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Series: Topical Index

ORGANIZER				
2009	1040	US	Tax Organizer	
	786 Mo Watcht Telepho Fax nui E-mail	ountain Bou ung, NJ 070 one numbe mber: address:	er: (908) 668-1040 (908) 668-1042 contact@mcgover	Tax Return Appointment Date: Time: Location: tion necessary for the preparation rtinent 2009 information.
CLIENT	INFORMA	ATION	Taxpayer	Spouse
First name ar	nd initial			•
Last name				
Title/suffix				
Social securit	y number			
Occupation				
Date of birth	(m/d/y)			
Date of death	(m/d/y)			
1=blind				
Home phone				
Work phone.				
Work extension	on			
Cell phone				
E-mail addres	SS			
		In care of		
		Street addres	SS	
۸ - ا - ا - ا		Apartment nu	ımber	
Addr	ess	City		
		State		
		ZIP code		
DEPENI	DENTS			
			Dependent No.	Dependent No.
First name				
Last name				
Title/suffix				
Date of birth	(m/d/y)			
Social securit	y number			
Relationship.				
Months lived	at home			
		1	Dependent No.	Dependent No.
First name				
Last name				
Title/suffix				
Date of birth	(m/d/y)			
Social securit	y number			
Relationship.				
Months lived	at home			

2009	1040	US	Tax Organizer		
\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		Plea governme RIES AND	ase enter all pertinent 2009 informent form for an item, check the bo	nation. If you have attache ox and do not enter a 2009	d amount.
	oyer name:	RIES AND	TIPS	2009 Amount	2008 Amount
				- Attach Forms W-2	
	EREST INC	ОМЕ			
Payer	name:			Attach Forms 1099-INT	
	DEND INCO	OME			
				Attach Forms 1099-DIV	
	SIONS, IRA	A AND GAN	MBLING INCOME		
				- Attach Forms - 1099-R & W-2G	
	_	reported on V	<i>V</i> -2G		
	Form 1099-B Form 1099-M	- Sales of sto ISC - Miscella	ORMS - INCOME ck (also include transaction history) neous income	Attach Fo	orms 1099
		- State tax re	funds	Attach Forms 1099	
_	Form SSA-10 Form 1099-G		curity benefitsent compensation	Attach Forms 1099	
			curity benefitsent compensation	Attach Forms 1099	
MISC Other	Taxpayer: A Spouse: Ali	mony receive	1E red		

09	1040	US	Tax Organizer		
	yer: Tradition Roth IRA Self-emplo se: Tradition Roth IRA	al IRA contrib contributions yed, SEP, SIMPLI al IRA contrib contributions	TRIBUTIONS putions (1=maximum) s (1=maximum) E, & qualified plan contributions (1=maximum) cutions (1=maximum) s (1=maximum) E, & qualified plan contributions (1=maximum)	2009 Amount	2008 Amount
Fo	orm 1098-E -	Student Ioan i	ORMS - DEDUCTIONS interest lated expenses	Attach Forms 1098	
Taxpa Se Ec	yer: elf-employed ducator exper xpenses from	ises	nce premiumsonal property		
Al	limony paid -	Recipient nan	ne & SSN		
Spouse: Self-employed health insurance premiums. Educator expenses Expenses from rental of personal property. Other adjustments to income:			onal property.		
Al	limony paid -	Recipient nan	ne & SSN		
Prescr Doctor Hospit Insura Long-t Long-t Insura Out-of Numbo	ription medici rs, dentists ar tals and nursi ince premium term care pre term care pre ance reimburs f-pocket lodgi er of medical	nd nurses ng homes s miums - taxpa miums - spou ement ng and transp miles	EXPENSES sayer se. ortation expenses.		
State State State	income taxes income taxes	- paid with 20	ont on 2008 state estimate		

1040	US	Tax Organizer		
-	-		2009 Amount	2008 Amount
	•	,		
		-		
		-		
	-			
				T 1.6
-	=		Attach Vehicle/	lax Information
•		•		
	-	uding automobile fees in some states)	Attach Tax Notice	
mortgage inte	erest and poir	nts paid:		<u> </u>
			Attach Forms 1098	
nortgage interest i	not on Form 1098	(include name, SSN, & address of payee):		
not reported	on Form 1098	3:		
o .	•	•		
ment interest	(interest on i	nargin accounts).		
e interest				
	3		(-),	
eer expenses	(out-of-pock	et)		
er of charitabl	e miles	····		
 No deduction 	n is allowed f	or contributions of clothing and household i	tems that are not in good used co	ondition or better, in addition,
ELLANEO	US DEDU	CTIONS		
leposit box re	ntal			
•				
tax, section of	• •			
		76.		
nbursed empl	oyee expense	,,,		
	oyee expense			
nbursed empl	oyee expense			
	oyee expense			
	cal income ta cal income ta cal income ta cal income ta and local sale taxes paid on exes paid on exestate taxes -	cal income taxes - paid wit cal income taxes - paid wit and local sales taxes (exce taxes paid on vehicles, bookes paid on 2009 purchase exes paid on 2009 purchase exes paid on 2008 state return to passenger auto's, light trucks & tax on auto's not included taxes paid on boats, aircratestate taxes - principal residestate taxes - property held in income taxes	cal income taxes - 1/09 payment on 2008 city/local estimate	cal income taxes - 1/09 payment on 2008 city/local estimate. cal income taxes - paid with 2008 city/local extension cal income taxes - paid with 2008 city/local extension cal income taxes - paid with 2008 city/local return and local sales taxes (except autos and special items). taxes paid on vehicles, boats, and aircraft xes paid on 2008 state return y passager auto's, light trucks & motorcycles purchased 2/17/09 - 12/31/09 tax on auto's not included above tax on auto's not included above taxes paid on boats, aircraft, and other special items state taxes - principal residence state taxes - pri

2009	1040	US	Client Information			1
	McGOVERN GARRY, LLC Tax Return Apportant Tax Return					
		ıng, NJ 070		Date:		
	Telepho Fax nur		er: (908) 668-1040 (908) 668-1042	Time: Location:		
		address:		Location.		
	This t of	tax organiz your 2009	er will assist you in gathering inforn tax return. Please add, change, or c	nation necessary for the lelete information as app	preparation ropriate.	
CLIEN	1	RMATION				
Filing Status	_		and the death and			
Status			and lived with spouseifying widow(er) (2007 or 2008)			
		and initial			Filing S	Status
					1 = Single	
	Title/suffix.				2 = Married fili	
Taypayor	Social secu	ırity number			3 = Married fili 4 = Head of ho	
Taxpayer	Occupation				5 = Qualifying	
		h (m/d/y)				
		nth (m/d/y)				
			i			
		and initial				
		rity number.				
Spouse						
		h (m/d/y)				
		nth (m/d/y)				
	1=blind					
		ess				
Address		number				
	City					
Foreign Address	_	9				
71001033	Country					
					1	

2009	1040	US	Client Information (continued)		1 p2		
CLIFI	Please add, change or delete information for 2009.						
Taxpayer Contact Information	Pager numberFax number.			2 =	e Phone Work Home Mobile		
Spouse Contact Information	E-mail address						
					1 p2		

2009	1040	US	Dependents	2

Please add, change or delete information for 2009.

DEPENDENTS

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
i i	Dependent	Dependent
First name	•	
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
I	Dependent	Dependent
First name	Боронави	Dopondon
Last name		
Title/suffix		
Date of birth (m/d/y).		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
οιαιπού μη. τ-τακράγοι, 2-ορούος		

Type of Dependent

- 1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child
- 4 = Head of household only, not a dependent
- 5 = Earned income credit only, not a dependent

Earned Income Credit

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

2

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 🔲	PERSONAL INFORMATION Did your marital status change during the year?					
		Did your a	address change during the year?				
		Could you	be claimed as a dependent on another person's tax return for 2009?				
			NDENTS re any changes in dependents?				
		Were any	of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2009?				
		Did you have any children under age 19 or full-time students under age 24 at the end of 2009, with interest and divide income in excess of \$950, or total investment income in excess of \$1,900?					
		INCOME Did you receive unreported tip income of \$20 or more in any month?					
		yourself,	ash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for your spouse, or your dependents?				
		-	eceive any disability income?				
		Did you h	ave any foreign income or pay any foreign taxes?				
		Did you s	HASES, SALES AND DEBT tart a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S on, trust, or REMIC?				
		,	urchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.),or convert any assets to business use?				
		Did you b	uy or sell any stocks, bonds or other investment property in 2009?				
		Did you p	urchase, sell, or refinance your principal home or second home, or did you take a home equity loan?				
		,	uy a main home before May 1, 2010 and you (and your spouse) did not own any other home during the 3-year ding on the date of purchase?				
			uy a main home after November 6, 2009 and before May 1, 2010, which replaced a main home that you (and use) maintained for 5 consecutive years during the 8-year period before this latest purchase?				
		Did you p improvem	urchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or nents?				
		Did you p	urchase a new motor vehicle in 2009?				
		Did you p	urchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?				
		Did you h	ave any debts cancelled or forgiven?				
		Did anyor	ne owe you money which had become uncollectible?				

Series: Miscellaneous Questions

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	RETIREMENT PLANS Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?					
		Did you n	nake a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?				
		Did you tr	ransfer or rollover any amount from one retirement plan to another retirement plan?				
		Did you c	onvert 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?					
		Did you ir	ZED DEDUCTIONS neur a loss because of damaged or stolen property? vork out of town for part of the year?				
		Did you u	se your car on the job (other than to and from work)?				
		Did you a If you hav refunded)	pply an overpayment of 2008 taxes to your 2009 estimated tax (instead of being refunded)? We an overpayment of 2009 taxes, do you want the excess applied to your 2010 estimated tax (instead of being report your 2010 taxable income and withholdings to be different from 2009?				
		Do you w Do you w Does you May the I Did you h	ELLANEOUS ant to electronically file your tax return? ant to allocate \$3 to the Presidential Election Campaign Fund? r spouse want to allocate \$3 to the Presidential Election Campaign Fund? RS discuss your tax return with your preparer? ave an interest in or signature or other authority over a financial account in a foreign country, such as a bank 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) Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?			
		Was your	home rented out or used for business?			
		Medicare	ave a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Advantage MSA because of the death of the account holder? Or, were you a policyholder who received a under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life policy?			
		Did you ir	ncur moving expenses due to a change of employment?			
		Did you e	ngage the services of any household employees?			
		Were you	notified or audited by either the Internal Revenue Service or the State taxing agency?			
		Did you o	r your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?			
		Were you	Were you or was any of your property located in a federally declared disaster area?			
			Did you receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?			
			spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad it recipients and certain veterans?			
			eceive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local ent from work not covered by social security?			
			spouse receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local ent from work not covered by social security?			
			lect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and r 31, 2009 as a result of an involuntary termination?			
			spouse elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 mber 31, 2009 as a result of an involuntary termination?			

2009	1040	US	Miscellaneous Questions
	If an	ny of the fo appr	llowing items pertain to you or your spouse for 2009, please check the opriate box and provide additional information if necessary.
YES	NO	Did your i	marital status change during the year?
		Did your a	address change during the year?
		Could you	be claimed as a dependent on another person's tax return?
		Were ther	re any changes in dependents?
		Did you re	eceive unreported tip income of \$20 or more in any month?
		Did you re	eceive any disability income?
		Did you b	uy or sell any stocks, bonds or other investment property?
		Did you p	urchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
		Did you p improvem	urchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or nents?
		•	urchase a new motor vehicle in 2009?
		Did you p	urchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
		Did you re	eceive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
		Did you tr	ransfer or rollover any amount from one retirement plan to another?
		Did you c	onvert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
		Did you, y	your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or il school?
		Did you ir	ncur a loss because of damaged or stolen property?
		Did you u	se your car on the job (other than to and from work)?
		Do you w	ant to electronically file your tax return?
		May the I	RS discuss your tax return with your preparer?
		Was your	home rented out or used for business?
		Were you	notified or audited by either the IRS or the State taxing agency?
		•	eceive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad trecipients and certain veterans?
		Did your s	spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad it recipients and certain veterans?
		Did you re	eceive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local ent from work not covered by social security?
		Did your s	spouse receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local ent from work not covered by social security?

2009	1040	US	Dire	ct Depo	sit & Estin	nates	(Fo	rm 1040	ES))	3, 6
			Y PAY	MENT / D	er all pertinent DIRECT DEF	OSIT /	ELI	ECTRONIC		• •	
1=taxpa 1=spou: 1=taxpa 1=spou: 1=direct 1=electr 1=electr BANI	ayer received se received se received se received go se received go t deposit of fe ronic payment ronic payment K INFORI Name of ESTIMA	\$250 economic 250 economic government per overnment per deral tax refur of balance du of estimated	recover recovery ension not and into base	y payment payment t covered by so nk account Percent to Deposit (xx.xx) -ES (6) Amo	Routing Num			Account Numb		Type of Account (Table 1) 2009 Voucher Am	Type of Invest. (Table 2)
1st quai 2nd qua 3rd qua	rter payment (arter payment rter payment	(due 4/15/09) . (due 6/15/09) . (due 9/15/09) . (due 1/15/10) .									
		not later than	4/15/10) .							2009	
1st quai 2nd qua 3rd qua	rter payment (arter payment rter payment				ount Paid		Date	Paid	TS	Voucher An	iount
Paid wil	th extension (Type of Acc 1 = Savings 2 = Checking	count		1 = Checking or sa 2 = Taxpayer's IRA 3 = Spouse's IRA (4 = Health savings 5 = Archer MSA	vings (default) (next year lin next year limit) nits) ts)	nvestment 6 = Coverdell sa 7 = Other 8 = Taxpayer's II 9 = Spouse's IRA 10 = Series 1 trea	RA (cur	rrent year limits) ent year limits)	
								Hash Total			3, 6

ORGANIZER 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 FSTIMATED TAX INFORMATION If "yes" explain any differences in income, deductions, dependents, etc.: Do you expect your 2010 withholding to be different from 2009?..... Yes If "yes" explain any differences: Hash Total 7.1

20	009	1040	US	Wa	ge	s,	Pe	nsic	ns, Gar	nk	oling Wi	nr	nings				10, 1	3.1, 13.2
	WAG.		ease enter ARIES, T	Las	t ye	ent ar's	200 an	09 am nounts	ounts & at s are provi	tac de	ch all W-2, d for your	W-: ref	2G and erence.	109	9-R	form	S.	
	WAG	LS, SALI	<u> </u>	•								ax V	Vithheld					
No.	Name	of Employer	(Box c) pla	retirem an (Box spouse	13) ¬	Cor	Oth	nsation	Federal (Box 2)	1	Social Security (Box 4)	Me	edicare Box 6)		State Box 1		Local (Box 19)	2008 Wages
										+								
										+								
										4								
	PENS	SIONS, IR	A DISTR	IBUT	101	NS	(13	3.1)										
				n	Distr istribu	ibutio			0				Та	x Wit	hhelo	k	Value of	
No.		Name of	Payer	1=I	RA/SE Spot	P/SIM		7 1	Gross Distribution (Box 1)	n	Taxable Amoun (Box 2a	t t	Feder (Box		Sta (Box		all IRAs at 12/31/09	2008 Distribution
	GAME	BLING W	'INNINGS	5 (W-2	2G)	(1	3.2)										
														Ta	ax Wi	ithheld		
No.			Name of F	Payer					1=spouse	(Gross Winnin (Box 1)	gs	Federa	I (Bo	x 2)	State	(Box 14)	2008 Winnings
	GAMI (13.2)	BLING LO	OSSES &	win	INI	VG:	S (NON	W-2G)				1					
	Total ga	mbling losses	sd on Form W-								2009) Am	ount		TS		2008 Amoui	nt
	vvii ii iii ig:	э постероне	u on Folli W-	zu													+	
																	10 1	3 1 13 2

2009 1	1040	US	Interest & Dividend Income	11	. 1	2
--------	------	----	----------------------------	----	-----	---

Please enter all pertinent 2009 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

INTEREST INCOME (11)

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

DIVIDEND INCOME (12)

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

2009	1040	US	Miscellaneous Income	14.1

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.

2009 A	mount	2008 A	mount
Taxpayer	Spouse	Taxpayer	Spouse
			Taxpayer Spouse Taxpayer

14.1

09	1040	US	State & Local Tax Refunds / Ur	nemployment Compensation	14.
		Ple	ease add, change or delete 2009 inform Be sure to attach all 1099-G	ation as appropriate.	
			Be sure to attach all 1099-G	forms.	
			TAX REFUNDS /		
UNE	MPLO	YMENT CO	OMPENSATION (Form 1099-G)	2009 1099-G Amount	
	I	Name of payer.			
	ľ	Jnemployment of	•		
			ived (Box 1)		
		2009 Over State and local r	payment repaid		
	Ì		local income tax refund, credit or offsets (Box 2)		
			ocal income tax refund		
		=	or box 2 if not 2008 (Box 3)		
		-	tax withheld (Box 4)		
No.		ATAA payments			
_		Γaxable grants:			
		Federal ta	xable amount (Box 6)		
		State taxa	ble amount, if different		
		arm amounts:			
		=	e payments (Box 7)		
			e payments are from conservation reserve program		
			in (Box 9)		
			f farm		
			x withheld		
				•	
	I	Name of payer.			
		-			
		Jnemployment o			
			ived (Box 1)		
		2009 Over State and local r	payment repaid		
			local income tax refund, credit or offsets (Box 2)		
			ocal income tax refund		
		=	or box 2 if not 2008 (Box 3)		
	_	=	tax withheld (Box 4)		
No.		ATAA payments	(Box 5)		
	-	Γaxable grants:			
			xable amount (Box 6)		
			ble amount, if different		
		arm amounts:	. (2		
		-	e payments (Box 7).		
		-	e payments are from conservation reserve program		
			f farm.		
],		or business income (Box 8)		
			x withheld		
	u.			•	

009	1040	US	Education Distributions (ESA	A's and QTP's)	14.
		Please Enter qu	e enter all pertinent 2009 amounts and at alified education expenses below that ar Last year's amounts are provided for y	tach all 1099-Q forms e not entered elsewh our reference.	s. ere.
ESA	'S AND	QTP'S (Fo	orm 1099-Q)	2009 Amount	2008 Amount
No. [1= Qu Fo	spouse	cation (net of nontaxable benefits). A secondary education (net of nontaxable benefits). Box 2). 3). =nontaxable, 2=taxable (Box 4). pe: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5). butions to this ESA. is account at 12/31/09 (plus outstanding rollovers). s ESA as of 12/31/08.		
No. [1= Qu Fo	spouse. Ialified expense Higher edur Elementary rm 1099-Q: Gross distr Earnings (E Basis (Box Rollover: 1 Distribution by IA's only: 2009 contri Value of th	cation (net of nontaxable benefits). A secondary education (net of nontaxable benefits). Box 2). Box 3). Box 2 - Laxable (Box 4). Box 3 - Loverdell ESA (Box 5). Box 2 - Loverdell ESA (Box 5). Box 3 - Loverdell ESA (Box 5). Box 4 - Loverdell ESA (Box 5). Box 5 - Loverdell ESA (Box 5). Box 5 - Loverdell ESA (Box 5). Box 6 - Loverdell ESA (Box 5). Box 6 - Loverdell ESA (Box 5). Box 6 - Loverdell ESA (Box 5). Box 7 - Loverdell ESA (Box 5). Box 8 - Loverdell ESA (Box 5). Box 9 - Loverdell ESA (Box 5). Box 10 - Loverd		
No. [1 = Qu	spouse lalified expense Higher edue Elementary rm 1099-Q: Gross distre Earnings (E Basis (Box Rollover: 1	es: cation (net of nontaxable benefits) a secondary education (net of nontaxable benefits) butions (Box 1) Box 2) 3) =nontaxable, 2=taxable (Box 4) pe: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		

14.3

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.

	$\Im A$			

Picase enter all portinent 2009 amounts. Last year's amounts are provided for your reference. GENERAL INFORMATION Principal business formession Principal business soft in the control of the control	009	1040	US	Business Income (Schedule C)	No.	16
Principal business ports Principal business code Business ander, Il different from Form 1040 Business address, if different from Form 1040 Ellis, state, ZP code, if different from Form 1040 Employer identification number. Other accounting method. Accounting method: 1=cash, 2=accrusil. Inventory as statutory employe. 1=first Schedule C filed for this business. 1=V-2 earnings as statutory employe. 1=not subject to self employment tax. 1=di not "materially participate". 1=personal services is not a material income producing factor. 1=investment. 1=investmen		Please e	nter all per	tinent 2009 amounts. Last year's amounts are provide	d for your reference	٠.
Principal business ports Principal business code Business ander, Il different from Form 1040 Business address, if different from Form 1040 Ellis, state, ZP code, if different from Form 1040 Employer identification number. Other accounting method. Accounting method: 1=cash, 2=accrusil. Inventory as statutory employe. 1=first Schedule C filed for this business. 1=V-2 earnings as statutory employe. 1=not subject to self employment tax. 1=di not "materially participate". 1=personal services is not a material income producing factor. 1=investment. 1=investmen	GEN	NERAL IN	IFORMA ⁻	TION		
Principal business code Business name, if different from Form 1040 City, state, ZiP code, if different from Form 1040 City, state, ZiP code, if different from Form 1040 City, state, ZiP code, if different from Form 1040 City state, ZiP code, if different from Form 1040 Accounting method:						
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-cost, 2-lower cost/market, 3-either. 1-change of inventory method. 1-spous, 2-joint. 1-change of inventory method. 1-spous, 2-joint. 1-first Schedule C filed for this business 1=W-2-earnings as statutory employee. 1-not subject to self-employment as. 1=id 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 Circis 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 terms for personal use. Cost of terms for personal use. Cost of liabor. Materials and supplies. Other costs:						
Cily, stale, ZIP code, it different from Form 1040 Employer identification number. Other accounting method: 1=cost, 2=accrual Inventory method: 1=cost, 2=lower costmarkot, 3-other. 1=change of inventory method. 1=sposse, 2=joint 1=linist Schedule of this business. 1-W-2 earnings as statutory employee. 1=not subject to self employment tax. 1=personal services is not a material income producing factor. 1=investment. 1=minister's Schedule C 1=single member limited liability company. INCOME 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. Cast of items for personal use. Cost of items for personal use.						
Employer identification number. Other accounting method: 1-cost, 2-accrual. Inventory at end of the year.		•				
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INCOME 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:						
COST OF GOODS SOLD Inventory at beginning of the year. Cost of labor. Materials and supplies Other costs:			, and the second			
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:					2008 Amo	unt
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Inventory at beginning of the year. Purchases. Cost of items for personal use Cost of labor. Materials and supplies Other costs:						
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Inventory at beginning of the year. Purchases. Cost of items for personal use Cost of labor. Materials and supplies Other costs:	-					
Inventory at beginning of the year. Purchases. Cost of items for personal use Cost of labor. Materials and supplies Other costs:						
Inventory at beginning of the year. Purchases. Cost of items for personal use Cost of labor. Materials and supplies Other costs:						
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Inventory at beginning of the year. Purchases. Cost of items for personal use Cost of labor. Materials and supplies Other costs:	•					
Inventory at beginning of the year. Purchases. Cost of items for personal use Cost of labor. Materials and supplies Other costs:	COS	ST OF GO	OODS SO	 LD		
Purchases Cost of items for personal use Cost of labor Materials and supplies Other costs:						
Cost of labor. Materials and supplies Other costs:						
Materials and supplies	Cost	of items for pe	ersonal use			
Other costs:	Cost	of labor				
Inventory at end of the year.			lies			
	Other	costs:				
	•					
	•					
	•					
	•					
	•					
	les ce e	tony at and as	theyear			
	invent	iory at end of	me year		 	

09	1040	US	Business Income (Schedule	e C) (cont.)	No	16 p
ı	Please ei	nter all pe	rtinent 2009 amounts. Last year's amou	unts are provided for	r your reference.	
EXPE	NSES			2009 Amount	2008 Amou	ınt
Accounti	na			2009 Amount	2008 AMOU	IIIL
	•					
	· ·					
	•					
	· ·		ered elsewhere)			
	•	· ·				
Contract	labor					
Delivery	and freight					
Dues and	d subscripti	ons				
Employe	e benefit pı	rograms				
			, etc.)			
Other int	erest (not e	entered elsev	where)			
_		-				
•	•					
	•					
			contributions			
			- contributions admin. and education costs			
			- aumin. and education costs			
			uipment (not entered elsewhere)			
Repairs.						
Security						
Supplies						
Taxes - r	eal estate.					
Taxes - p	oayroll					
Taxes - s	sales tax in	cluded in gro	ss receipts			
			rhere)			
Telephor	ne					
			n full (50%)			
			eals in full (80%)			
wayes						
Other ex	penses:					

16 p2

2000	1040	IIC	Capital Gains & Losses (Schedule D)	17
といい ラ	1040	1 (),)	L CANHAL MAINS & ENSSES PSCHEAME DI	1 1/

If you sold any stocks, bonds, or other investment property in 2009, please list the pertinent information for each sale below or provide a spreadsheet file with this information.

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

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

2009	1040	US	US Installment Sales (Form 6252)								
	Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.										
PRIO	R YEAR	INSTALL	MENT SALE	2009 Amount 2008 A	amount						
			operty								
No.			/d/y)								
		-	(.xxxx)								
	Current year principal payments (-1 if none)										
			pperty								
		-	/d/y)								
No.											
		-	cipal payments (-1 if none)								
	Cui	Terri year prim	cipal payments (-1 ii none)								
	Dea										
			pperty								
No.											
			(.xxxx)								
		-	cipal payments (-1 if none)								
	Dos	eription of pro	pperty								
			/d/y)								
No.											
		-	(.xxxx)								
	Cur	rent year prin	cipal payments (-1 if none)								
	Des	scription of pro	pperty								
			/d/y)								
No.	1										
	Gro	ss profit ratio	(.xxxx)								
	Cur	rent year prin	cipal payments (-1 if none)								
	Des	scription of pro	pperty								
			/d/y)								
No.		-									
			(xxxx.)								
	Cur	rent year prind	cipal payments (-1 if none)								
<u></u>											
	Des	scription of pro	pperty								
			/d/y)								
No.		-	/								
			(.xxxx)								
	<u> </u> Cur	rent year princ	cipal payments (-1 if none)								
					17 .						

2009	1040	US	Sale of Home & Moving Expenses		17, 27
	lf y Fo	ou sold yor the sale	our home or moved in 2009, please complete the information of home, please provide Form 1099-S and closing stateme the purchase and sale of your home.	on below. nts from	
SALE	E OF HOM	E (17)			
Sales p	rice (Box 2)				
			in home for at least 2 of 5 years before sale		
1=first-t	ime homebuye	r credit was	previously taken on this home		
			, 2008 that home was not used as principal residence		
	ted Basis	3000111201 01	, 2000 that home was not ased as principal residence		
-					
Improve					
•					
Adjust	ted basis				
Expen	ses of Sale	(Commissio	ons, advertising fees, legal fees, and loan charges paid by the seller)		
		(,		
•					
Total ex	penses of sale				
Reduc	ced Exclusion	on			
Please	complete the fo	ollowing info	rmation if due to a change in health, place of employment, or unforseen circu use tests *, or b) Excluded gain on the sale of another home after May 6, 19	umstances you eithe	r:
			er May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y).	777.	
	_		nployment or unforseen circumstances		
•			er		
		•	27)		
		•	(If you moved because of a change in the location of your job)		
-	=		anent change of station		
			place		
			orage of household goods and personal effects		
Lodging	and travel (ex	cluding meal	ls):		
			g automobile)		
G	as and oil				
M	iles driven to n	ew home			
		(* c	owned and used property as main home for at least 2 of 5 years before sale)		

17, 27

009	1040	US	Rental & Royalty Income (Schedule E)	No.	18
	Please er	nter all per	rtinent 2009 amounts. Last year's amounts are provided	for your reference.	
GEN	NERAL IN	FORMA	TION		
	of property				
Location	on of property	!			
		11 15 14	2007 (
	•		00% (.xxxx)		
	· ·		if not 100% (.xxxx)		
			e royalty		
	•		s toyalty		
	٠.	•			
	•				
1=sing	ale member lir	mited liability	company		
	,	,			
INC	OME		2009 Amount	2008 Amou	nt
Rents	received (For	m 1099-MISC	C, box 1)		
Royalt	ies received (Form 1099-M	IISC, box 2)		
DIRI	ECT EXP	FNSFS			
	: Direct exper	nses are relat	ted only to the rental activity. These include		
	rental agend	cy fees, adve	rtising, and office supplies."	<u>†</u>	
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	•		ewhere)		
	o .				
	J				
•	•				
	•				
	,				
			, etc.).		
•			emiums		
	0 0	•			
			vhere)		
Pest c	control				
Plumb	ing and electr	ical			
Repair	rs				
Suppli	ies				
Taxes	- real estate.				
Taxes	- other (not e	ntered elsew	here)		
•					
0					
Other:					
-					
-					
			_		
-				ì	
-					

09	1040	US	Rental & Royalty Income (So	ch. E) (cont.)	No.	18 p
Pleas	se enter all kpense col	pertinent umn shou	2009 amounts. Last year's amounts are ld only be used for vacation homes or le	e provided for your re ess than 100% tenan	eference. The i t occupied ren	ndirect tals.
OIL	AND GAS	S		2009 Amount	2008 Amo	unt
Produc	ction type (pre	eparer use on	ıly)	2007711104111	200074110	unt
Percer	ntage depletio	on rate or amo	ount			
State	cost depletion	, if different (-1 if none)			
State ^o	% depletion ra	ate or amount	t, if different (-1 if none)			
VAC	CATION H	IOME				
Numbe	er of days ren	ted at fair ma	arket value			
Numbe	er of days own	ned (if optiona	al method elected)			
INDI	RECT EX	(PENSES				
NOTE:	: Indirect exp These include	enses are rela de repairs, ins	ated to operating or maintaining the dwelling unit. surance, and utilities.			
Advert	tising					
	=					
Auto a	and travel (not	t entered else	where)			
Cleani	ng and mainte	enance				
	5					
•	•					
	-					
	•					
			, etc.)			
			emiums			
		-				
Other	interest (not e	entered elsew	here)			
Paintir	ng and decora	iting				
Pest c	ontrol					
	· ·					
			here)			
Wages	s and salaries					
Other:			<u> </u>		_	
-						
=					-	
-					<u> </u>	
-			-			
-						
-						
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-						

18 p2

2009	1040	US	Farm Income (Schedule F/F	orm 4835)	No.	19
	Please e	nter all pe	rtinent 2009 amounts. Last year's amo	unts are provided for	your reference.	
GEN	NERAL IN	IFORMA	TION			
•						
0!						
_	=		accrual			
	•		acci dai			
•	-					
1=cro	p insurance p	roceeds elect	tion			
			" (Schedule F only)		_	
			orm 4835 only)			
	-		1 4835 only)		_	
			xx) (Form 4835 only)			
			(FOITH 4633 OHly)			
FAF	RM INCO	ИE				
Cash	method:		<u> </u>	2009 Amount	2008 Amou	ınt
			ht for resale			
			tc. bought for resale			
	ales of livesto ial method:	ck, etc. you r	raised			
		ck produce	grains, etc.		1	
		•	It beginning of year			
			ased			
In	nventory of live	estock, etc. a	it end of year			
	farm income:				1	
	•		ns			
	·		ayments (other than CRP)			
	_		n payments (other than CRP)			
	•		program payments			
			ve program payments			
С	ommodity cre	dit loans repo	orted under election			
		•	s forfeited or repaid			
		•	ans forfeited or repaid			
	-	-	ds received in 2009			
	-	-	ceeds deferred from 2008.			
	•	•	income			
	income:					
					i	
						19

)9	1040	US	Farm Income (Sch. F/Form	4835) (cont.)	No	19
	Please er	nter all pe	ertinent 2009 amounts. Last year's amo	ounts are provided fo	or vour reference.	
FAR	M EXPEN		, tillolli 2007 amounto. Laot your o amo	2009 Amount	2008 Amou	nt
Car an	nd truck expen	ses (not en	tered elsewhere)	2007711104111	20007411100	110
	•					
	•	•				
			s, etc.)			
	,		where)			
			tributions			
			s - admin. and education costs			
			equipment (not entered elsewhere)			
Rent -	other					
•						
	nary, breeding expenses:	, and medic	cine			
Other	скрепзез.					
_						
_						
-						
-						
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-						
PRE	PRODUC	TIVE PE	ERIOD EXPENSES (also enter above)			
	lized prepredu	ictive neriod	d expenses			
Capita	iizea preproat	active period				
Capita	nizea preproat		If you purchased or disposed of any business ass	sets, please complete Shee	et 22.	

/110/	TIVIZEIN						<u> </u>			
20	009	1040	US	Partnersh	ip and S corporati	ion 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.		Nam	ne of Partnersl	nip	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership			
	s co	RPORAT	 ΓΙΟΝ INF(DRMATION (2	20.2)					
No.		Name	e of S corpora	tion	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation			
							20.1.20.2			

CINO	TIVIZEIN			<u> </u>							
20	009	1040	US	Estate or Trust and REMIC I	nformation	20.3,20.4					
	Please add, change or delete 2009 information as appropriate. Be sure to attach all Schedule K-1s and Schedule Qs. ESTATE OR TRUST INFORMATION (20.3)										
No.			Nam	ne of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number					
	REMI	C INFOR	RMATION	(20.4)							
No.				Name of REMIC		Employer Identification Number					
						1					
	I										
						20.3.20.4					

200)9	1040	US	Asset Dispos	sition List				22
	If yo	ou dispose For r	ed of any be	usiness assets in 20 transactions, be sur	009, please en re to attach all	ter date sold, 1099-S forms	sales price, a and closing	ind expenses c statements.	of sale.
No.		Descr	ription of Prop	erty (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale
									22

Asset Disposition List

2009	1040	US	Asset Acquisition List	22 p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2009, please enter all pertinent information below.

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

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\bigcirc	R	-	Δ	N	1/	⊢ .	ĸ

RGANIZER						
2009	1040	US	Vehicle Expenses		No.	22 p3
	Please e	nter all per	tinent 2009 amounts. Last year's amo	ounts are provided for y	our reference	·.
GEN	IERAL IN	IFORMA ⁻	TION	2009 Amount	2008 Amo	unt
1=no (1=no (1=veh 1=no (1=veh	evidence to so written eviden icle is availab other vehicle i icle used prin	upport your do ice to support ile for off-duty is available fo narily by more	eduction your deduction y personal use or personal use. e than 5% owner ired a vehicle (if not 12 months)			
AUT	OMOBIL	E MILEA	GE			
Busine Comm	ess mileage. nuting mileage	e (for the tax	year).			
ACT	UAL EXF	PENSES				
Gasoli Repail Tires Insura Miscel Auto I Persol Interes Vehicl Inclus	ine, lube, oil.	than persona axes (based of for Schedule e payments .enter as positi	I property taxes) on car's value) C, E & F) ve) cle on Form W-2 (2106).			

2009	1040	US	Adjustmer	nts to Income			24
	Please ent	er all pert	inent 2009 infor	mation. Last year's a	amounts are provid	ded for your reference	ce.
	DITIONAL TRIBUTIC			2009 Amo	ount Spouse	2008 Amour Taxpayer	nt Spouse
(1=max Contribution 1=cover 2009 page 2009 pag	utions made to red by plan, 2=	/\$6,000 if 50 date not covered /1/10 to 4/15	or older)				
			or expect to 0 if 50 or older)				
SEP,	SIMPLE A	AND QU	ALIFIED PLAI	NS (KEOGH)			
made o Money	purchase (25%	ke (1=maxim /1.25) contril	num)				
Self-em made o Plan co Individual	nployed SEP (2 r expect to maintribution rate I 401k: SE elective	5%/1.25) corke (1=maximif not .25 (.x) deferrals (excep	ntributions you num)				
mad Em 1=n	ployer matchin nonelective con	make (1=ma g rate if not tributions (29	utions you aximum)				
ADJU	JSTMENT	S TO IN	COME				
Tota Lon Student Educato Jury du Expens	ng-term care pr t loan interest por expenses (ki ty pay given to	xcluding long emiums oaid (1098-E, indergarten t employer of personal p	box 1)				
Red Red	y paid: cipient's first na cipient's last na cipient's SSN ount paid	me	payer	2008 amt:	Spouse	2008 amt:	
				2008 amt:		2008 amt:	24

2009	1040	US	Itemized Deductions	25
			Italiii	

Please enter all pertinent 2009 amounts and attach all 1098 forms.

Las	t year's amounts are provided for your reference.	
MEDICAL AND DENTAL E	XPENSES	

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:			
·			
TAVEC DAID			
TAXES PAID (State and local withholding and 2009 estimates are a	utomatic.)		
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 purchase	sed 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:			

2009	1040	US	Itemized Deductions (co	ntinued)		25 p2
	Please e	nter all per	tinent 2009 amounts. Last year's a	amounts are provided	d for yo	ur reference.
INTI	EREST P.	AID				
Home	mortgage int	. (Box 1) and	points (Box 2) reported on Form 1098:	2009 Amount	TS	2008 Amount
			-			
			ot reported on Form 1098:			
	Payee's SSN	or FEIN				
	Payee's stree	t address				
	Payee's city, Amount paid.	state, ZIP				
	not reported		<u></u>			
Mortg	age insurance	premiums or	n post 12/31/06 contracts (Box 4)			
•	•	•	nargin accounts):			
Passi	ve interest					
Certai	n home morto	gage interest i	included above (6251)			
NOTE Churc	from the do hes, schools,	on is allowed finee, showing	for cash or check contributions unless the do the name of the organization, contribution d d other charitable organizations (50% limitati	ate(s), and contribution am	d, or a wr ount(s).	itten communication
C	ontributions b	y cash or che	ck:		 	
			pocket)			
	ans' organizat ontributions b		I societies, nonprofit cemeteries, and certain ck:	private nonoperating found	ations (30)% limitation):
V	olunteer expe	nses (out-of-p	pocket)			
N	umber of char	itable miles .				
						· ·

)9	1040	US	lt€	emize	ed D	educ	ctions	(con	tinue	ed)				25
	Please e NCASH C :: Use Sheet that are not		UTI	ONS						·				
50% I	imitation (see	above):						_	20	09 Amount	TS	2008	3 Amol	unt
•														
200/ 1	imitation (see	ahovo).												
30 % 1		above).												
30% c	capital gain pr	operty (gifts	of cap	tal gain	proper	ty to 509	% limit orç	gs.):						
200/ 6		conorty (aifte	of con	tal gain	propor	tu to nor	- F00/ lim	it orga).						
20% C	capital gain pr	operty (girts o	ог сар	tai gain	proper	ty to nor	1-5U% IIM	n orgs.):						
•														
MIS	CELLAN	EOUS DI	EDU	СТІО	NS (s	subject to	o 2% AGI	limit)						
Union Other	CELLAN and profession unreimbursed ssional subscr	onal dues d employee e	expens	es (unif	orms a	nd prote	ctive cloth	ing,	s):					
Union Other	and profession	onal dues d employee e	expens	es (unif	orms a	nd prote	ctive cloth	ing,	s):					
Union Other profes	and profession	onal dues d employee e riptions, empl	expens	es (unif	orms a	nd prote	ctive cloth	ing,	s):					
Union Other profes	and profession	onal dues d employee e riptions, empl	expens	es (unif	orms a	nd prote	ctive cloth	ing,	s):					
Union Other profes	and profession	onal dues d employee e riptions, empl	expens	es (unif	orms a	nd prote	ctive cloth	ing,	s):					
Union Other profes	and profession	onal dues d employee e riptions, empl	expens	es (unif	orms a	nd prote	ctive cloth	ing,	s):					
Union Other profes	and profession	e:	expens	es (unifit agend	orms a	nd protei	ctive cloth	ning, expenses	s):					
Union Other profes Invest Tax re Safe (Misce	and profession unreimbursed ssional subscription and subs	e:	expens	es (unification)	orms a	nd protee	ctive cloth	ning, expenses	s):					
Union Other profes Invest Tax re Safe (Misce	tment expenseturn preparatedeposit box resilianeous dedu	e:	expens	es (unification)	orms a	nd protee	ctive cloth	ning, expenses	s):					
Union Other profes Invest Tax re Safe (Misce	tment expenseturn preparatedeposit box resilianeous dedu	e:	expens	es (unification)	orms a	nd protee	ctive cloth	ning, expenses	s):					

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ORGANIZER							
2009	1040 US Itemized Deductions (continued) 2						
	Please e	nter all per	tinent 2009 amounts. Last year's amounts are provided for your reference	·.			

OTHER MISCELLANEOUS DEDUCTIONS	2009 Amount	TS	2008 Amount
Estate tax, section 691(c)			
Other miscellaneous deductions:			
			•
			•
	_		
	_		
	_		
	_		
	_		
	_		
-			

25 p4

2009	1040	US	Itemized Deductions (continued)	25	ρĘ	;
2007	1040		ricinized beddetions (continued)		 -0	- - po

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 mortage 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 mortages 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
air market value of the property on the date that the last debt was secured.			
ome acquisition and grandfather debt on the date that the last debt was secured			
LOAN INFORMATION			
oan #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 acquistion 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			
oan #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 acquistion 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			
Statistical description beginning of year.			
Form			
1 = Schedule A (defau	lt)		
2 = Business use of ho	,		
3 = Schedule E			

25 p5

2009	1040	US	Noncash Contributions (Form 8283	26
2007	1040				20

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

	Name of charitable organization (donee)	
	Street address	
	City, state, ZIP code	
	1=spouse, 2=joint	
	Property description (other than vehicle)	
	Year (yyyy)	
No.	Vehicle Make and model	
110.	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)	
	Name of charitable organization (donee)	
	Street address	
	City, state, ZIP code	
	1=spouse, 2=joint	
	Property description (other than vehicle)	
	Year (yyyy)	
No.	Vehicle Make and model	
110.	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)	
	Name of charitable organization (donee)	
	Street address	
	City, state, ZIP code	· · · · · · · · · · · · · · · · · · ·
	1=spouse, 2=joint	
	Property description (other than vehicle)	
	Year (yyyy)	
No.	Vehicle Make and model	
110.	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)	
	How Property was Acquired	2 Method Used to Determine FMV
	2 Indicate and	Method osed to betermine him
	= Purchase 3 = Inheritance = Gift 4 = Exchange	1 = Appraisal 3 = Catalog 2 = Thrift shop value 4 = Comparable sales
2	- Girt	2 - Thirt shop value

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0	К١	٦.	А	IVI	1/	ь.	к

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 Tom	009	1040	US	Business Use of Home (F	Form 8829)	No.	29
Form. Number of form (e.g., enter 2 for Schedule C number 2). Business use area (square footage). Total hours scality 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 gross income 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. Qualified mortgage insurance. Winscallaneous. Rent. Repairs and maintenance. Utilities. Excess mortgage interest. Other indirect 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. Mortgage interes		Please	e enter 200 Bus	9 indirect expenses in full. Nonbusi siness percentage will be applied to	ness portion will carry to indirect expenses only.	Schedule A.	
Number of form (e.g., enter 2 for Schedule C number 2). Business use area (square footage). Total area of home (square footage). Total area of home (square footage). (xxx) or amount of gross income from home if not 100% (-1 if none). (xxx) or amount of gross income from home if not 100% (-1 if none). (xxx) or amount of gross income 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. Casually losses. Insurance. Miscellaneous Rent Repairs and maintenance. Utilities. Excess mortgage interest. Real estate taxes. Qualified mortgage insurance premiums. Cutilities and maintenance. Utilities. Scausally losses. Insurance. Mortgage interest. Real estate taxes. Qualified mortgage insurance premiums. Scausally losses. Insurance. Mortgage interest. Real estate taxes. Qualified mortgage insurance premiums. Scausally losses. Insurance. Miscellaneous Rent Repairs and maintenance. Utilities. Excess mortgage interest.	BUS	SINESS L	JSE OF H	OME	2009 Amount	2008 Amo	unt
Business use area (square footage) Total area of home (square footage) Total hours facility used (for deygare facilities only) Total hours available (if not 8,760) % (xxx) or amount of gross income from home if not 100% (-1 if none). % (xxx) 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 Qualified mortgage insurance. Insurance In				-			
Total hours facility used (for daycare facilities only) Total hours savailable (if not 8,760) % (xx) or amount of gross income from home if not 100% (-1 if none). % (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). NDIRECT 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 Repairs and maintenance. Utilities. 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 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 mortgage interest Excess mortgage interest Excess sortgage interest Excess mortgage interest Excess casualty losses		-	•				
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 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. Repairs and maintenance. Utilities Excess mortgage interest Other indirect 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 Surance Surance estate taxes Qualified mortgage interest Casualty losses Insurance			-				
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Weight Section Secti			•	´			
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. Mortgage interest. Real estate taxes. Qualified mortgage insurance premiums. Casualty losses. Insurance. Miscellaneous. Rent. Repairs and maintenance. Utilities. Excess mortgage interest. Other indirect 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. Qualified mortgage insurance premiums. Rent. Repairs and maintenance. Utilities. Excess mortgage interest. Repairs and maintenance. Utilities. Excess mortgage interest. Respairs and maintenance. Utilities. Excess casualty losses. Allowable casualty losses. Excess casualty losses.				F			
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Mortgage interest							
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Casualty losses Insurance				-			
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Rent	Insura	nce					
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 mortgage interest Excess mortgage interest Excess casualty losses Allowable casualty losses							
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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	indirect expe	nses:	- -			
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	-						
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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	-						
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	חוחו	ECT EVD	ENICEC				
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				only the husiness part of your home. They incl	ude		
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	11012	painting or	repairs made	to specific areas or rooms used for business.		i	
Qualified mortgage insurance premiums	_	=					
Casualty losses Insurance. Miscellaneous. Rent. Repairs and maintenance Utilities. Excess mortgage interest Excess casualty losses Allowable casualty losses				F			
Insurance. Miscellaneous. Rent Repairs and maintenance Utilities. Excess mortgage interest Excess casualty losses Allowable casualty losses		0 0	•				
Miscellaneous. Rent Repairs and maintenance Utilities Excess mortgage interest Excess casualty losses Allowable casualty losses		•		<u> </u>			
Repairs and maintenance Utilities Excess mortgage interest Excess casualty losses Allowable casualty losses	Miscel	llaneous					
Utilities. Excess mortgage interest Excess casualty losses Allowable casualty losses	Rent .						
Excess mortgage interest	Repair	rs and mainte	enance				
Excess casualty losses	Utilitie	S					
Allowable casualty losses	Exces	s mortgage ir	nterest				
	Exces	s casualty los	sses				
Other direct expenses:		_					
	Other	direct expens	ses:	F		 	1
	-						
	-						
	-						
	-						
							20

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2009	1040	US	Employee/Vehicle Bus. E	Exp. (Form 2106)	No.	30					
	Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.										
GEN	GENERAL INFORMATION										
	Occupation, if different from Form 1040										
Numb 1=spo	Form. Number of form (1=first Schedule C, 2=second, etc.). 1=spouse. 1=performance artist, 2=handicapped, 3=fee-basis government official.										
EMF	PLOYEE	BUSINES	S EXPENSES	2009 Amount	2008 Amo	ount					
Reimb 1=Dep Local Travel	oursements for partment of Tr transportation I expenses wh	or meals and e ransportation on the contraction of the contraction of	s								
	business exp										
·											
•											
						30					

ORGANIZER

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.									
VEH	HICLE INF	FORMATI	ON	2009 Amount	2008 Amo	unt				
1=veh 1=no 1=no	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.									
VEH	HICLE 1									
Date Total Busin Comn Avera Numb Parkir Actua G R Ti In M Al	mileage (for the ess mileage). In the ess mileage of the ess mileage of the ess mileage of the ess mileage of months of the ess and to the ess and to the ess and the ess of the	ice (m/d/y) he tax year) e (for the tax y d-trip commute of vehicle bus ills (business p oil ther than pers rty taxes (bas an) (for Sched	vear). e. iness use (if not 12). cortion only). onal property taxes). ed on car's value) ule C, E & F).							
In	clusion amou	nt (enter as po	ositive)							
VEH	HICLE 2									
Date p Total Busin Comn Avera Numb Parkir Actua G R Ti	placed in serves mileage (for the sessible mileage) in uting mileage ge daily round per of months and fees and to be a soline, lube, a surance a surance a surance in serves mileage in serves mileage (for the serves) in the serves mileage (for the serve	ice (m/d/y) he tax year) e (for the tax y d-trip commute of vehicle bus ills (business p	vear). e. iness use (if not 12). cortion only).							
A Pe In Ve In	uto license (o ersonal prope aterest (car loa ehicle rent or aclusion amou	ther than pers rty taxes (bas an) (for Sched lease paymer nt (enter as po	onal property taxes). ed on car's value). ule C, E and F). ots. ositive). rehicle on Form W-2 (2106).							

2009	1040	US	Foreign Income Exclu	sion (Form 2555)	No.	31.1			
	Please enter all pertinent 2009 information.								
GEN	NERAL IN	IFORMA ⁻	ΓΙΟΝ						
•									
			fferent from Form 1040:						
	,								
	_								
	,								
Emplo Na									
	•								
	•								
			ntity, 2=U.S. company, J.S. company, 5=other						
Туре с	of exclusion re	evoked if revo	ked in earlier year (if applicable):	Tax year revocation was effective					
Count	ry of citizensh	nip							
City ar	nd country of	separate fore	ign residence if maintained due to cable):	Number of days during tax year at separate foreign address (if applicable)					
davers	se iiviiig cona	шонэ (п аррп	cubic).	ioreign address (ii applicable)					
				- · · · · · · · · · · · · · · · · · · ·					
Tax ho	omes(s) durin	g tax year:		Dates tax home(s) were established (m/d/y)					
						31.1			

09	1040	US	Foreign Inc	come Exclus	sion (2555)		No.		31.1
			Please er	nter all pertinent	2009 informatio	n.			
TRA	AVEL INFO	ORMATI	ON						
				el for 2010 known to	date.				
Trave	el Type (table)) Name o	f country (if not Unite	ed States) D	ate arrived	Date le	ft	Days in U.S.	on business
BON	NA FIDE F	RESIDEN	ICE TEST ANI	O PHYSICAL F	PRESENCE TE	ST			
					TRESERVOE TE				
Endin	g date for bon	a fide reside	nce (m/d/y)						
Living or apa	quarters in fo artment, 3=ren	reign country nted room, 4=	y: 1=purchased home quarters furnished by	e, 2=rented house y employer					
Name	s of family livi	ng abroad wi	th taxpayer (if applica	able):	<u> </u>	Period family	lived abroa	ad	
			=	nce residence					
Contra	actual terms re	elating to len	gth of employment al	broad					
	-	_	-	icable)					
	ss of home in d (if applicable		ned while living	1=U.S. home rented (if applicable)	Names of occupar home (if application)			ship of occ ome (if app	
	а (п аррпоавт	5).		(п аррпеаме)	потте (п аррт	Sabio)	0.0.110	me (ii app	moduloj
Drinci	nal country of	omployment							
FIIICI	pai country or	employment							
FOF	REIGN HC	OUSING I	EXPENSES		2009 A	mount		2008 Amo	ount
	ŭ	•							
Locati	on of housing	expenses:			Qualifying da	ys in location	n (multiple I	locations o	only)
			<u> </u>						
				Travel Type	е				
				1 = Travel to U.S. (de 2 = Travel to foreign o	•				
				3 = Travel to restricte					

31.1 p2

\cap	D	\sim	Λ	N	17	F	D
()	ĸ	lп	н	IVI	1/	_	ĸ

2009	1040	US	Foreign Income Exclu	usion (Form 2555)	No.	31.2
	Please Enter	enter all pe amounts i	ertinent 2009 amounts and atta n U.S. dollars only. Last year's	ch all W-2 forms, or other way amounts are provided for yo	ge statements. ur reference.	
FORI	EIGN WA	GES, SA	LARIES, TIPS	2009 Amount	2008 Amo	ount
•					4	
Name o	of employer (B	Box c)				
			Box 1)		<u> </u>	
Social s	security tax wi	thheld (Box 4))			
Medicar State in	re tax withheld	d (Box 6) sheld (Box 17)				
			ES, REIMBURSEMENTS A	AND OTHER EARNED INC	COME	
	ash Income				1	
Other p	roperties or fa	acilities:			1	
Cost of Family	living and ove		ements ntial			
	urposes:					
					-	
Meals a Employ	and lodging preer (excludable	ovided for the e under section	convenience of the n 119)			
Other	Foreign Ea	arned Inco	me			
			·			
	-		on Information	-		
	=		t 240)		+	
	=		ter 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 A	mount	2008 Amount		
	Taxpayer	Spouse	Taxpayer	Spouse	
1=self-only coverage, 2=family coverage					
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)					
Contributions included above that were made after you became eligible for medicare					
Contributions made to date					
HSA DISTRIBUTIONS Total HSA distribution received (1099-SA, box 1)					
Distributions included above that were rolled over to another HSA					
Total unreimbursed qualified medical expenses					

32.1

2009	1040	US	Child and Dep	endent Care E	Expenses (For	m 2441)	33.1,33.2
Please paid	enter all p for the ca	pertinent 20 re of one or	09 information. Last y more dependents er	year's amounts are nabling you to work	provided for your or attend school t	reference. You to qualify for th	ı must have nis credit.
DEF	PENDEN	T CARE E	XPENSES (33.1)	2009 A Taxpayer	mount Spouse	2008 Am Taxpayer	ount Spouse
-		-	ed but not paid in 2009 ted in 2009	, anpaye.	орошоо	ranpayor	
PER	RSONS A	AND EXPE	NSES QUALIFYIN	G FOR DEPEND	DENT CARE CRE	EDIT	
No.	La Da	st name ate of birth (m/d	l/y)				
	inc 1=	curred and paid disabled	ent care expenses in 2009.			2008 amt:	
No.	La Da	st name ate of birth (m/d	l/y) mber.				
	1=	disabled	ent care expenses in 2009			2008 amt:	
No.	La Da	st name ate of birth (m/d	l/y). ımber.				
	inc 1=	curred and paid disabled	ent care expenses in 2009			2008 amt:	
PEF	RSONS (OR ORGAI	NIZATIONS PROV	IDING CARE (33	3.2)		
No.	Sti Cit Ide An	reet addressty, state, ZIP coentification numerount paid to care	ode. nber (SSN or EIN)are provider in 2009			2008 amt:	
No.	Sti	reet address ty, state, ZIP co	ode. bber (SSN or EIN)				
	An	nount paid to ca	are provider in 2009			2008 amt:	
							33.1,33.2

Child and Dependent Care Expenses (Form 2441)

2009	1040	US		Qualified Adoption Expenses (Form 8839)			37		
	Please e	enter all p	ertir	nent 2009 information. Last year's am	ounts are provided fo	or your reference	e.		
ELIC	LIGIBLE CHILDREN 2009 Amount 2008 Amount								
				per					
	-			(y)					
				2 and was disabled					
No.		•		hild		_			
		J		ot final in 2009					
		Oualified		for adoption not finalized by end of 2009					
				2001 for adoption of foreign child finalized in 2009					
		Paid in		for adoption finalized before 2009					
	1:	=spouse, 2=							
<u> </u>	<u></u>								
				per					
	D	ate of birth	(m/d/	/y)					
				2 and was disabled					
No		•		hild		_			
No.		0		ot final in 2009		_			
	Ė	·	1	for adoption not finalized by end of 2009					
		Adoption		2001 for adoption of foreign child finalized in 2009					
		Expenses Paid in		and 2009 for adoption finalized in 2009					
	1			for adoption finalized before 2009		_			
	[1:	=spouse, 2=	Joint						
	Fi	irst name							
	La	ast name							
				oer					
				y)2 and was disabled		_			
				hild					
No.									
	1:		1	ot final in 2009					
		Qualified		for adoption not finalized by end of 2009					
		Expenses		2001 for adoption of foreign child finalized in 2009					
		Paid in		for adoption finalized before 2009					
	1:		•						
							27		

2000	1040	HIC	Education Cradita / Tuition Doduction	20
2009	1040	05	Education Credits / Tuition Deduction	38

Please complete the information below if you paid qualified education expenses in 2009 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.

Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

			2009 Amount	2008 Amount
		1=taxpayer, 2=spouse		
	Student	First name		
	Info.	Last name.		
		Social security number		
	1-American	opportunity/hope credit, 2=lifetime learning credit		
		ears hope credit claimed		
	,	•		
No	1	ed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no		
No	i=student atten	ded educational institution in midwest disaster area		
	Qualified tuit (net of refund	ion and fees paid in 2009 d or assistance and not entered elsewhere)		
	Course related m	naterials required to be purchased from institution		
	Course relate	ed materials not entered above		
	Reasonable	cost of room and board (midwestern disaster only)		
	Expenses of	a special needs student (midwestern disaster only).		
	Amount of pr	ior year refund or assistance*		
	<u> </u>			
		1=taxpayer, 2=spouse		
	Student	First name		
	Info.	Last name		
		Social security number		
	1=American	opportunity/hope credit, 2=lifetime learning credit		
		ears hope credit claimed		
		ed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no		
No.	1	ded educational institution in midwest disaster area		
110.				
	Qualified tuit (net of refund	ion and fees paid in 2009 d or assistance and not entered elsewhere)		
	Course related m	naterials required to be purchased from institution		
	Course relate	ed materials not entered above		
	Reasonable	cost of room and board (midwestern disaster only)		
	Expenses of	a special needs student (midwestern disaster only).		
	Amount of pr	ior year refund or assistance*		
		1=taxpayer, 2=spouse		
	Student	First name		
	Info.	Last name		
		Social security number		
	1=American	opportunity/hope credit, 2=lifetime learning credit		
		ears hope credit claimed		
	,	ed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no		
No.	1	ded educational institution in midwest disaster area		
140.				
	(net of refund	ion and fees paid in 2009 d or assistance and not entered elsewhere)		
		naterials required to be purchased from institution		
		ed materials not entered above		
	Reasonable	cost of room and board (midwestern disaster only)		
	Expenses of	a special needs student (midwestern disaster only).		
	Amount of pr	rior 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.

GANIZER						
2009	1040	US	Household Employment T	axes (Schedule	H)	42
	Please en	ter all pert	nent 2009 information. Last year's ar	nounts are provided fo	or your referenc	e.
HOU	JSEHOLI	D EMPLO	YMENT TAXES			
house	paid any one hold employe lete the follow	e; or paid tota	nployee cash wages of \$1,700 or more in 2009; Il cash wages of \$1,000 or more in any calenda	withheld federal income tax r quarter of 2008 or 2009 to	during 2009 for any household employee	s, please
Emplo	oyer identifica	tion number				
1=spo	ouse, 2=joint .					
Socia	I security. Med	dicare and inc	ome taxes:	2009 Amount	2008 Amou	ınt
	3 .		sh wages of \$1,700 or more			
		1 3	x for household employee			
			social security taxes			
To	otal cash wag	es subject to I	Medicare taxes			
Fe	ederal income	tax withheld				
A	dvance earne	d income cred	lit payments			
Ta	axes withheld	from state dis	ability payments			
Feder	al unemploym	nent tax:				
1=	=paid total cas	sh wages of \$	1,000 or more in any calendar			
To	otal cash wag	es subject to l	FUTA tax			
1=	paid unemplo	oyment contrib	outions to only one state			
1=	- =paid all state	unemployme	nt contributions by 4/15/10			
1=	all wages tax	able for FUTA	were also taxable for state unemployment.			
Na	ame of state.					
St	tate reporting	number				
C	ontributions p	aid to state ur	nemployment fund			

42

009	1040	US	Parent's Election to Repo	ort Child's Inc.	No.	44		
	Please enter all pertinent 2009 amounts & attach all 1099-INT and 1099-DIV forms. Last year's amounts are provided for your reference.							
CHII	I D'S INF	ORMATIO	·					
		nber						
	,	y)						
		deral						
1=non	ntaxable to sta	ate						
INTE	EREST IN	NCOME (I	orm 1099-INT)					
Banks	s, credit unior	ns, etc. (Box 1):	2009 Amount	2008 Amou	nt		
		, ,	ĺ					
_								
U.S. b	onds, T-bills,	, etc. (nontaxa	ible to state) (Box 3):					
_								
_								
	xempt interes		-		<u> </u>			
		pal bonds						
-	tments:	hution	Г					
			IT in error)					
	-							
	•							
Foreig	•				1	,		
1=	=interest in or	r authority ove	r foreign account					
Na	ame of foreig	n country						
1=	grantor/trans	sferor or receiv	ved distribution from foreign trust					
Post 8	3/7/86 private	activity bond	interest (included above) (6251)					
DIVI	IDEND IN	NCOME (F	Form 1099-DIV)					
Total o	ordinary divid	lends (Box 1a)):					
_								
_								
Total o	capital gain d	listributions (B	ox 2a):			1		
-								
_		12F0i-	(Day 2h)					
	-	=	(Box 2b).					
	=							
		-						
	xempt interes	, ,	· · · · · · · · · · · · · · · · · · ·					
	=							
	· ·							
Nomin	nee distributio	ons:						
Or	rdinary divide	ends						
Qu	ualified divide	ends						
Ca	apital gain dis	stributions						
Alaska	a permanent	fund dividends	s included above					
					+			
						44		

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ORGANIZER				
2009	1040	US	Tax Organizer	
	786 Mo Watcht Telepho Fax nui E-mail	ountain Bou ung, NJ 070 one numbe mber: address:	er: (908) 668-1040 (908) 668-1042 contact@mcgover	Tax Return Appointment Date: Time: Location: tion necessary for the preparation rtinent 2009 information.
CLIENT	INFORMA	ATION	Taxpayer	Spouse
First name ar	nd initial			•
Last name				
Title/suffix				
Social securit	y number			
Occupation				
Date of birth	(m/d/y)			
Date of death	(m/d/y)			
1=blind				
Home phone				
Work phone.				
Work extension	on			
Cell phone				
E-mail addres	SS			
		In care of		
		Street addres	SS	
۸ - ا - ا - ا		Apartment nu	ımber	
Addr	ess	City		
		State		
		ZIP code		
DEPENI	DENTS			
			Dependent No.	Dependent No.
First name				
Last name				
Title/suffix				
Date of birth	(m/d/y)			
Social securit	y number			
Relationship.				
Months lived	at home			
		1	Dependent No.	Dependent No.
First name				
Last name				
Title/suffix				
Date of birth	(m/d/y)			
Social securit	y number			
Relationship.				
Months lived	at home			

2009	1040	US	Tax Organizer			
\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		Plea governme RIES AND	ase enter all pertinent 2009 informent form for an item, check the bo	nation. If you have attache ox and do not enter a 2009	d amount.	
	oyer name:	RIES AND	TIPS	2009 Amount	2008 Amount	
				- Attach Forms W-2		
	EREST INC	ОМЕ				
Payer	name:			Attach Forms 1099-INT		
	DIVIDEND INCOME Payer name:					
				Attach Forms 1099-DIV		
	SIONS, IRA	A AND GAN	MBLING INCOME			
				- Attach Forms - 1099-R & W-2G		
	_	reported on V	<i>V</i> -2G			
	Form 1099-B Form 1099-M	- Sales of sto ISC - Miscella	ORMS - INCOME ck (also include transaction history) neous income	Attach Forms 1099		
		- State tax re	funds	Attach Forms 1099		
_	Form SSA-10 Form 1099-G		curity benefitsent compensation	Attach Forms 1099		
			curity benefitsent compensation	Attach Forms 1099		
MISC Other	Taxpayer: A Spouse: Ali	mony receive	1E red			

09	1040	US	Tax Organizer		
	yer: Tradition Roth IRA Self-emplo se: Tradition Roth IRA	al IRA contrib contributions yed, SEP, SIMPLI al IRA contrib contributions	TRIBUTIONS putions (1=maximum) (3 (1=maximum) (4 & qualified plan contributions (1=maximum) (5 (1=maximum) (5 (1=maximum) (6 (1=maximum) (7 & qualified plan contributions (1=maximum)	2009 Amount	2008 Amount
Fo	orm 1098-E -	Student Ioan i	ORMS - DEDUCTIONS interest lated 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:			nce premiumsonal property		
Al	limony paid -	Recipient nan	ne & SSN		
Spouse: Self-employed health insurance premiums. Educator expenses Expenses from rental of personal property. Other adjustments to income:			onal property.		
Al	limony paid -	Recipient nan	ne & 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:			ayer se. ortation expenses.		
TAXES PAID State income taxes - 1/09 payment on 2008 state estimate					

	1040	US	Tax Organizer		
	ES PAID (Concal income tax	-	yment on 2008 city/local estimate	2009 Amount	2008 Amount
•			h 2008 city/local extension.		
-		•	h 2008 city/local return		
			ats, and aircraft		
		•	2 S		
	•		urn	Attach Vehicle/	<u> </u> Tax Information
_		•	above	7 tituden vermeter	- ax mustifiation
	· ·		ft, and other special items		
			dencefor investment		
	ersonal proper REST PAIL		uding automobile fees in some states)	Attach Tax Notice	
Home _	mortgage inte	erest and poir	nts paid:	Attach Forms 1098	
Home m	nortgage interest r	not on Form 1098	(include name, SSN, & address of payee):		
Points	s not reported	on Form 1098	3:		
_				_	
Mortg:	age insurance	premiums or	post 12/31/06 contracts		
Invest	ment interest	(interest on n	nargin accounts):		
Passiv	ve interest				
CAS	H CONTRIE	BUTIONS n is allowed f	or cash or check contributions unless the the name of the organization, contribution	donor maintains a bank record, or a date(s), and contribution amount	a written communication (s).
CAS	H CONTRIE	BUTIONS n is allowed f	or cash or check contributions unless the	donor maintains a bank record, or a date(s), and contribution amount	a written communication (s).
CAS NOTE	H CONTRIE : No deductio from the dor	BUTIONS n is allowed f nee, showing	or cash or check contributions unless the	n date(s), and contribution amount	a written communication (s).
Volumb	H CONTRIE : No deductio from the dor teer expenses er of charitable	BUTIONS n is allowed f nee, showing (out-of-pockee miles	for cash or check contributions unless the the name of the organization, contribution et).	n date(s), and contribution amount	a written communication (s).
Volunt Numb	H CONTRIE : No deductio from the dor teer expenses er of charitable ICASH CON	BUTIONS n is allowed f nee, showing (out-of-pockee miles	for cash or check contributions unless the the name of the organization, contribution et).	n date(s), and contribution amount	(s).
Volunt Numb	H CONTRIE : No deductio from the dor teer expenses er of charitable ICASH CON	BUTIONS n is allowed f nee, showing (out-of-pockee miles	for cash or check contributions unless the the name of the organization, contribution et).	n date(s), and contribution amount	(s).
Volunt Number NON	H CONTRIE : No deductio from the dor teer expenses er of charitable ICASH CONTRIE	BUTIONS n is allowed f nee, showing (out-of-pockee miles	for cash or check contributions unless the the name of the organization, contribution et).	n date(s), and contribution amount	(s).
Volunt Numb NON NOTE	H CONTRIE : No deductio from the dor teer expenses er of charitabl CASH CON : No deductio a deduction	BUTIONS n is allowed f nee, showing (out-of-pock- e miles NTRIBUTIC n is allowed f for any item	for cash or check contributions unless the the name of the organization, contribution et). ONS for contributions of clothing and household with minimal monetary value may be deni	n date(s), and contribution amount	(s).
Volunt Numb NON NOTE	H CONTRIE : No deductio from the dor teer expenses er of charitable CASH CON : No deduction a deduction	BUTIONS n is allowed f nee, showing (out-of-pock e miles NTRIBUTIO n is allowed f for any item	for cash or check contributions unless the the name of the organization, contribution et). ONS For contributions of clothing and household with minimal monetary value may be deni	n date(s), and contribution amount	(s).
Volunt Numb NON NOTE	H CONTRIE : No deductio from the dor teer expenses er of charitable CASH CON : No deduction a deduction and profession	BUTIONS In is allowed for any item BUTIONS In is allowed for any item BUS DEDUCTORIES BUTIONS BUTI	for cash or check contributions unless the the name of the organization, contribution et). ONS for contributions of clothing and household with minimal monetary value may be deni	litems that are not in good used co	(s).
Voluni Numb NON NOTE	H CONTRIE : No deduction from the dor teer expenses er of charitable ICASH CONTRIE : No deduction a deduction a deduction deduction eturn preparation deposit box rei	BUTIONS In is allowed for ee, showing (out-of-pock-ee miles NTRIBUTION In is allowed for any item OUS DEDUCTION IN INTERIOR OF EE OUT DEDUCTION IN INTERIOR	for cash or check contributions unless the the name of the organization, contribution et). DNS for contributions of clothing and household with minimal monetary value may be deni	litems that are not in good used coed.	(s).
Voluni Numb NON NOTE MISC Union Tax re Safe colorest	H CONTRIE : No deduction from the dor teer expenses er of charitable ICASH CONTRIE : No deduction a deduction a deduction eturn preparation deposit box reiment expenses	BUTIONS In is allowed for the inee, showing (out-of-pocking the inee, showing) (out-of-pocking the inee, showing the i	for cash or check contributions unless the the name of the organization, contribution et). DNS for contributions of clothing and household with minimal monetary value may be deni	l items that are not in good used coed.	(s).
Volunt Numbo NON NOTE	H CONTRIE : No deductio from the dor teer expenses er of charitable CASH CON : No deduction a deduction CELLANEO and profession eturn preparati deposit box reistment expense et ax, section 6	BUTIONS In is allowed for any item OUS DEDUCTION	for cash or check contributions unless the the name of the organization, contribution et). ONS for contributions of clothing and household with minimal monetary value may be deni	l items that are not in good used coed.	(s).
Volunt Numbo NON NOTE	H CONTRIE : No deduction from the dor teer expenses er of charitable ICASH CONTRIE : No deduction a deduction a deduction eturn preparation deposit box reiment expenses	BUTIONS In is allowed for any item OUS DEDUCTION	for cash or check contributions unless the the name of the organization, contribution et). ONS for contributions of clothing and household with minimal monetary value may be deni	l items that are not in good used coed.	(s).
Volunt Numb NON NOTE MISC Union Tax re Safe collinvest Estate Unreir	H CONTRIE : No deduction from the dor teer expenses er of charitable ICASH CONTRIE : No deduction a deduction a deduction a deduction eturn preparation deposit box regenent expenses et ax, section eturn preparation deposit box regenent expenses et ax, section eturn preparation deposit box regenent expenses et ax, section eturn preparation deposit box regenent expenses et ax, section eturn preparation deposit box regenent expenses et ax, section et application deposit box regeneration et application deposit box regeneration et application	BUTIONS In is allowed for any item OUS DEDUCTION	for cash or check contributions unless the the name of the organization, contribution et). ONS for contributions of clothing and household with minimal monetary value may be deni	l items that are not in good used coed.	(s).
Volunt Numbo NON NOTE	H CONTRIE : No deduction from the dor teer expenses er of charitable ICASH CONTRIE : No deduction a deduction a deduction a deduction eturn preparation deposit box regenent expenses et ax, section eturn preparation deposit box regenent expenses et ax, section eturn preparation deposit box regenent expenses et ax, section eturn preparation deposit box regenent expenses et ax, section eturn preparation deposit box regenent expenses et ax, section et application deposit box regeneration et application deposit box regeneration et application	BUTIONS In is allowed for any item OUS DEDUCTION	for cash or check contributions unless the the name of the organization, contribution et). ONS for contributions of clothing and household with minimal monetary value may be deni	l items that are not in good used coed.	(s).

2009	1040	US	Client Information			1
			ARRY, LLC ulevard, Suite 100	Тах Return Арр	pointment	
		ıng, NJ 070		Date:		
	Telepho Fax nur		er: (908) 668-1040 (908) 668-1042	Time: Location:		
		address:		Location.		
	This t of	tax organiz your 2009	er will assist you in gathering inforn tax return. Please add, change, or c	nation necessary for the lelete information as app	preparation ropriate.	
CLIEN	CLIENT INFORMATION					
Filing Status	_		and the death and			
Status			and lived with spouseifying widow(er) (2007 or 2008)			
		and initial			Filing S	Status
					1 = Single	
	Title/suffix.				2 = Married fili	
Taxpayer	Social secu	ırity number			3 = Married fili 4 = Head of ho	
тахраует	Occupation				5 = Qualifying	
		h (m/d/y)				
		nth (m/d/y)				
			i			
		and initial				
		rity number.				
Spouse						
		h (m/d/y)				
		nth (m/d/y)				
	1=blind					
		ess				
Address		number				
	City					
Foreign Address		9				
71001033	Country					
					1	

2009	1040	US/NJ	Client Information (continued)		1 p2
			Please add, change or delete information for 2009.		
CLIE	NT INFO	RMATION			
	1	ne			
		ie			
	-	sion		Daytime	e Phone
Taxpayer Contact		one (table)		1 =	Work
Information		ne		2 =	Home
		ber		3 =	Mobile
		r			
	E-mail add	ress			
	1	ie			
	-	9			
Snouse		sion			
Spouse Contact		one (table)			
Information		ne			
		ber			
		r			
State Info.		ress			
State inio.	Joodingiina	noipai codo	•••		
					1 p2

2009	1040	US	Dependents	2

Please add, change or delete information for 2009.

DEPENDENTS

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
	Dependent	Dependent
First name	•	·
Last name		
Title/suffix		
Date of birth (m/d/y).		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table).		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
orannea by: 1-taxpayer, 2-spouse	Dependent	Dependent
First name	Верениен	Верениен
Last name		
Title/suffix		
Date of birth (m/d/y).		
Social security number		
Relationship.		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
Ciaimeu by. T=taxpayer, Z=spouse	Dependent	Dependent
First name	Берепает	Берепаетт
Last name		
Title/suffix.		
Date of birth (m/d/y).		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

Type of Dependent

- 1 = Child living w/taxpayer
- 2 = Child not living w/taxpayer
- 3 = Dependent other than child
- 4 = Head of household only, not a dependent
- 5 = Earned income credit only, not a dependent

Earned Income Credit

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

2

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 🔲		ONAL INFORMATION marital status change during the year?			
		Did your a	address change during the year?			
		Could you be claimed as a dependent on another person's tax return for 2009?				
			NDENTS re any changes in dependents?			
		Were any	of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2009?			
			ave any children under age 19 or full-time students under age 24 at the end of 2009, with interest and dividend a excess of \$950, or total investment income in excess of \$1,900?			
		INCOME Did you receive unreported tip income of \$20 or more in any month?				
		yourself,	ash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for your spouse, or your dependents?			
		-	eceive any disability income?			
		Did you h	ave any foreign income or pay any foreign taxes?			
		Did you s	HASES, SALES AND DEBT tart a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S on, trust, or REMIC?			
		,	urchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.),or convert any assets to business use?			
		Did you b	uy or sell any stocks, bonds or other investment property in 2009?			
		Did you p	urchase, sell, or refinance your principal home or second home, or did you take a home equity loan?			
		,	uy a main home before May 1, 2010 and you (and your spouse) did not own any other home during the 3-year ding on the date of purchase?			
			uy a main home after November 6, 2009 and before May 1, 2010, which replaced a main home that you (and use) maintained for 5 consecutive years during the 8-year period before this latest purchase?			
		Did you p improvem	urchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or nents?			
		Did you p	urchase a new motor vehicle in 2009?			
		Did you p	urchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?			
		Did you h	ave any debts cancelled or forgiven?			
		Did anyor	ne owe you money which had become uncollectible?			

Series: Miscellaneous Questions

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		REMENT PLANS eceive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?			
		Did you n	nake a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?			
		Did you tr	ransfer 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?				
		Did you re	ATION eccive a distribution from an Education Savings Account or a Qualified Tuition Program? your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or all school?			
		Did you ir	ZED DEDUCTIONS neur a loss because of damaged or stolen property? vork out of town for part of the year?			
		Did you u	se your car on the job (other than to and from work)?			
		Did you a If you hav refunded)	pply an overpayment of 2008 taxes to your 2009 estimated tax (instead of being refunded)? We an overpayment of 2009 taxes, do you want the excess applied to your 2010 estimated tax (instead of being report your 2010 taxable income and withholdings to be different from 2009?			
		Do you w Do you w Does you May the I Did you h	ELLANEOUS ant to electronically file your tax return? ant to allocate \$3 to the Presidential Election Campaign Fund? r spouse want to allocate \$3 to the Presidential Election Campaign Fund? RS discuss your tax return with your preparer? ave an interest in or signature or other authority over a financial account in a foreign country, such as a bank 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) Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?			
		Was your	home rented out or used for business?		
		Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?			
		Did you ir	ncur moving expenses due to a change of employment?		
		Did you e	ngage the services of any household employees?		
		Were you	notified or audited by either the Internal Revenue Service or the State taxing agency?		
		Did you o	r your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?		
		Were you	or was any of your property located in a federally declared disaster area?		
			eceive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad it recipients and certain veterans?		
			spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad it recipients and certain veterans?		
			eceive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local ent from work not covered by social security?		
			spouse receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local ent from work not covered by social security?		
			lect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and r 31, 2009 as a result of an involuntary termination?		
			spouse elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 mber 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	Did your marital status change during the year?				
		Did your a	address change during the year?			
		Could you	be claimed as a dependent on another person's tax return?			
		Were ther	re any changes in dependents?			
		Did you re	eceive unreported tip income of \$20 or more in any month?			
		Did you re	eceive any disability income?			
		Did you b	uy or sell any stocks, bonds or other investment property?			
		Did you p	urchase, sell, or refinance your principal home or second home, or did you take a home equity loan?			
		Did you p improvem	urchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or nents?			
		•	urchase a new motor vehicle in 2009?			
		Did you p	urchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?			
		Did you re	eceive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?			
		Did you tr	ransfer or rollover any amount from one retirement plan to another?			
		Did you c	onvert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?			
		Did you, y	your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or il school?			
		Did you ir	ncur a loss because of damaged or stolen property?			
		Did you u	se your car on the job (other than to and from work)?			
		Do you w	ant to electronically file your tax return?			
		May the I	RS discuss your tax return with your preparer?			
		Was your	home rented out or used for business?			
		Were you	notified or audited by either the IRS or the State taxing agency?			
		•	eceive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad trecipients and certain veterans?			
		Did your s	spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad it recipients and certain veterans?			
		Did you re	eceive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local ent from work not covered by social security?			
		Did your s	spouse receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local ent from work not covered by social security?			

2009	1040	US/NJ	Dired	ct Depo	sit & Estin	nates (F	orm 1040	ES)	3, 6
- "				•		•		<u>, </u>	-, 3
			Y PAY	MENT / [OSIT / E	LECTRONIC	C PAYMENT (3 oplemental security be	
1=spous 1=taxpa 1=spous 1=direct 1=electr	se received \$. yer received se received go deposit of fe onic paymen	250 economic government p overnment per deral tax refult t of balance di	recovery ension no nsion not nd into ba ue	payment t covered by so covered by so nk account	social security				
1=state	direct deposi-	t							
BAN	K INFORI	MATION of Bank	· · · · · · · · · · · · · · · · · · ·	Percent to Deposit (xx.xx)	Routing Numl	oer	Account Numb	Type of Accoun er (Table 1	t Invest.
2009	ESTIMA ⁻	TED TAX	/ 1040	-ES (6)	<u> </u>			200	
1st quar 2nd qua 3rd quar	ment applied ter payment rter payment rter payment	I from 2008 (due 4/15/09) (due 6/15/09) (due 9/15/09) (due 1/15/10)			ount Paid	Da	ate Paid	TS Voucher A	
	Additional E Tax Payr								
Paid wit	h extension (not later than	4/15/10) .						
1st quar 2nd qua 3rd quar	ter payment rter payment rter payment	I from 2008 (due 4/15/09) (due 6/15/09) (due 9/15/09) (due 1/15/10)		Amo	ount Paid	Da	ate Paid	TS Voucher A	
	Additional E Tax Payr								
Paid wit	h extension (not later than	4/15/10) .						
	1	Type of Ac 1 = Savings 2 = Checking			1 = Checking or sa 2 = Taxpayer's IRA 3 = Spouse's IRA (4 = Health savings 5 = Archer MSA	vings (default) (next year limits) next year limits)	7 = Other 8 = Taxpayer's I	vings account (ESA) RA (current year limits) A (current year limits) asury bonds	
							1		_
							Hach Total	1	2 /

ORGANIZER 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 FSTIMATED TAX INFORMATION If "yes" explain any differences in income, deductions, dependents, etc.: Do you expect your 2010 withholding to be different from 2009?..... Yes If "yes" explain any differences: Hash Total 7.1

RG	ANIZER		-													
2	009	1040	US/N	IJ	Wages	, P	ens	ior	ıs, Gar	nb	ling Winr	ings			10, 1	3.1, 13.2
	WAG	ES, SAL			Läst year	nt 20 ''s a	009 a mou	ımoı nts a	unts & at are provi	tac dec	h all W-2, W-2 d for your refe	2G and 10 erence.	99-R	form	S.	
			1=retirem								Tax Withhe	ld				
No.	Na Employ	ime of yer (Box c)	plan (Box 1=spouse	13)	Wages, Tips Other Compensatio (Box 1)		Fede (Box		Social Securit (Box 4)	V	Medicare (Box 6)	State (Box 17)	Disa (Box	blilty (14)	WD/HC (Box 14)	2008 Wages
	PFNS	SIONS. II	RA DIS	TR	 BUTION:	<u> </u> S (1	3.1)									
					Distribu							Tax W	ithheld	t		
No.		Name o	f Payer		Distributio 1=IRA/SEP/S 1=Spouse	SIMPL	-1		Gross Distribution (Box 1)	า	Taxable Amount (Box 2a)	Federal (Box 4)	Sta (Box	ate	Value of all IRAs at 12/31/09	2008 Distribution
						+										
	GAM	BLING V	VINNIN	GS	(W-2G) (13.	2)									
													Tax W	ithheld		
No.			Name	of F	Payer				1=spouse	(Gross Winnings (Box 1)	Federal (B	ox 2)	State	(Box 14)	2008 Winnings
																_
	GAM (13.2)		OSSES	S &	WINNING	GS	(NO	ΝW	/-2G)		2009 Am	ount	TS	2	:008 Amoui	nt
	Total ga	mbling loss	es													

10, 13.1, 13.2

Winnings not reported on Form W-2G

2009	1040	US	Interest & Dividend Income	11		1	6)
2009	1040	0.5	HILLELEST & DIVIDEND HILLOHIE		11	11,	11, 1	11,12

Please enter all pertinent 2009 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

INTEREST INCOME (11)

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

DIVIDEND INCOME (12)

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

				1
2009	1040	US	Miscellaneous Income	14.1

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.

2009 A	mount	2008 Amount		
Taxpayer	Spouse	Taxpayer	Spouse	
			Taxpayer Spouse Taxpayer	

14.1

09	1040	US	State & Local Tax Refunds / Unemployment Compensatio	n 14.
		Ple	ease add, change or delete 2009 information as appropriate. Be sure to attach all 1099-G forms.	
			Be sure to attach all 1099-G forms.	
			TAX REFUNDS /	
UNE	MPLO	YMENT CO	OMPENSATION (Form 1099-G) 2009 1099-G Amount	
	1	Name of payer.		
		•		
	l	Jnemployment o	·	
			sived (Box 1)	
		2009 Over State and local r	rpayment repaid	
	ľ		local income tax refund, credit or offsets (Box 2)	
			local income tax refund	
		=	for box 2 if not 2008 (Box 3)	
		-	tax withheld (Box 4)	
No.		ATAA payments	s (Box 5)	
		Γaxable grants:		
			axable amount (Box 6)	
			able amount, if different	
	ŀ	arm amounts:	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
		=	e payments (Box 7)e payments are from conservation reserve program	
			in (Box 9)	
			f farm.	
	-		e or business income (Box 8)	
	Ç	State income tax	x withheld	
	l,	lamo of payor		
		. ,		
		Jnemployment o		
			sived (Box 1)	
		2009 Over	rpayment repaid	
	Ş	State and local r	refunds:	
			local income tax refund, credit or offsets (Box 2)	
		=	local income tax refund	
		=	for box 2 if not 2008 (Box 3)	
No.		ATAA payments	tax withheld (Box 4)	
NO.		Taxable grants:		
		_	axable amount (Box 6)	
			able amount, if different	
	F	arm amounts:		
		Agriculture	e payments (Box 7)	
		-	re payments are from conservation reserve program	
			in (Box 9)	
			f farm	
			e or business income (Box 8)	
		Mate income (a)	x withheld	

009	1040	US	Education Distributions (ESA	A's and QTP's)	14.
		Please Enter qu	e enter all pertinent 2009 amounts and at alified education expenses below that ar Last year's amounts are provided for y	tach all 1099-Q forms e not entered elsewh our reference.	s. ere.
ESA	'S AND	QTP'S (F	orm 1099-Q)	2009 Amount	2008 Amount
No. [1 = Qu Fo	spouse Higher edu Elementary rm 1099-Q: Gross distr Earnings (I Basis (Box Rollover: 1 Distribution ty 6A's only: 2009 contri	cation (net of nontaxable benefits). A secondary education (net of nontaxable benefits). Box 2). 3). =nontaxable, 2=taxable (Box 4). pe: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5). butions to this ESA. is account at 12/31/09 (plus outstanding rollovers). s ESA as of 12/31/08.		
No. [1 = Qu Fo	spouse Higher edu Elementary rm 1099-Q: Gross distr Earnings (I Basis (Box Rollover: 1 Distribution ty 6A's only: 2009 contri	cation (net of nontaxable benefits). A secondary education (net of nontaxable benefits). Box 2). Box 3). Box 2 - Laxable (Box 4). Box 3 - Loverdell ESA (Box 5). Box 2 - Loverdell ESA (Box 5). Box 3 - Loverdell ESA (Box 5). Box 4 - Loverdell ESA (Box 5). Box 5 - Loverdell ESA (Box 5). Box 5 - Loverdell ESA (Box 5). Box 6 - Loverdell ESA (Box 5). Box 6 - Loverdell ESA (Box 5). Box 6 - Loverdell ESA (Box 5). Box 7 - Loverdell ESA (Box 5). Box 8 - Loverdell ESA (Box 5). Box 9 - Loverdell ESA (Box 5). Box 10 - Loverd		
No. [1= Qu	spouse Ialified expension Higher edu Elementary rm 1099-Q: Gross distr Earnings (I Basis (Box Rollover: 1	es: cation (net of nontaxable benefits) a secondary education (net of nontaxable benefits) butions (Box 1) Box 2) 3) =nontaxable, 2=taxable (Box 4) pe: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		

14.3

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.

	$\Im A$			

Picase enter all portinent 2009 amounts. Last year's amounts are provided for your reference. GENERAL INFORMATION Principal business formession Principal business soft in the control of the control	009	1040	US	Business Income (Schedule C)	No.	16				
Principal business ports Principal business code Business ander, Il different from Form 1040 Business address, if different from Form 1040 Ellis, state, ZP code, if different from Form 1040 Employer identification number. Other accounting method. Accounting method: 1=cash, 2=accrusil. Inventory as statutory employe. 1=first Schedule C filed for this business. 1=V-2 earnings as statutory employe. 1=not subject to self employment tax. 1=di not "materially participate". 1=personal services is not a material income producing factor. 1=investment. 1=investmen		Please e	nter all per	tinent 2009 amounts. Last year's amounts are provide	d for your reference	٠.				
Principal business ports Principal business code Business ander, Il different from Form 1040 Business address, if different from Form 1040 Ellis, state, ZP code, if different from Form 1040 Employer identification number. Other accounting method. Accounting method: 1=cash, 2=accrusil. Inventory as statutory employe. 1=first Schedule C filed for this business. 1=V-2 earnings as statutory employe. 1=not subject to self employment tax. 1=di not "materially participate". 1=personal services is not a material income producing factor. 1=investment. 1=investmen	GENERAL INFORMATION									
Principal business code Business name, if different from Form 1040 City, state, ZiP code, if different from Form 1040 City, state, ZiP code, if different from Form 1040 City, state, ZiP code, if different from Form 1040 City state, ZiP code, if different from Form 1040 Accounting method:										
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-cost, 2-lower cost/market, 3-either. 1-change of inventory method. 1-spous, 2-joint. 1-change of inventory method. 1-spous, 2-joint. 1-first Schedule C filed for this business 1=W-2-earnings as statutory employee. 1-not subject to self-employment as. 1=id 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 Circis 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 terms for personal use. Cost of terms for personal use. Cost of liabor. Materials and supplies. Other costs:										
Cily, stale, ZIP code, it different from Form 1040 Employer identification number. Other accounting method: 1=cost, 2=accrual Inventory method: 1=cost, 2=lower costmarkot, 3-other. 1=change of inventory method. 1=sposse, 2=joint 1=linist Schedule of this business. 1-W-2 earnings as statutory employee. 1=not subject to self employment tax. 1=personal services is not a material income producing factor. 1=investment. 1=minister's Schedule C 1=single member limited liability company. INCOME 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. Cast of items for personal use. Cost of items for personal use.										
Employer identification number. Other accounting method: 1-cost, 2-accrual. Inventory at end of the year.		•								
Other accounting method: 1=cosh, 2=accrual. Accounting method: 1=cosh, 2=accrual. Inventory method: 1=cosh, 2=accrual. Inventory method: 1=cosh, 2=accrual. Inventory method: 1=cosh, 2=accrual. Inventory method: 1=cosh, 2=accrual. I=change of inventory method: 1=spouse, 2=joint. I=first Schedule C filed for this business I=W 2 cernings as statutory employee. I=not subject to self-employment tax. I=did not "materially participate". I=personal services is not a material income producing factor. I=investment. I=minister's Schedule C I=single member limited liability company. INCOME Cross receipts or sales (Form 1099-MISC, box 7). Returns and allowances. Other income: COST OF GOODS SOLD Inventory at beginning of the year. Purchases. Oct of Interns for personal use. Cost of Isbor. Materials and supplies. Other costs:										
Inventory method: 1-coast, 2-lower cost/market, 3-other. 1-change of inventory method. 1-spouse, 2-joint. 1-first Schodule C filed for this business. 1-eld in not "materially participate". 1-end subject to self-employment tax. 1-did not "materially participate". 1-personal services is not a material income producing factor. 1-investment. 1-investment. 1-insingter schedule C. 1-single member limited liability company. INCOME Cross 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 lems for personal use. Cost of lator. Authority of the year. Diversity of lator. Cost of lems for personal use. Cost of lators. Other costs:	-	-								
Inventory method: 1-coast, 2-lower cost/market, 3-other. 1-change of inventory method. 1-spouse, 2-joint. 1-first Schodule C filed for this business. 1-eld in not "materially participate". 1-end subject to self-employment tax. 1-did not "materially participate". 1-personal services is not a material income producing factor. 1-investment. 1-investment. 1-insingter schedule C. 1-single member limited liability company. INCOME Cross 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 lems for personal use. Cost of lator. Authority of the year. Diversity of lator. Cost of lems for personal use. Cost of lators. Other costs:										
1-change of inventory method. 1-spouse, 2-ginit		•								
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=gid not "materially participate" 1=personal services is not a material income producing factor. 1=minister's Schedule C 1=single member limited liability company INCOME 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 labor. Materials and supplies Other costs:		•								
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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:		-								
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Purchases Cost of items for personal use Cost of labor Materials and supplies Other costs:										
Cost of labor. Materials and supplies Other costs:										
Materials and supplies	Cost	of items for pe	ersonal use							
Other costs:	Cost	of labor								
Inventory at end of the year.			lies							
	Other	costs:								
	•									
	•									
	•									
	•									
	•									
	les ce e	tony at and as	theyear							
	invent	iory at end of	me year		 					

09	1040	US	Business Income (Schedule	e C) (cont.)	No	16 p
ı	Please ei	nter all pe	rtinent 2009 amounts. Last year's amou	unts are provided for	r your reference.	
EXPE	NSES			2009 Amount	2008 Amou	ınt
Accounti	na			2009 Amount	2008 AMOU	IIIL
	•					
	· ·					
	•					
	· ·		ered elsewhere)			
	•	· ·				
Contract	labor					
Delivery	and freight					
Dues and	d subscripti	ons				
Employe	e benefit pı	rograms				
			, etc.)			
Other int	erest (not e	entered elsev	where)			
_		-				
•	•					
	•					
			contributions			
			- contributions admin. and education costs			
			- aumin. and education costs			
			uipment (not entered elsewhere)			
Repairs.						
Security						
Supplies						
Taxes - r	eal estate.					
Taxes - p	oayroll					
Taxes - s	sales tax in	cluded in gro	ss receipts			
			rhere)			
Telephor	ne					
			n full (50%)			
			eals in full (80%)			
wayes						
Other ex	penses:					

2009 1040 US Capital Gains & Losses (Schedule D) 17

If you sold any stocks, bonds, or other investment property in 2009, please list the pertinent information for each sale below or provide a spreadsheet file with this information.

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

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

2009	1040	US	Installment Sales (Form	17 p2					
	Please e	nter all per	tinent 2009 amounts. Last year's	amounts are provided for your refere	ence.				
PRIO	PRIOR YEAR INSTALLMENT SALE 2009 Amount 2008 Amount								
	Description of property								
No.			/d/y)						
	Gross profit ratio (.xxxx)								
Current year principal payments (-1 if none)									
			pperty						
		-	/d/y)						
No.									
		-	cipal payments (-1 if none)						
	Cui	Tent year prin	cipal payments (-1 ii none)						
	Dea								
			pperty						
No.									
			(.xxxx)						
		-	cipal payments (-1 if none)						
	Dos	eription of pro	pperty						
			/d/y)						
No.									
		-	(.xxxx)						
	Cur	rent year prin	cipal payments (-1 if none)						
	Des	scription of pro	pperty						
			/d/y)						
No.	1								
	Gro	ss profit ratio	(.xxxx)						
	Cur	rent year prin	cipal payments (-1 if none)						
	Des	scription of pro	pperty						
			/d/y)						
No.		-							
			(xxxx.)						
	Cur	rent year prind	cipal payments (-1 if none)						
<u></u>									
	Des	scription of pro	pperty						
			/d/y)						
No.		-	/						
			(.xxxx)						
	jcur	rent year princ	cipal payments (-1 if none)						
					17 .				

2009	1040	US	Sale of Home & Moving Expenses		17, 27				
	lf y Fo	ou sold yor the sale	our home or moved in 2009, please complete the information of home, please provide Form 1099-S and closing stateme the purchase and sale of your home.	on below. nts from					
SALE	E OF HOM	E (17)							
Sales p	rice (Box 2)								
	1=sale of home								
1=first-t	ime homebuye	r credit was	previously taken on this home						
			, 2008 that home was not used as principal residence						
	ted Basis	30001111201 01	, 2000 that home was not ased as principal residence						
-									
Improve									
•									
Adjust	ted basis								
Expen	ses of Sale	(Commissio	ons, advertising fees, legal fees, and loan charges paid by the seller)						
		(,						
•									
Total ex	penses of sale								
Reduc	ced Exclusio	on							
Please	complete the fo	ollowing info	rmation if due to a change in health, place of employment, or unforseen circu use tests *, or b) Excluded gain on the sale of another home after May 6, 19	umstances you eithe	r:				
			er May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y).	777.					
	_		nployment or unforseen circumstances						
•			er						
		•	27)						
		•	(If you moved because of a change in the location of your job)						
-	=		anent change of station						
			place						
			orage of household goods and personal effects						
Lodging	and travel (ex	cluding meal	ls):						
			g automobile)						
G	as and oil								
M	iles driven to n	ew home							
		(* c	owned and used property as main home for at least 2 of 5 years before sale)						

17, 27

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference. GENERAL INFORMATION Kind of property Location of property Location of property Percentage of turant occupancy if not 100% (xxxxx) Percentage of turant occupancy if not 100% (xxxxx) Percentage of turant occupancy if not 100% (xxxxx) Insposse 2-joint. In	2009	1040	US	Rental & Royalty Income (Sch	Rental & Royalty Income (Schedule E)		
Control of property Control of Control o		Please e	nter all per	tinent 2009 amounts. Last year's amounts	are provided fo	r your reference.	
Control of property Control of Control o	GEN	NERAL IN	IFORMAT	TION			
Decentage of convership if not 100% (xxxx) Percentage of tenant occupancy activity. Percentage of tenant occupancy in the professional Percentage of tenant occupancy in the professional Percentage occupancy in the professional individual ind			i				1
Percentage of tenant occupancy if not 100% (xxxxx) Percentage of tenant occupancy if not 100% (xxxxx) Inspose, 2-plant Incorporate professional Incorporate professional Increal estate professional (Increase professional estate) Increase professional estate profession							
Percentage of tenant occupancy if not 100% (xxxx). 1-spouse, 2-joint 1-snoupassive activity, 2-passive royally 1-idl not actively participate 1-real state professional 1-tenatal other than real estate 1-investment 1-single member limited liability company. INCOME 2009 Amount 2009 Amount 2009 Amount 2009 Amount Royattiles received (Form 1099-MISC, box 1) Royattiles received (Form 1099-MISC, box 2) DIRECT EXPENSES NOTE: Direct expenses are related only to the rental activity. These include cental agency fees, severitsing, and office supplies. Authoritising Association dues Auto and travel (not enforced elsewhere) Cleaning and maintenance. Commissions. Gardening Insurance Legal and professional fees Licenses and permits Management fees Miscellanoous. Mortgage interest (paid to banks, etc.). Outliffed mortgage insurance permitums Excess mortgage insurance permitums Excess mortgage insurance permitums Excess mortgage insurance permitums Excess mortgage insurance in a permitum of the permitum of	Locati	ion of property	(
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1-spouse, 2-joint		J	•	` ′		_	
1-nonpassive activity, 2-passive royalty. 1-did not actively participate 1-real estate professional 1-rental other than real estate 1-single member limited liability company INCOME 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 Association dues Commissions Gardening Insurance Leapal and professional fees Licenses and pormits Management fees Miscellaneous Miscellaneous Miscellaneous Miscellaneous Miscellaneous Miscellaneous Miscellaneous Miscellaneous Description Miscellaneous Miscellaneous Description Miscellaneous Miscellaneous Miscellaneous Miscellaneous Description Miscellaneous Miscellaneou		=				_	
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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.							
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Other: NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.							
NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.	•					<u> </u>	
	•						
	•						
	•						
	•						
19			NOTE: I	t you purchased or disposed of any business assets, p	lease complete Shee	et 22.	
							18

09	1040	US	Rental & Royalty Income (So	ch. E) (cont.)	No.	18 p
Pleas	se enter all kpense col	pertinent umn shou	2009 amounts. Last year's amounts are ld only be used for vacation homes or le	e provided for your re ess than 100% tenan	eference. The i t occupied ren	ndirect tals.
OIL	AND GAS	S		2009 Amount	2008 Amo	unt
Produc	ction type (pre	eparer use on	ıly)	2007741104111	200074110	unt
Percer	ntage depletio	n rate or amo	ount			
State	cost depletion	, if different (-1 if none)			
State ^o	% depletion ra	ate or amount	t, if different (-1 if none)			
VAC	CATION H	IOME				
Numbe	er of days ren	ted at fair ma	arket value			
Numbe	er of days own	ned (if optiona	al method elected)			
INDI	RECT EX	(PENSES				
NOTE:	: Indirect exp These include	enses are rela de repairs, ins	ated to operating or maintaining the dwelling unit. surance, and utilities.			
Advert	tising					
	=					
Auto a	and travel (not	t entered else	where)			
Cleani	ng and mainte	enance				
	3					
•	•					
	-					
	•					
			, etc.)			
			emiums			
		-				
Other	interest (not e	entered elsew	here)			
Paintir	ng and decora	iting				
Pest c	ontrol					
	· ·					
			here)			
Wages	s and salaries					
Other:			<u> </u>		_	
-						
=					-	
-					<u> </u>	
-			-			
-						
-						
-						
-						

2009	1040	US	Farm Income (Schedule F/F	orm 4835)	No.	19
	Please e	nter all pe	rtinent 2009 amounts. Last year's amo	unts are provided for	your reference.	
GEN	NERAL IN	IFORMA	TION			
•						
0!						
_	=		accrual			
	•		acci dai			
•	-					
1=cro	p insurance p	roceeds elect	tion			
			" (Schedule F only)		_	
			orm 4835 only)			
	-		1 4835 only)		_	
			xx) (Form 4835 only)			
			(FOITH 4633 OHly)			
FAF	RM INCO	ИE				
Cash	method:		<u> </u>	2009 Amount	2008 Amou	ınt
			ht for resale			
			tc. bought for resale			
	ales of livesto ial method:	ck, etc. you r	raised			
		ck produce	grains, etc.		1	
		•	It beginning of year			
			ased			
In	nventory of live	estock, etc. a	it end of year			
	farm income:				1	
	•		ns			
	·		ayments (other than CRP)			
	_		n payments (other than CRP)			
	•		program payments			
			ve program payments			
С	ommodity cre	dit loans repo	orted under election			
		•	s forfeited or repaid			
		•	ans forfeited or repaid			
	-	-	ds received in 2009			
	-	-	ceeds deferred from 2008.			
	•	•	income			
	income:					
					i	
						19

)9	1040	US	Farm Income (Sch. F/Form	4835) (cont.)	No	19
	Please er	nter all pe	ertinent 2009 amounts. Last year's amo	ounts are provided fo	or vour reference.	
FAR	M EXPEN		, tillolli 2007 amounto. Laot your o amo	2009 Amount	2008 Amou	nt
Car an	nd truck expen	ses (not en	tered elsewhere)	2007711104111	20007411100	110
	•					
	•	•				
			s, etc.)			
	,		where)			
			tributions			
			s - admin. and education costs			
			equipment (not entered elsewhere)			
Rent -	other					
•						
	nary, breeding expenses:	, and medic	cine			
Other	скрепзез.					
_						
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PRE	PRODUC	TIVE PE	ERIOD EXPENSES (also enter above)			
	lized prepredu	ictive neriod	d expenses			
Capita	iizea preproat	active period				
Capita	nizea preproat		If you purchased or disposed of any business ass	sets, please complete Shee	et 22.	

/110/	TIVIZEIN						<u> </u>
20	009	1040	US	Partnersh	ip and S corporati	ion Information	20.1,20.2
				r delete 2009 in MATION (20.1		e. Be sure to attach all S	ichedule K-1s.
No.		Nam	ne of Partnersl	nip	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
	s co	RPORAT	 ΓΙΟΝ INF(DRMATION (2	20.2)		
No.		Name	e of S corpora	tion	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
							20.1.20.2

	TIVIZEIN			<u> </u>				
20	009	1040	US	Estate or Trust and REMIC I	nformation	20.3,20.4		
	ESTA	ATE OR 1		ase add, change or delete 2009 informa Be sure to attach all Schedule K-1s an FORMATION (20.3)	ition as appropriate. Id Schedule Qs.			
No.			Nam	ne of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number		
	REMI	C INFOR	RMATION	(20.4)				
No.				Name of REMIC		Employer Identification Number		
						1		
	20.3.20.4							

200)9	1040	US	Asset Dispos	sition List				22
	If yo	ou dispose For r	ed of any be	usiness assets in 20 transactions, be sur	009, please en re to attach all	ter date sold, 1099-S forms	sales price, a and closing	ind expenses c statements.	of sale.
No.		Descr	ription of Prop	erty (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale
									22

Asset Disposition List

2009	1040	US	Asset Acquisition List	22 p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2009, please enter all pertinent information below.

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

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RGANIZER									
2009	1040	US	Vehicle Expenses		No.	22 p3			
	Please e	nter all per	tinent 2009 amounts. Last year's amo	ounts are provided for y	our reference	·.			
GEN	IERAL IN	IFORMA ⁻	TION	2009 Amount	2008 Amo	unt			
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)									
AUT	OMOBIL	E MILEA	GE						
Busine Comm	ess mileage. outing mileage	e (for the tax	year).						
ACT	UAL EXF	PENSES							
Gasoli Repail Tires Insura Miscel Auto I Persol Interes Vehicl Inclus	ine, lube, oil.	than persona axes (based of for Schedule e payments .enter as positi	I property taxes) on car's value) C, E & F) ve) cle on Form W-2 (2106).						

2009	1040	US	Adjustmer	nts to Income			24
	Please ent	er all pert	inent 2009 infor	mation. Last year's	amounts are provi	ded for your referen	ce.
	DITIONAL TRIBUTIC			2009 Am Taxpayer	ount Spouse	2008 Amour Taxpayer	nt Spouse
(1=max Contribu 1=cover 2009 pa	utions made to red by plan, 2=	/\$6,000 if 50 date not covered /1/10 to 4/15	or older)				
			or expect to 0 if 50 or older)				
SEP,	SIMPLE A	AND QUA	ALIFIED PLAI	NS (KEOGH)			
made o Money	purchase (25%	ke (1=maxim /1.25) contril	num)				
Self-em made o Plan co Individual	nployed SEP (2 r expect to maintribution rate I 401k: SE elective	5%/1.25) corke (1=maximif not .25 (.x) deferrals (excep	ntributions you num)				
mad Em 1=n	ployer matchin nonelective con	make (1=ma g rate if not tributions (29	utions you aximum)				
ADJU	JSTMENT	S TO IN	COME				
Tota Lon Student Educato Jury du Expens	ng-term care pr t loan interest por expenses (ki ty pay given to	xcluding long emiums oaid (1098-E, indergarten t employer of personal p	box 1)				
Red Red	y paid: cipient's first na cipient's last na cipient's SSN ount paid	me	payer	2008 amt:	Spouse	2008 amt:	
				2008 amt:		2008 amt:	24

2009	1040	US	Itemized Deductions	25
200,			Italinizad Baddactions	

Please enter all pertinent 2009 amounts and attach all 1098 forms.

Las	t year's amounts are provided for your reference.
MEDICAL AND DENTAL E	XPENSES

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:		1 1	
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			
·			
TAVEC DAID			
TAXES PAID (State and local withholding and 2009 estimates are a	utomatic.)		
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 purchase	sed 2/17/09 - 12/31/09 *	1 1	
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.			
		1 1	
OTHER TAXES PAID			
Real estate taxes - principal residence:			
		1 1	
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:			
S.1.5. (3.155).			
		1 1	

2009	1040	US	Itemized Deductions (co		25 p2		
	Please e	nter all per	tinent 2009 amounts. Last year's	amounts are provided	l for y	your reference	·.
INT	EREST P	AID					
Home	mortgage int	. (Box 1) and	points (Box 2) reported on Form 1098:	2009 Amount	TS	2008 Amo	unt
			ot reported on Form 1098:				
	rayee 3 3311	OI I LIIV					
	Payee's stree	et address					
	Amount paid.						
Points	s not reported	on Form 1098	8:				
•	•	•	n post 12/31/06 contracts (Box 4)				
Invest	tment interest	(interest on n	nargin accounts):				
			included above (6251)				
NOTE	from the do thes, schools,	on is allowed finee, showing hospitals, and	for cash or check contributions unless the do the name of the organization, contribution d d other charitable organizations (50% limitati	ate(s), and contribution amo	d, or a ount(s)	written communic).	ation
C	ontributions b	y cash or che	ck:				
			oocket)				
	ans' organizat ontributions b		I societies, nonprofit cemeteries, and certain ck:	private nonoperating found	ations	(30% limitation):	
			pocket)				
N	umber of char	itable miles .					

)9	1040	US	lt€	emize	ed D	educ	ctions	(con	tinue	ed)				25
	Please e NCASH C :: Use Sheet that are not		UTI	ONS						·				
50% I	imitation (see	above):						_	20	09 Amount	TS	2008	3 Amol	unt
•														
200/ 1	imitation (see	ahovo).												
30 % 1		above).												
30% c	capital gain pr	operty (gifts	of cap	tal gain	proper	ty to 509	% limit orç	gs.):						
200/ -		conorty (aifte	of con	tal gain	propor	tu to nor	- F00/ lim	it orga).						
20% C	capital gain pr	operty (girts o	ог сар	tai gain	proper	ty to nor	1-5U% IIM	n orgs.):						
•														
MIS	CELLAN	EOUS DI	EDU	СТІО	NS (s	subject to	o 2% AGI	limit)						
Union Other	CELLAN and profession unreimbursed ssional subscr	onal dues d employee e	expens	es (unif	orms a	nd prote	ctive cloth	ing,	s):					
Union Other	and profession	onal dues d employee e	expens	es (unif	orms a	nd prote	ctive cloth	ing,	s):					
Union Other profes	and profession	onal dues d employee e riptions, empl	expens	es (unif	orms a	nd prote	ctive cloth	ing,	s):					
Union Other profes	and profession	onal dues d employee e riptions, empl	expens	es (unif	orms a	nd prote	ctive cloth	ing,	s):					
Union Other profes	and profession	onal dues d employee e riptions, empl	expens	es (unif	orms a	nd prote	ctive cloth	ing,	s):					
Union Other profes	and profession	onal dues d employee e riptions, empl	expens	es (unif	orms a	nd prote	ctive cloth	ing,	s):					
Union Other profes	and profession	e:	expens	es (unifit agend	orms a	nd protei	ctive cloth	ning, expenses	s):					
Union Other profes Invest Tax re Safe (Misce	and profession unreimbursed ssional subscription and subs	e:	expens	es (unification)	orms a	nd protee	ctive cloth	ning, expenses	s):					
Union Other profes Invest Tax re Safe (Misce	tment expenseturn preparatedeposit box resilianeous dedu	e:	expens	es (unification)	orms a	nd protee	ctive cloth	ning, expenses	s):					
Union Other profes Invest Tax re Safe (Misce	tment expenseturn preparatedeposit box resilianeous dedu	e:	expens	es (unification)	orms a	nd protee	ctive cloth	ning, expenses	s):					

25 рз

ORGANIZER							
2009	1040 US Itemized Deductions (continued)						
	Please e	nter all per	tinent 2009 amounts. Last year's amounts are provided for your reference	·.			

OTHER MISCELLANEOUS DEDUCTIONS	2009 Amount	TS	2008 Amount
Estate tax, section 691(c)			
Other miscellaneous deductions:			
			•
			•
	_		
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	_		
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-			

2009	1040	US	Itemized Deductions (continued)	25	ρĘ	;
2007	1040		ricinized beddetions (continued)		 -0	- - po

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 mortage 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 mortages 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
air market value of the property on the date that the last debt was secured.			
ome acquisition and grandfather debt on the date that the last debt was secured			
LOAN INFORMATION			
oan #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 acquistion 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			
oan #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 acquistion 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			
Statistical description beginning of year.			
Form			
1 = Schedule A (defau	lt)		
2 = Business use of ho	,		
3 = Schedule E			

2009	1040	US	Noncash Contributions (Form 8283	26
2007	1040			1 01111 0200	20

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

	Name of charitable organization (donee)	
	Street address	
	City, state, ZIP code	
	1=spouse, 2=joint	
	Property description (other than vehicle)	
	Year (yyyy)	
No.	Vehicle Make and model	
110.	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)	
	Name of charitable organization (donee)	
	Street address	
	City, state, ZIP code	
	1=spouse, 2=joint	
	Property description (other than vehicle)	•
	Year (yyyy)	
No.	Vehicle Make and model	
110.	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)	
	Name of charitable organization (donee)	
	Street address	
	City, state, ZIP code	· · · · · · · · · · · · · · · · · · ·
	1=spouse, 2=joint	
	Property description (other than vehicle)	
	Year (yyyy)	
No.	Vehicle Make and model	
110.	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)	
	How Property was Acquired	2 Method Used to Determine FMV
	2 Indicate and	Method osed to betermine him
	= Purchase 3 = Inheritance = Gift 4 = Exchange	1 = Appraisal 3 = Catalog 2 = Thrift shop value 4 = Comparable sales
2	- Girt	2 - Thirt shop value

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\bigcirc	К١	٦.	А	IVI	1/	ь.	к

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 Tom	009	1040	US	Business Use of Home (F	Form 8829)	No.	29
Form. Number of form (e.g., enter 2 for Schedule C number 2). Business use area (square footage). Total hours scality 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 gross income 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. Qualified mortgage insurance. Winscallaneous. Rent. Repairs and maintenance. Utilities. Excess mortgage interest. Other indirect 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. Mortgage interes		Please	e enter 200 Bus	9 indirect expenses in full. Nonbusi siness percentage will be applied to	ness portion will carry to indirect expenses only.	Schedule A.	
Number of form (e.g., enter 2 for Schedule C number 2). Business use area (square footage). Total area of home (square footage). Total area of home (square footage). (xxx) or amount of gross income from home if not 100% (-1 if none). (xxx) or amount of gross income from home if not 100% (-1 if none). (xxx) or amount of gross income 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. Casually losses. Insurance. Miscellaneous Rent Repairs and maintenance. Utilities. Excess mortgage interest. Real estate taxes. Qualified mortgage insurance premiums. Correct 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 Autigue insurance. Miscellaneous Rent Repairs and maintenance. Utilities. Insurance. Miscellaneous Rent Repairs and maintenance. Utilities. Excess mortgage interest. Repairs and maintenance. Utilities. Excess mortgage interest. Repairs and maintenance. Utilities. Excess mortgage interest. Real estate taxes. Qualified mortgage insurance premiums Autiguate and pair and a common and a co	BUS	SINESS L	JSE OF H	OME	2009 Amount	2008 Amo	unt
Business use area (square footage) Total area of home (square footage) Total hours facility used (for deygare facilities only) Total hours available (if not 8,760) % (xxx) or amount of gross income from home if not 100% (-1 if none). % (xxx) 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 Qualified mortgage insurance. Insurance In				-			
Total hours facility used (for daycare facilities only) Total hours savailable (if not 8,760) % (xx) or amount of gross income from home if not 100% (-1 if none). % (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). NDIRECT 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 Repairs and maintenance. Utilities. 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 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 mortgage interest Excess mortgage interest Excess sortgage interest Excess mortgage interest Excess casualty losses		-	•				
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Weight Section Secti			•	´			
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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 benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business. Mortgage interest. Qualified mortgage insurance premiums. Qualified mortgage insuran						•	
Mortgage interest							
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Casualty losses Insurance	_	_					
Casualty losses Insurance				-			
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Rent	Insura	nce					
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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 mortgage interest Excess casualty losses Allowable casualty losses							
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.							
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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	-						
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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	-						
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	חוחו	ECT EVD	ENICEC				
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				only the husiness part of your home. They incl	ude		
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	11012	painting or	repairs made	to specific areas or rooms used for business.		i	
Qualified mortgage insurance premiums	_	=					
Casualty losses Insurance. Miscellaneous. Rent. Repairs and maintenance Utilities. Excess mortgage interest Excess casualty losses Allowable casualty losses				F			
Insurance. Miscellaneous. Rent Repairs and maintenance Utilities. Excess mortgage interest Excess casualty losses Allowable casualty losses		0 0	•				
Miscellaneous. Rent Repairs and maintenance Utilities Excess mortgage interest Excess casualty losses Allowable casualty losses		,		<u> </u>			
Repairs and maintenance Utilities Excess mortgage interest Excess casualty losses Allowable casualty losses	Miscel	llaneous					
Utilities. Excess mortgage interest Excess casualty losses Allowable casualty losses	Rent .						
Excess mortgage interest	Repair	rs and mainte	enance				
Excess casualty losses	Utilitie	S					
Allowable casualty losses	Exces	s mortgage ir	nterest				
	Exces	s casualty los	sses				
Other direct expenses:		_					
	Other	direct expens	ses:	F		 	1
	-						
	-						
	-						
	-						
							20

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2009	1040	US	Employee/Vehicle Bus. E	Exp. (Form 2106)	No.	30
	Please e	nter all per	tinent 2009 amounts. Last year's a	mounts are provided for y	our reference	·
GEN		IFORMA ⁻		, , , , , , , , , , , , , , , , , , ,		
			n 1040			
Numb 1=spo	er of form (1= ouse	first Schedule	e C, 2=second, etc.)			
EMF	PLOYEE	BUSINES	S EXPENSES	2009 Amount	2008 Amo	ount
Reimb 1=Dep Local Travel	oursements for partment of Tr transportation I expenses wh	or meals and e ransportation on the contraction of the contraction of	s			
	business exp					
·						
•						
						30

2009	1040	US	Vehicle Expenses (Form	No.	30 p2					
	Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.									
VEH	HICLE INF	FORMATI	ON	2009 Amount	2008 Amo	unt				
1=veh 1=no 1=no	nicle is available other vehicle evidence to s	ole for off-duty is available fo upport your de	than 5% owner personal use personal use personal use peduction pour deduction pour deduction pour deduction pour deduction pour deduction personal use personal u							
VEH	HICLE 1									
Date Total Busin Comn Avera Numb Parkir Actua G R Ti In M Al	mileage (for the ess mileage). In the ess mileage of the ess mileage of the ess mileage of the ess mileage of months of the ess and to the ess and to the ess and the ess of the	ice (m/d/y) he tax year) e (for the tax y d-trip commute of vehicle bus ills (business p oil ther than pers rty taxes (bas an) (for Sched	vear). e. iness use (if not 12). cortion only). onal property taxes). ed on car's value) ule C, E & F).							
In	clusion amou	nt (enter as po	ositive)							
VEH	HICLE 2									
Date p Total Busin Comn Avera Numb Parkir Actua G R Ti	placed in serves mileage (for the sessible mileage) in uting mileage ge daily round per of months and fees and to be a soline, lube, a surance a surance a surance in serves mileage in serves mileage (for the serves) in the serves mileage (for the serve	ice (m/d/y) he tax year) e (for the tax y d-trip commute of vehicle bus ills (business p	vear). e. iness use (if not 12). cortion only).							
A Pe In Ve In	uto license (o ersonal prope aterest (car loa ehicle rent or aclusion amou	ther than pers rty taxes (bas an) (for Sched lease paymer nt (enter as po	onal property taxes). ed on car's value). ule C, E and F). ots. ositive). rehicle on Form W-2 (2106).							

2009	1040	US	Foreign Income Exclu	sion (Form 2555)	No.	31.1
			Please enter all pertinent	2009 information.		
GEN	NERAL IN	IFORMA ⁻	ΓΙΟΝ			
•						
			fferent from Form 1040:			
	,					
	_					
	,					
Emplo Na						
	•					
	•					
			ntity, 2=U.S. company, J.S. company, 5=other			
Туре с	of exclusion re	evoked if revo	ked in earlier year (if applicable):	Tax year revocation was effective		
Count	ry of citizensh	nip				
City ar	nd country of	separate fore	ign residence if maintained due to cable):	Number of days during tax year at separate foreign address (if applicable)		
davers	se iiviiig cona	шонэ (п аррп	cubic).	ioreign address (ii applicable)		
				- · · · · · · · · · · · · · · · · · · ·		
Tax ho	omes(s) durin	g tax year:		Dates tax home(s) were established (m/d/y)		
						31.1

09	1040	US	Foreign Inc	come Exclus	sion (2555)		No.		31.1
			Please er	nter all pertinent	2009 informatio	n.			
TRA	AVEL INFO	ORMATI	ON						
				el for 2010 known to	date.				
Trave	el Type (table)) Name o	f country (if not Unite	ed States) D	ate arrived	Date le	ft	Days in U.S.	on business
BON	NA FIDE F	RESIDEN	ICE TEST ANI	O PHYSICAL F	PRESENCE TE	ST			
					TRESERVOE TE				
Endin	g date for bon	a fide reside	nce (m/d/y)						
Living or apa	quarters in fo artment, 3=ren	reign country nted room, 4=	y: 1=purchased home quarters furnished by	e, 2=rented house y employer					
Name	s of family livi	ng abroad wi	th taxpayer (if applica	able):	<u> </u>	Period family	lived abroa	ad	
			=	nce residence					
Contra	actual terms re	elating to len	gth of employment al	broad					
	-	_	-	icable)					
	ss of home in d (if applicable		ned while living	1=U.S. home rented (if applicable)	Names of occupar home (if application)			ship of occ ome (if app	
	а (п аррпоавт	5).		(п аррпеаме)	потте (п аррт	sabio)	0.0.110	me (ii app	modbioy
Drinci	nal country of	omployment							
FIIICI	par country or	employment							
FOF	REIGN HC	OUSING I	EXPENSES		2009 A	mount		2008 Amo	ount
	ŭ	•							
Locati	on of housing	expenses:			Qualifying da	ys in location	n (multiple I	locations o	only)
			<u> </u>						
				Travel Type	е				
				1 = Travel to U.S. (de 2 = Travel to foreign o	•				
				3 = Travel to restricte					

31.1 p2

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2009	1040	US	Foreign Income Exclu	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.							
FORI	EIGN WA	GES, SA	LARIES, TIPS	2009 Amount	2008 Amo	ount		
					4			
Name o	f employer (B	Box c)						
			Box 1)		<u> </u>			
Social s	security tax wi	thheld (Box 4))					
Medicar State in	e tax withheld	d (Box 6) sheld (Box 17)						
			ES, REIMBURSEMENTS A	AND OTHER EARNED INC	COME			
	ash Income				1			
Other p	roperties or fa	icilities:			1			
Cost of Family.	living and ove		ntial					
Quarter	S							
Other p	urposes:				1			
Meals a Employ	and lodging proper (excludable	ovided for the e under section	convenience of the n 119)					
Other	Foreign Ea	arned Inco	me					
	<u> </u>							
	-		on Information					
	=		t 240)					
	=		ter 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 A	mount	2008 Amount		
	Taxpayer	Spouse	Taxpayer	Spouse	
1=self-only coverage, 2=family coverage					
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)					
Contributions included above that were made after you became eligible for medicare					
Contributions made to date					
HSA DISTRIBUTIONS Total HSA distribution received (1099-SA, box 1)					
Distributions included above that were rolled over to another HSA					
Total unreimbursed qualified medical expenses					

32.1

009	1040	US	Child and Depe	ndent Care E	Expenses (For	m 2441)	33.1,3
Please	enter all p	pertinent 20	009 information. Last ye	ear's amounts are	provided for your	reference. Yo	ou must hav
paid	tor the cal	re of one o	r more dependents ena	abiing you to wori	k or attend school	to quality for	this credit.
DFF	PENDEN.	T CARE F	EXPENSES (33.1)		mount	2008 A	
			ed but not paid in 2009	Taxpayer	Spouse	Taxpayer	Spouse
		-	eited in 2009				
•			_				
PER	RSONS A	ND EXPE	ENSES QUALIFYING	G FOR DEPEND	DENT CARE CR	EDIT	
	Fir	st name					
No			d/y)				
No.		_	umber			1	
	inc	alified depend curred and paid	lent care expenses d in 2009			2008 amt:	
	1=	disabled					
	1=:	spouse, 2=joir	nt				
	Fir	st name					
F	Da	te of birth (m/	d/y)				
No.	So	cial security n	umber			1	
	Qu	alified depend	lent care expenses			2008 amt:	
			1111 2009			2006 arrit.	
			nt				
	Fi-	-1	-				
			d/y)				
No.			umber				
	Qu	alified depend	lent care expenses				
	inc	urred and paid	d in 2009			2008 amt:	
						_	
	[1=:	spouse, z=joir	nt				
PER	RSONS C	R ORGA	NIZATIONS PROVII	DING CARE (33	3.2)		
	Na	me of provide	r	· · · · · · · · · · · · · · · · · · ·			
F	1						
No.			ode				
			mber (SSN or EIN)			2000	
			care provider in 2009			2008 amt:	
		3p0u3c, 2-joii					
			r				
	1 1						
No.			nbor (SSN or EIN)				
			mber (SSN or EIN) care provider in 2009			2008 amt:	
		•	nt			2000 uillt.	
	•						
							22 1 4

2009	1040	US		Qualified Adoption Expens	n Expenses (Form 8839) 3					
	Please enter all pertinent 2009 information. Last year's amounts are provided for your reference.									
ELI	GIBLE (CHILDRE	EN		2009 Amount	2008 Amo	unt			
	_									
				рег						
				y)						
				2 and was disabled		-				
No.		•		nild		_				
	-	J		ot final in 2009						
		Oualified		for adoption not finalized by end of 2009						
				2001 for adoption of foreign child finalized in 2009						
		Paid in		for adoption finalized before 2009						
	1	=spouse, 2=	-							
<u> </u>	<u> </u>									
	-									
				per						
	D	Date of birth (m/d/y)								
		1=born before 1992 and was disabled								
No		•		hild		_				
No.		J		ot final in 2009		-				
	Ė	Oualified 200		for adoption not finalized by end of 2009		7				
				2001 for adoption of foreign child finalized in 2009						
		Expenses Paid in		and 2009 for adoption finalized in 2009						
	1		-	for adoption finalized before 2009		4				
	ļi	=spouse, z=	Joint							
	F	irst name								
	L	ast name								
				per						
				y)2 and was disabled		-				
				hild						
No.										
	1			ot final in 2009						
		Qualified		for adoption not finalized by end of 2009						
				2001 for adoption of foreign child finalized in 2009						
		Paid in		for adoption finalized before 2009						
	1									
							0.7			

2000	1040	HC	Education Credite / Tuition Deduction	20
2009	1040	US.	Education Credits / Tuition Deduction	38

Please complete the information below if you paid qualified education expenses in 2009 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.

Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

			2009 Amount	2008 Amount
		1=taxpayer, 2=spouse		
	Student	First name		
	Info.	Last name		
		Social security number		
	1-American	opportunity/hope credit, 2=lifetime learning credit		
		ears hope credit claimed		
	,	· · · · · · · · · · · · · · · · · · ·		
No	1	ed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no		
No	i=student atten	ded educational institution in midwest disaster area		
	Qualified tuit (net of refund	ion and fees paid in 2009 d or assistance and not entered elsewhere)		
	Course related m	naterials required to be purchased from institution		
	Course relate	ed materials not entered above		
	Reasonable	cost of room and board (midwestern disaster only)		
	Expenses of	a special needs student (midwestern disaster only).		
	Amount of pr	rior year refund or assistance*		
	<u> </u>			
		1=taxpayer, 2=spouse		
	Student	First name		
	Info.	Last name		
		Social security number		
	1=American	opportunity/hope credit, 2=lifetime learning credit		
		ears hope credit claimed		
		ed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no		
No.	1	ded educational institution in midwest disaster area		
110.				
	Qualified tuit (net of refund	ion and fees paid in 2009 d or assistance and not entered elsewhere)		
	Course related m	naterials required to be purchased from institution		
	Course relate	ed materials not entered above		
	Reasonable	cost of room and board (midwestern disaster only)		
	Expenses of	a special needs student (midwestern disaster only).		
	Amount of pr	ior year refund or assistance*		
		1=taxpayer, 2=spouse		
	Student	First name		
	Info.	Last name		
		Social security number		
	1=American	opportunity/hope credit, 2=lifetime learning credit		
		ears hope credit claimed		
	,	ed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no		
No.	· ·	ded educational institution in midwest disaster area		
140.				
	(net of refund	ion and fees paid in 2009 d or assistance and not entered elsewhere)		
		naterials required to be purchased from institution		
		ed materials not entered above		
	Reasonable	cost of room and board (midwestern disaster only)		
	Expenses of	a special needs student (midwestern disaster only).		
	Amount of pr	rior 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.

GANIZER								
2009	1040	US	Household Employment T	axes (Schedule	H)	42		
	Please en	ter all pert	inent 2009 information. Last year's ar	nounts are provided f	or your referenc	e.		
HOU	HOUSEHOLD EMPLOYMENT TAXES							
house	paid any one hold employe ete the follow	e; or paid tota	nployee cash wages of \$1,700 or more in 2009; Il cash wages of \$1,000 or more in any calendar	withheld federal income tax r quarter of 2008 or 2009 to	during 2009 for any household employee	s, please		
Emplo	yer identifica	tion number						
1=spo	use, 2=joint .							
Socia	l security. Med	dicare and inc	ome taxes:	2009 Amount	2008 Amou	ınt		
	3.		sh wages of \$1,700 or more					
		, ,	x for household employee					
			social security taxes					
To	otal cash wag	es subject to	Medicare taxes					
Fe	ederal income	tax withheld						
A	dvance earne	d income cred	lit payments					
Ta	axes withheld	from state dis	ability payments					
Feder	al unemploym	nent tax:						
1=	paid total cas	sh wages of \$	1,000 or more in any calendar					
To	otal cash wag	es subject to	FUTA tax					
1=	1=paid unemployment contributions to only one state							
1=	=paid all state	unemployme	nt contributions by 4/15/10					
1=	all wages tax	able for FUTA	A were also taxable for state unemployment					
N	ame of state.							
St	tate reporting	number						
C	ontributions p	aid to state ur	nemployment fund			_		

42

009	1040	US	Parent's Election to Repo	ort Child's Inc.	No.	44
	PI	ease enter	all pertinent 2009 amounts & attach Last year's amounts are provided	all 1099-INT and 1099-D	IV forms.	
CHII	I D'S INF	ORMATIO		.e. yeur rererencer		
		nber				
	,	y)				
		deral				
1=non	ntaxable to sta	ate				
INTE	EREST IN	NCOME (F	orm 1099-INT)			
Banks	s, credit unior	ns, etc. (Box 1)):	2009 Amount	2008 Amou	nt
			ĺ			
_						
U.S. b	onds, T-bills,	, etc. (nontaxa	ble to state) (Box 3):		1	
_						
-						
	xempt interes		-		 	
		pal bonds	·····L			
•	tments:	oution	Γ		1	
			T in error)			
	-					
	•					
Foreig	•		_		1	,
1=	=interest in or	authority ove	r foreign account			
Na	ame of foreig	n country				
1=	grantor/trans	sferor or receiv	ved distribution from foreign trust			
Post 8	3/7/86 private	activity bond	interest (included above) (6251)			
DIVI	IDEND IN	ICOME (F	Form 1099-DIV)			
Total c	ordinary divid	lends (Box 1a)	:			
_						
_						
Total c	capital gain d	listributions (B	ox 2a):			1
-						
_		1250 i- /	(Day 2h)			
	-	=	(Box 2b)			
	=					
		=				
	xempt interes	, ,				
	=					
	· ·					
Nomin	nee distributio	ons:				······································
Ordinary dividends						
Qι	ualified divide	ends				
Ca	apital gain dis	stributions				
Alaska	a permanent	fund dividends	s included above			
					<u> </u>	
						44

RGANIZER				
2009	1040	NJ	NJ FAIR Rebate / Property Tax Deduction	53.08
		Please ent	ter all pertinent 2009 information and note any applicable change) \$S.
	NERAL meowner, 2=te	enant (at 10/1	/09), 3=both (mandatory)	
Resid Stree City, Numb Total Total	lence (if different addressstate, ZIP codoer of days in number of terent paid by a	ent): de	MATION FOR TENANTS Int, if not 365 Intered rent Ing this period In this period I	
Resid Stree City, Numb Share Share	lence (if different addressstate, ZIP code per of days in each property certains and property certains addressed to the control of the	ent): le2009 in this upwined by taxpused as princip	DUCTION INFORMATION FOR HOMEOWNERS nit as owner, if not 365 ayer(s), if not 100% (.xxxx) pal residence, if different (.xxxx) his property during 2009	

53.081