

## Miscellaneous Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Yes No

### General Information

Yes	No	1. Were there any changes to your filing status or number of dependents during 2009?
		2. Can you or your spouse be claimed as a dependent by someone else?
		3. Did you incur any childcare expenses?
		4. Did you have a change in residence or job location during the year?
		5. Did you move during 2009? From where? _____ Date of move _____
		6. Did you reside in more than one state during 2009? If yes, which states? _____
		7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
		8. Would you like a copy of your tax return sent to you via email?
		9. Did you receive an Economic Recovery Payment in 2009 from social security benefits, supplemental security income, or pension benefits?

Yes No

### Income Information

Yes	No	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
		2. Did you use your vehicle on the job other than for commuting to work?
		3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
		4. Did you work out of town at any time during the year?
		5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
		6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
		7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
		8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
		9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
		10. Did you have any income from, or pay taxes to, a foreign country?
		11. Did you engage in any bartering transactions during 2009?
		12. Did you surrender any U.S. Savings Bonds during 2009?
		13. Did you receive any state or local income tax refunds from prior years?
		14. Do you or your spouse have any IRA accounts?
		15. Did you recharacterize any IRAs this year?
		16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
		17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
		18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
		19. Did you receive any type of prize, award, or gambling winnings during 2009?
		20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
		21. Did you receive any income not shown in this organizer? If so, please list. _____
		22. Does anyone owe you money that has become uncollectible?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

## Miscellaneous Information

Name:

SSN:

Yes No

### Business Information

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you start a new business or purchase any rental property during 2009?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you own rental property? What percentage of time did you spend managing your rentals? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?   |

Yes No

### Other Information

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were any tuition costs paid during 2009 (even if classes were attended in another year)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did anyone in your household attend higher education classes in 2009?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur a loss due to damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If yes to question 4, was the First-Time Homebuyer Credit taken on the home?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you purchase a home, for the first time, as a principal residence between April 8, 2008 and April 30, 2010? If yes, please provide closing documentation.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you purchase a new vehicle between February 18, 2009 and January 1, 2010?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you make any gifts to any one person in 2009 in excess of \$13,000? If so, are you splitting this gift with your spouse?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?  |

### To itemize deductions, bring receipts and documentation for these types of expenses:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Prescriptions, first-aid  |
| <input type="checkbox"/> | State/local income taxes  |
| <input type="checkbox"/> | Mortgage interest   |
| <input type="checkbox"/> | Tax preparation fees  |
| <input type="checkbox"/> | Gambling losses (up to amount of winnings)  |
| <input type="checkbox"/> | Cash donations to charity (provide all receipts)  |
| <input type="checkbox"/> | Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals) |
| <input type="checkbox"/> | Real estate and personal property taxes paid in 2009  |
| <input type="checkbox"/> | Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)         |
| <input type="checkbox"/> | Fair market value of property donated to charity  |
| <input type="checkbox"/> | Purchase price of new goods donated or used in volunteer work   |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Miscellaneous Information

Name:

SSN:

**Information to bring to your appointment:**

- Driver's license & social security card (for identity verification)
- Copy of your 2008 income tax return (for comparison and review for all includible information)
- Preprinted IRS label received
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preparer Notes**

Miscellaneous Notes (These will update to next year.)

## Personal Data

Taxpayer Name		SSN	
Spouse's Name		SSN	
Address		Apt no.	
Foreign Address			
City	State	ZIP	
County		School District	
Taxpayer phone Daytime:	Ext:	Evening:	Ext: Cell:
Spouse phone Daytime:	Ext:	Evening:	Ext: Cell:
Taxpayer email		Spouse email	
Taxpayer occupation		Spouse occupation	
Taxpayer Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>
Spouse's Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Does your spouse want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>
Date and time of this year's appointment		Economic Recovery Payment Amount	

### Income Taxes Paid

Federal	2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund	April 15, 2009				
2008 Refund applied to 2009	June 15, 2009				
2008 Balance Due	Sept. 15, 2009				
	Jan. 15, 2010				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Resident State	2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund	April 15, 2009				
2008 Refund applied to 2009	June 15, 2009				
2008 Balance Due	Sept. 15, 2009				
	Jan. 15, 2010				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Local	2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund	April 15, 2009				
2008 Refund applied to 2009	June 15, 2009				
2008 Balance Due	Sept. 15, 2009				
	Jan. 15, 2010				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

## Dependents

<b>Name:</b>					<b>SSN:</b>						
First name					Last name					Suffix	
SSN/ITIN			Relationship				Number of months lived with you				
Age/DOB			Is this dependent a minor child with income over \$850? <input type="checkbox"/>			<b>2009</b>				<b>2008</b>	
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											
First name					Last name					Suffix	
SSN/ITIN			Relationship				Number of months lived with you				
Age/DOB			Is this dependent a minor child with income over \$850? <input type="checkbox"/>			<b>2009</b>				<b>2008</b>	
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											
First name					Last name					Suffix	
SSN/ITIN			Relationship				Number of months lived with you				
Age/DOB			Is this dependent a minor child with income over \$850? <input type="checkbox"/>			<b>2009</b>				<b>2008</b>	
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											
First name					Last name					Suffix	
SSN/ITIN			Relationship				Number of months lived with you				
Age/DOB			Is this dependent a minor child with income over \$850? <input type="checkbox"/>			<b>2009</b>				<b>2008</b>	
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											
First name					Last name					Suffix	
SSN/ITIN			Relationship				Number of months lived with you				
Age/DOB			Is this dependent a minor child with income over \$850? <input type="checkbox"/>			<b>2009</b>				<b>2008</b>	
Qualifying child care expense incurred and paid in 2009											
Portion of qualifying expenses provided by employer											
American Opportunity qualified expenses paid											
Lifetime Learning Credit qualified expenses paid											
Hope Credit qualified expenses paid											
Tuition and fees deduction											

## Child & Dependent Care

**Name:**

**SSN:**

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2009

Amount Paid in 2008

# Wages and Salaries

Please attach all W-2(s).

**Name:**

**SSN:**

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		<b>2009</b>		<b>2008</b>		Federal tax	<b>2009</b>		<b>2008</b>
	State wages	<b>2009</b>		<b>2008</b>		State tax	<b>2009</b>		<b>2008</b>
	Locality	<b>2009</b>		<b>2008</b>		Local tax	<b>2009</b>		<b>2008</b>

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		<b>2009</b>		<b>2008</b>		Federal tax	<b>2009</b>		<b>2008</b>
	State wages	<b>2009</b>		<b>2008</b>		State tax	<b>2009</b>		<b>2008</b>
	Locality	<b>2009</b>		<b>2008</b>		Local tax	<b>2009</b>		<b>2008</b>

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		<b>2009</b>		<b>2008</b>		Federal tax	<b>2009</b>		<b>2008</b>
	State wages	<b>2009</b>		<b>2008</b>		State tax	<b>2009</b>		<b>2008</b>
	Locality	<b>2009</b>		<b>2008</b>		Local tax	<b>2009</b>		<b>2008</b>

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		<b>2009</b>		<b>2008</b>		Federal tax	<b>2009</b>		<b>2008</b>
	State wages	<b>2009</b>		<b>2008</b>		State tax	<b>2009</b>		<b>2008</b>
	Locality	<b>2009</b>		<b>2008</b>		Local tax	<b>2009</b>		<b>2008</b>

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		<b>2009</b>		<b>2008</b>		Federal tax	<b>2009</b>		<b>2008</b>
	State wages	<b>2009</b>		<b>2008</b>		State tax	<b>2009</b>		<b>2008</b>
	Locality	<b>2009</b>		<b>2008</b>		Local tax	<b>2009</b>		<b>2008</b>

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		<b>2009</b>		<b>2008</b>		Federal tax	<b>2009</b>		<b>2008</b>
	State wages	<b>2009</b>		<b>2008</b>		State tax	<b>2009</b>		<b>2008</b>
	Locality	<b>2009</b>		<b>2008</b>		Local tax	<b>2009</b>		<b>2008</b>





## Profit or Loss From Business Schedule C

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS		Principal business or profession	Business code	
Business name		Employer I.D. number		
Business address				
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other				
Did you "materially participate" in the operation of this business? <input type="checkbox"/> Yes <input type="checkbox"/> No				
You started or acquired this business during 2009 <input type="checkbox"/>			Statutory employee wages <input type="checkbox"/>	

	2009	2008		2009	2008
<b>Income</b>					
Gross receipts or sales			Other income		
Returns and allowances					

	2009	2008		2009	2008
<b>Expenses</b>					
Advertising			Taxes and licenses		
Car and truck expenses			Travel		
Commissions and fees			Total meals and entertainment		
Contract labor			Utilities		
Depletion			Wages		
Employee benefit programs			Other expenses (list):		
Insurance (other than health)					
Mortgage interest (paid to banks etc.)					
Other interest					
Legal & professional services					
Office expenses					
Pension and profit sharing plans					
Rent or lease (vehicles, machinery, and equipment)					
Rent (other business property)					
Repairs and maintenance					
Supplies			Family Health Coverage		

	2009	2008		2009	2008
<b>Cost of goods sold</b>					
Inventory at beginning of the year			Materials and supplies		
Purchases (less cost of items withdrawn for personal use)			Other costs		
Cost of labor			Inventory at end of year		

Inventory method, if not Cost  Lower of Cost or Market  Other  There was a change of inventory method

	2009	2008		
<b>Information on your vehicle</b>				
Date placed in service			Available when off duty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business miles			Another vehicle available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commuting miles			You have evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other miles			It is written	<input type="checkbox"/> Yes <input type="checkbox"/> No



## Sale of Home

Name:

SSN:

Enter the date you purchased the home

Enter the date you sold the home

Enter the purchase price of your old home

Seller-paid points for old home if bought after 1990

Enter the selling price of the old home

Enter any expenses from the sale of the old home

**Settlement fees or closing costs for old home.**

Abstract and recording fees

Legal fees

Surveys

Title insurance

Transfer or stamp taxes

Amounts the seller owed that you agreed to pay

Other fees or closing cost

Cost of capital improvements to old home

Special tax assessments paid on old home for local improvements, such as streets

**Other increases to basis:**

Describe:

If home was used for business, enter any depreciation claimed

**Other decreases to basis:**

Describe:

**Information on time lived in the home sold**

You

Spouse

Enter the date that you first used the property as a main home

Enter the date that you first owned the property as a main home

Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?

 Yes No Yes No

If YES, answer the following:

Enter date of most recent sale of another home on which you excluded the gain

**Check the box below that applies to you if the home sold and the First Time Homebuyer Credit (Form 5405) was taken on this home.** I sold the home to an unrelated person and had a gain on the sale I sold the home to an unrelated person and did not have a gain on the sale I sold the home to a related person I converted the home to a rental or business or I still own the home but it is no longer my main home I transferred the home to my ex-spouse as part of my divorce settlement (Ex-spouse's Name) \_\_\_\_\_ My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years The taxpayer who claimed the credit died in 2009.**Please bring the contract for the sale of the home to your appointment.**









# Form 1099-MISC

Please attach all 1099-M(s)

Name:

SSN:

TS For Payer's FEIN:

Payer's name:

Address:

City, State, Zip

2009

2008

2009

2008

Rents State State I.D.

Royalties State tax withheld

Other income State income

description Name of locality

Federal tax withheld Local tax withheld

Fishing boat proceeds Local income

Medical & health care payments State State I.D.

Non-employee compensation State tax withheld

Substitute payments State income

Payer made direct sales Name of locality

Crop insurance proceeds Local tax withheld

Excess golden parachute Local income

Gross attorney proceeds

TS For Payer's FEIN:

Payer's name:

Address:

City, State, Zip

2009

2008

2009

2008

Rents State State I.D.

Royalties State tax withheld

Other income State income

description Name of locality

Federal tax withheld Local tax withheld

Fishing boat proceeds Local income

Medical & health care payments State State I.D.

Non-employee compensation State tax withheld

Substitute payments State income

Payer made direct sales Name of locality

Crop insurance proceeds Local tax withheld

Excess golden parachute Local income

Gross attorney proceeds

## Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS  Payer's name: \_\_\_\_\_ Payer's FEIN: \_\_\_\_\_

Address:

City, State, Zip \_\_\_\_\_ **2009** **2008**

**2009**  **2008** State \_\_\_\_\_ State I.D. \_\_\_\_\_

Disability indicator   State income tax withheld \_\_\_\_\_

Report as wages on 1040   State distribution \_\_\_\_\_

Gross distribution \_\_\_\_\_ Local income tax withheld \_\_\_\_\_

Taxable amount \_\_\_\_\_ Name of locality \_\_\_\_\_

Total distribution \_\_\_\_\_ Local distribution \_\_\_\_\_

Capital gain \_\_\_\_\_ State \_\_\_\_\_ State I.D. \_\_\_\_\_

Federal income tax withheld \_\_\_\_\_ State income tax withheld \_\_\_\_\_

Employee contributions or insurance premiums \_\_\_\_\_ State distribution \_\_\_\_\_

Distribution code(s) \_\_\_\_\_ Local income tax withheld \_\_\_\_\_

IRA/SEP/SIMPLE Roth: Y/N   Name of locality \_\_\_\_\_

Your percentage of total distribution \_\_\_\_\_ Local distribution \_\_\_\_\_

TS  Payer's name: \_\_\_\_\_ Payer's FEIN: \_\_\_\_\_

Address:

City, State, Zip \_\_\_\_\_ **2009** **2008**

**2009**  **2008** State \_\_\_\_\_ State I.D. \_\_\_\_\_

Disability indicator   State income tax withheld \_\_\_\_\_

Report as wages on 1040   State distribution \_\_\_\_\_

Gross distribution \_\_\_\_\_ Local income tax withheld \_\_\_\_\_

Taxable amount \_\_\_\_\_ Name of locality \_\_\_\_\_

Total distribution \_\_\_\_\_ Local distribution \_\_\_\_\_

Capital gain \_\_\_\_\_ State \_\_\_\_\_ State I.D. \_\_\_\_\_

Federal income tax withheld \_\_\_\_\_ State income tax withheld \_\_\_\_\_

Employee contributions or insurance premiums \_\_\_\_\_ State distribution \_\_\_\_\_

Distribution code(s) \_\_\_\_\_ Local income tax withheld \_\_\_\_\_

IRA/SEP/SIMPLE Roth: Y/N   Name of locality \_\_\_\_\_

Your percentage of total distribution \_\_\_\_\_ Local distribution \_\_\_\_\_

## Social Security Benefit Statement

		2009	2008			2009	2008		
TS	Net benefits			Medicare premiums				Income tax withheld	
TS	Net benefits			Medicare premiums				Income tax withheld	

## Other Income and Adjustments

Name:

SSN:

### Income

	Taxpayer		Spouse	
	2009	2008	2009	2008
	Taxable scholarships received			
Interest income (If over \$1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)				
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions				
Unemployment compensation received				
Unemployment repaid in 2009				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

### Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employment health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2009				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				



## Mortgage Interest

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TSJ		For		Business name	Product		
Federal ID #						<b>2009</b>	<b>2008</b>
Recipient/Lender:					Mortgage interest		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		
TSJ		For		Business name	Product		
Federal ID #						<b>2009</b>	<b>2008</b>
Recipient/Lender:					Mortgage interest		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		
TSJ		For		Business name	Product		
Federal ID #						<b>2009</b>	<b>2008</b>
Recipient/Lender:					Mortgage interest		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		
TSJ		For		Business name	Product		
Federal ID #						<b>2009</b>	<b>2008</b>
Recipient/Lender:					Mortgage interest		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		

## Expenses for Business Use of Your Home

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS \_\_\_\_\_ For \_\_\_\_\_

<b>Business Use of Home</b>	<b>2009</b>	<b>2008</b>
-----------------------------	-------------	-------------

Area used regularly and exclusively for business		
--	--	--

Total area of home		
--------------------	--	--

<b>Use of Home for Daycare</b>	<b>2009</b>	<b>2008</b>
--------------------------------	-------------	-------------

Total hours used for daycare		
------------------------------	--	--

Did you live in the home all year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
------------------------------------	--	--

If not, enter the dates you lived in the home	from		to	
---	------	--	----	--

<b>Expenses</b>				
-----------------	--	--	--	--

	Expenses directly related to business use <b>only</b>		Total Household expenses	
--	---	--	--------------------------	--

Did you claim office in home expenses last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>2009</b>	<b>2008</b>	<b>2009</b>	<b>2008</b>
---	-------------	-------------	-------------	-------------

Deductible mortgage interest				
------------------------------	--	--	--	--

Real estate taxes				
-------------------	--	--	--	--

Excess mortgage interest				
--------------------------	--	--	--	--

Insurance				
-----------	--	--	--	--

Rent				
------	--	--	--	--

Repairs and maintenance				
-------------------------	--	--	--	--

Utilities				
-----------	--	--	--	--

Other expenses				
----------------	--	--	--	--

<b>Cost of Home</b>	<b>2009</b>	<b>2008</b>
---------------------	-------------	-------------

Enter the <b>smaller</b> of your home's adjusted basis or its fair market value		
---	--	--

Does this include the value of the land?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
--	--	--

Date placed in service		
------------------------	--	--

Value of land		
---------------	--	--

## Employee Business Expense

Name:

SSN:

TS Occupation override

### Part I - Employee Business Expense and Reimbursements

2009

2008

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

Qualifying performing artist

Fee-based state or local government official

### Business Vehicle Expenses

#### Vehicle Description

#### Vehicle 1

#### Vehicle 2

2009

2008

2009

2008

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2009

Business miles included above

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)

Enter cost or other basis

Enter section 179 deduction

Enter depreciation method and percentage

If an employer provided vehicle, is personal use during off duty hours permitted?  Yes  No

Do you (or your spouse) have another vehicle available for personal use?  Yes  No

Do you have evidence to support your deduction?  Yes  No

If "Yes", is the evidence written?  Yes  No



## Auto Expense Worksheet

Name:

SSN:

For

Profession/Product

Business name

Description

Date placed in service

Do you have another vehicle available for personal use?  Yes  No

Was your vehicle available for use during off hours?  Yes  No

Do you have evidence to support your deduction?  Yes  No

If "Yes", is the evidence written?  Yes  No

Enter the number of miles your vehicle was used for:

2009

2008

**a** Business miles

**b** Commuting

**c** Other

**Expenses:**

2009

2008

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %