<p>Please enter all pertinent 2009 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.</p>										
INTEREST INCOME (11)										
No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2008 Interest	
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds			
DIVIDEND INCOME (12)										
No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2008 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		
										11, 12

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

MISCELLANEOUS INCOME

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
Tier 1 RR retirement benefits (RRB-1099, box 5)....				
1=lump-sum election for SS benefits.....				
Alimony received.....				
Taxable scholarships and fellowships.....				
Jury duty pay.....				
Household employee income not on W-2.....				
Excess minister's allowance.....				
Alaska permanent fund dividends.....				
Income from rental of personal property.....				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

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

2009	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2
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Please add, change or delete 2009 information as appropriate.
Be sure to attach all 1099-G forms.

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

2009 1099-G Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2009 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2008 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Farm amounts:		
	Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program.....			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld.....			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2009 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2008 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Farm amounts:		
	Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program.....			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld.....			

2009	1040	US	Education Distributions (ESA's and QTP's)	14.3
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Please enter all pertinent 2009 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

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

		2009 Amount	2008 Amount
No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)...		
	ESA's only:		
2009 contributions to this ESA			
Value of this account at 12/31/09 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/08.....			

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

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

2009

1040

US

Business Income (Schedule C)

No.

16

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

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040.....	
City, state, ZIP code, if different from Form 1040.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
1=W-2 earnings as statutory employee.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		

INCOME

	2009 Amount	2008 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		

Inventory at end of the year.....		

16

2009

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

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

EXPENSES

	2009 Amount	2008 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (80%)		
Uniforms		
Utilities		
Wages		

Other expenses:

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

16 p2

2009

1040

US

Installment Sales (Form 6252)

17 p2

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

PRIOR YEAR INSTALLMENT SALE

		2009 Amount	2008 Amount
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

17 p2

2009	1040	US	Sale of Home & Moving Expenses	17, 27
------	------	----	--------------------------------	--------

If you sold your home or moved in 2009, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)	
Date acquired (m/d/y)	
Date sold (m/d/y) (Box 1)	
Sales price (Box 2)	
1=sale of home	
1=owned and used property as main home for at least 2 of 5 years before sale	
1=first-time homebuyer credit was previously taken on this home	
1=business use in year of sale	
Number of days after December 31, 2008 that home was not used as principal residence	

Adjusted Basis

Original cost	
Improvements:	
.....	
.....	
.....	
Adjusted basis	

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

.....	
.....	
.....	
.....	
Total expenses of sale	

Reduced Exclusion

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

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) ..

1=sale due to change in health, employment or unforeseen circumstances	
Days used as main home - taxpayer	
Days used as main home - spouse	
Days property owned - taxpayer	
Days property owned - spouse	

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

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

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

2009	1040	US	Rental & Royalty Income (Schedule E)	No. <input type="text"/>	18
------	------	----	--------------------------------------	--------------------------	----

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

GENERAL INFORMATION

Kind of property	
Location of property	

Percentage of ownership if not 100% (.xxxx)		
Percentage of tenant occupancy if not 100% (.xxxx)		
1=spouse, 2=joint		
1=nonpassive activity, 2=passive royalty		
1=did not actively participate		
1=real estate professional		
1=rental other than real estate		
1=investment		
1=single member limited liability company		

INCOME

	2009 Amount	2008 Amount
Rents received (Form 1099-MISC, box 1)		
Royalties received (Form 1099-MISC, box 2)		

DIRECT EXPENSES

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

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

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

2009

1040

US

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

No.

18 p2

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2009 Amount	2008 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

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

INDIRECT EXPENSES

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

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

Other:

18 p2

2009

1040

US

Farm Income (Schedule F/Form 4835)

No.

19

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

GENERAL INFORMATION

Principal product.....
Employer ID number.....

Agricultural activity code		
Accounting method: 1=cash, 2=accrual		
1=spouse, 2=joint		
1=farm rental (Form 4835)		
1=crop insurance proceeds election		
1=did not "materially participate" (Schedule F only)		
1=did not actively participate (Form 4835 only)		
1=real estate professional (Form 4835 only)		
1=single member limited liability company		
% of ownership if not 100% (.xxxx) (Form 4835 only)		

FARM INCOME

Cash method:	2009 Amount	2008 Amount
Sales of livestock, etc. bought for resale		
Cost or basis of livestock, etc. bought for resale		
Sales of livestock, etc. you raised		

Accrual method:	2009 Amount	2008 Amount
Sales of livestock, produce, grains, etc.		
Inventory of livestock, etc. at beginning of year		
Cost of livestock, etc. purchased		
Inventory of livestock, etc. at end of year		

Other farm income:	2009 Amount	2008 Amount
Total cooperative distributions		
Taxable cooperative distributions		
Total agricultural program payments (other than CRP)		
Taxable agricultural program payments (other than CRP)		
Total conservation reserve program payments		
Taxable conservation reserve program payments		
Commodity credit loans reported under election		
Total commodity credit loans forfeited or repaid		
Taxable commodity credit loans forfeited or repaid		
Total crop insurance proceeds received in 2009		
Taxable crop insurance proceeds received in 2009		
Taxable crop insurance proceeds deferred from 2008		
Custom hire (machine work) income		

Other income:	2009 Amount	2008 Amount
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		

19

Farm Income (Sch. F/Form 4835) (cont.)

2009	1040	US	Partnership and S corporation Information	20.1,20.2
Please add, change or delete 2009 information as appropriate. Be sure to attach all Schedule K-1s.				
PARTNERSHIP INFORMATION (20.1)				
No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
S CORPORATION INFORMATION (20.2)				
No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
				20.1,20.2

2009	1040	US	Estate or Trust and REMIC Information	20.3,20.4																																																																													
<p>Please add, change or delete 2009 information as appropriate. Be sure to attach all Schedule K-1s and Schedule Qs.</p> <p>ESTATE OR TRUST INFORMATION (20.3)</p> <table border="1"> <thead> <tr> <th>No.</th> <th>Name of Estate or Trust</th> <th>Employer Identification Number</th> <th>Tax Shelter Registration Number</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>REMIC INFORMATION (20.4)</p> <table border="1"> <thead> <tr> <th>No.</th> <th>Name of REMIC</th> <th>Employer Identification Number</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>					No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number																																									No.	Name of REMIC	Employer Identification Number																														
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				20.3,20.4																																																																													

2009

1040

US

Vehicle Expenses

No.

22 p3

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

GENERAL INFORMATION

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

AUTOMOBILE MILEAGE

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

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

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2009

1040

US

Adjustments to Income

24

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

TRADITIONAL IRA CONTRIBUTIONS

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....				
Contributions made to date.....				
1=covered by plan, 2=not covered.....				
2009 payments from 1/1/10 to 4/15/10.....				

ROTH IRA CONTRIBUTIONS

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

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

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

ADJUSTMENTS TO INCOME

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

Alimony paid:

Taxpayer

Spouse

Recipient's first name.....				
Recipient's last name.....				
Recipient's SSN.....				
Amount paid.....		2008 amt:		2008 amt:

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2009

1040

US

Itemized Deductions

25

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

MEDICAL AND DENTAL EXPENSES

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

	2009 Amount	TS	2008 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

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

State income taxes - 1/09 payment on 2008 state estimate			
State income taxes - paid with 2008 state extension			
State income taxes - paid with 2008 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/09 payment on 2008 city/local estimate			
City/local income taxes - paid with 2008 city/local extension			
City/local income taxes - paid with 2008 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2009 purchases			
Use taxes paid with 2008 state return			
New passenger auto's, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 *			
Vehicle #1 description			
Vehicle #1 purchase price			
Vehicle #1 sales tax paid			
Vehicle #1 other qualified taxes/fees			
Sales tax on auto's not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:

Real estate taxes - property held for investment

Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ...

Foreign income taxes

Other taxes:

25

2009

1040

US

Itemized Deductions (continued)

25 p2

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

INTEREST PAID

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

2009 Amount

TS

2008 Amount

Home mortgage interest not reported on Form 1098:

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

Points not reported on Form 1098:

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

Investment interest (interest on margin accounts):

Passive interest

Certain home mortgage interest included above (6251)

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

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

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

25 p2

2009

1040

US

Itemized Deductions (continued)

25 p3

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

NONCASH CONTRIBUTIONS

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

50% limitation (see above):

2009 Amount

TS

2008 Amount

30% limitation (see above):

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

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

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues.

--	--	--

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

Investment expense:

Tax return preparation fee.

Safe deposit box rental.

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

25 p3

[illegible]

2009

1040

US

Itemized Deductions (continued)

25 p5

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

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

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

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

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

LOAN INFORMATION

Loan #1

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

Loan #2

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

Form

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

25 p5

2009	1040	US	Noncash Contributions (Form 8283)	26
------	------	----	-----------------------------------	----

If your total noncash contributions are in excess of \$500 in 2009, please complete the information below for each donee using the following guidelines:

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

DONATED PROPERTY INFORMATION

No. <input type="text"/>	Vehicle	Name of charitable organization (donee).....			
		Street address.....			
		City, state, ZIP code.....			
		1=spouse, 2=joint.....			
		Property description (other than vehicle).....			
		Year (yyyy).....			
		Make and model.....			
		Condition and mileage.....			
		Date of contribution (m/d/y) *.....			
		Date acquired by donor (m/y) *.....			
		How acquired by donor (Table 1 or describe).....			
		Donor's cost or basis.....			
Fair market value.....					
Method used to determine FMV (Table 2 or describe).....					
No. <input type="text"/>	Vehicle	Name of charitable organization (donee).....			
		Street address.....			
		City, state, ZIP code.....			
		1=spouse, 2=joint.....			
		Property description (other than vehicle).....			
		Year (yyyy).....			
		Make and model.....			
		Condition and mileage.....			
		Date of contribution (m/d/y) *.....			
		Date acquired by donor (m/y) *.....			
		How acquired by donor (Table 1 or describe).....			
		Donor's cost or basis.....			
Fair market value.....					
Method used to determine FMV (Table 2 or describe).....					
No. <input type="text"/>	Vehicle	Name of charitable organization (donee).....			
		Street address.....			
		City, state, ZIP code.....			
		1=spouse, 2=joint.....			
		Property description (other than vehicle).....			
		Year (yyyy).....			
		Make and model.....			
		Condition and mileage.....			
		Date of contribution (m/d/y) *.....			
		Date acquired by donor (m/y) *.....			
		How acquired by donor (Table 1 or describe).....			
		Donor's cost or basis.....			
Fair market value.....					
Method used to determine FMV (Table 2 or describe).....					
1	How Property was Acquired		2	Method Used to Determine FMV	
	1 = Purchase 3 = Inheritance			1 = Appraisal 3 = Catalog	
	2 = Gift 4 = Exchange			2 = Thrift shop value 4 = Comparable sales	
For other methods, see IRS Pub. 561.					

2009

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US

Business Use of Home (Form 8829)

No.

29

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

BUSINESS USE OF HOME

	2009 Amount	2008 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

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

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

DIRECT EXPENSES

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

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

29

GENERAL INFORMATION

Form.	
Number of form (1=first Schedule C, 2=second, etc.)	
1=spouse.	
1=performance artist, 2=handicapped, 3=fee-basis government official.	

2009 Amount

2008 Amount

Meal and entertainment expenses.....		
Reimbursements for meals and entertainment not on W-2, box 1.....		
1=Department of Transportation (80% 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:		

Other business expenses:

[illegible]

2009

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

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

VEHICLE INFORMATION

	2009 Amount	2008 Amount
1=vehicle used primarily by more than 5% owner		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		

VEHICLE 1

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

VEHICLE 2

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

30 p2

2009	1040	US	Foreign Income Exclusion (Form 2555)	No. <input type="text"/>	31.1
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Please enter all pertinent 2009 information.

GENERAL INFORMATION

1=spouse.....	<input type="text"/>	<input type="text"/>
Foreign address of taxpayer, if different from Form 1040:		
Street address	<input type="text"/>	
City	<input type="text"/>	
Region	<input type="text"/>	
Postal code	<input type="text"/>	
Country.....	<input type="text"/>	
Employer:		
Name	<input type="text"/>	
U.S. street address	<input type="text"/>	
U.S. city	<input type="text"/>	
U.S. state	<input type="text"/>	
U.S. ZIP code	<input type="text"/>	
Foreign street address	<input type="text"/>	
Foreign city	<input type="text"/>	
Foreign region	<input type="text"/>	
Foreign postal code	<input type="text"/>	
Foreign country	<input type="text"/>	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other	<input type="text"/>	<input type="text"/>
Employer type, if other	<input type="text"/>	

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

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

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

2009

1040

US

Foreign Income Exclusion (2555)

No.

31.1 p2

Please enter all pertinent 2009 information.

TRAVEL INFORMATION

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

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

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

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

Names of family living abroad with taxpayer (if applicable):	Period family lived abroad
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

Address of home in U.S. maintained while living abroad (if applicable):	1=U.S. home rented (if applicable)	Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Principal country of employment	<input type="text"/>
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FOREIGN HOUSING EXPENSES

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

Travel Type

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

31.1 p2

2009

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.2

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

FOREIGN WAGES, SALARIES, TIPS

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

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

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

Allowances and Reimbursements

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

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

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Other Foreign Earned Income

2009 Days Worked Allocation Information

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

31.2

2009	1040	US	Health Savings Accounts (8889)	32.1
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Please enter all pertinent 2009 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

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

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

HSA DISTRIBUTIONS

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

2009

1040

US

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2009 . . .				
Employer-provided benefits forfeited in 2009				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input type="text"/>	First name.		
	Last name.		
	Date of birth (m/d/y).		
	Social security number.		
	Qualified dependent care expenses incurred and paid in 2009		2008 amt:
	1=disabled		
	1=spouse, 2=joint		

No. <input type="text"/>	First name.		
	Last name.		
	Date of birth (m/d/y).		
	Social security number.		
	Qualified dependent care expenses incurred and paid in 2009		2008 amt:
	1=disabled		
	1=spouse, 2=joint		

No. <input type="text"/>	First name.		
	Last name.		
	Date of birth (m/d/y).		
	Social security number.		
	Qualified dependent care expenses incurred and paid in 2009		2008 amt:
	1=disabled		
	1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input type="text"/>	Name of provider.		
	Street address.		
	City, state, ZIP code.		
	Identification number (SSN or EIN).		
	Amount paid to care provider in 2009.		2008 amt:
	1=spouse, 2=joint		

No. <input type="text"/>	Name of provider.		
	Street address.		
	City, state, ZIP code.		
	Identification number (SSN or EIN).		
	Amount paid to care provider in 2009.		2008 amt:
	1=spouse, 2=joint		

33.1,33.2

2009	1040	US	Qualified Adoption Expenses (Form 8839)	37
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Please enter all pertinent 2009 information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

		2009 Amount	2008 Amount	
No. <input type="text"/>	First name.			
	Last name.			
	Identification number.			
	Date of birth (m/d/y).			
	1=born before 1992 and was disabled.			
	1=special needs child.			
	1=foreign child.			
	1=adoption was not final in 2009.			
	Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009.		
		1997-2001 for adoption of foreign child finalized in 2009.		
2008 and 2009 for adoption finalized in 2009.				
2009 for adoption finalized before 2009.				
1=spouse, 2=joint.				
No. <input type="text"/>	First name.			
	Last name.			
	Identification number.			
	Date of birth (m/d/y).			
	1=born before 1992 and was disabled.			
	1=special needs child.			
	1=foreign child.			
	1=adoption was not final in 2009.			
	Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009.		
		1997-2001 for adoption of foreign child finalized in 2009.		
2008 and 2009 for adoption finalized in 2009.				
2009 for adoption finalized before 2009.				
1=spouse, 2=joint.				
No. <input type="text"/>	First name.			
	Last name.			
	Identification number.			
	Date of birth (m/d/y).			
	1=born before 1992 and was disabled.			
	1=special needs child.			
	1=foreign child.			
	1=adoption was not final in 2009.			
	Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009.		
		1997-2001 for adoption of foreign child finalized in 2009.		
2008 and 2009 for adoption finalized in 2009.				
2009 for adoption finalized before 2009.				
1=spouse, 2=joint.				

2009	1040	US	Education Credits / Tuition Deduction	38
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Please complete the information below if you paid qualified education expenses in 2009 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.
Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

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

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

2009

1040

US

Household Employment Taxes (Schedule H)

42

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

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of \$1,700 or more in 2009; withheld federal income tax during 2009 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009 to household employees, please complete the following:

Employer identification number

 1=spouse, 2=joint

Social security, Medicare and income taxes:

2009 Amount

2008 Amount

1=paid any one employee cash wages of \$1,700 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 2008 or 2009		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/10		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
State reporting number		
Contributions paid to state unemployment fund		

42

2009	1040	US	Parent's Election to Report Child's Inc.	No. 	44
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Please enter all pertinent 2009 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name.....	
Last name.....	
Social security number.....	
Date of birth (m/d/y).....	
1=nontaxable to federal.....	
1=nontaxable to state.....	

INTEREST INCOME (Form 1099-INT)

	2009 Amount	2008 Amount
Banks, credit unions, etc. (Box 1):		

U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):		

Tax-exempt interest:		
Total municipal bonds.....		
In-state municipal bonds.....		
Adjustments:		
Nominee distribution.....		
Accrued interest.....		
Tax-exempt interest (1099-INT in error).....		
OID adjustment.....		
ABP adjustment.....		
Foreign:		
1=interest in or authority over foreign account.....		
Name of foreign country.....		
1=grantor/transferor or received distribution from foreign trust.....		
Post 8/7/86 private activity bond interest (included above) (6251).....		

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a):		

Qualified dividends (Box 1b).....		
Total capital gain distributions (Box 2a):		

Unrecaptured section 1250 gain (Box 2b).....		
Section 1202 gain (Box 2c).....		
Collectibles (28%) gain (Box 2d).....		
Nontaxable distributions (Box 3).....		
Tax-exempt interest:		
Total municipal bonds.....		
In-state municipal bonds.....		
Nominee distributions:		
Ordinary dividends.....		
Qualified dividends.....		
Capital gain distributions.....		
Alaska permanent fund dividends included above		

2009	1040	NJ	NJ FAIR Rebate / Property Tax Deduction	53.081
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Please enter all pertinent 2009 information and note any applicable changes.

GENERAL

1=homeowner, 2=tenant (at 10/1/09), 3=both (mandatory)

FAIR REBATE INFORMATION FOR TENANTS

Residence (if different):

Street address

City, state, ZIP code

Number of days in 2009 as tenant, if not 365

Total number of tenants who shared rent

Total rent paid by all tenants during this period

Total rent paid by taxpayer(s) during this period, if different

PROPERTY TAX DEDUCTION INFORMATION FOR HOMEOWNERS

Residence (if different):

Street address

City, state, ZIP code

Number of days in 2009 in this unit as owner, if not 365

Share of property owned by taxpayer(s), if not 100% (.xxxx)

Share of property used as principal residence, if different (.xxxx)

Total 2009 property tax paid on this property during 2009

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.