

General Information

Taxpayer

First Name

Middle Initial

Last Name

Suffix

Social Security Number

Date of Birth

Spouse

Check ("X") which phone number to list on return.

Home Phone

Work Phone

Cell Phone

Fax Number

Legally Blind

Totally Disabled

Claimed as a Dependent

Presidential Election Fund (\$3)

Occupation

E-mail address

State of Residence as of 12/31

County of Residence as of 12/31

School District as of 12/31

If Part Year, Period of Residency to

. to

Filing Status

Status on 2008 return :

Status as of 12/31/2009 :
Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____
- 5 Qualifying widow(er) with minor child Year spouse died _____

Address

Street _____ Apt/Suite : _____

City _____ State _____ Zip Code _____

Questions

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Basic Information

Yes No

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did your marital status change since last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Are there any changes in your dependents from last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you have any children under 19 (or 24 if a full time student) who received more than \$950 in investment income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Are all your dependents either US residents or citizens? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you provide over half of the support for someone you aren't claiming as a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Were either you or your spouse in the military or National Guard? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you purchase or sell your principal residence? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Were there any changes to a prior year's income, deductions, or credits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make gifts of more than \$13,000 to any one person? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you file Form 8839, Adoption Credit, in a previous year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did your purchase any special fuels for non-highway use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Do you want to e-file your return? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | If you have a refund, do you want direct deposit, bank product, or applied to next year's taxes? |

If you are due a refund, how do you want to receive it?

- Direct deposit (please provide a voided blank check)
- Check sent to you in the mail
- Instant refund (IRAL)
- Other quick refund via a bank product
- Apply to next year's estimates

If you owe taxes, how do you want to pay them?

- Paper check sent with my return
- Direct debit from my bank account (please provide a voided blank check)
- Credit card

Income

Yes No

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you have an interest in or signature authority over a financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Were you the grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you receive income from a foreign source or pay taxes to a foreign government? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you barter your services for goods or services from someone else? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20 | Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21 | Did you make a loan to someone at an interest rate below market rate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 22 | Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp? |
| <input type="checkbox"/> | <input type="checkbox"/> | 23 | Did you cash in any U.S. savings bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 24 | Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 25 | Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized, in 2009? (If yes, attach Form 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 26 | Did you receive disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 27 | Do you have gambling winnings? (If yes, be sure to include in gambling expenses) |
| <input type="checkbox"/> | <input type="checkbox"/> | 28 | Did you receive any unemployment benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 29 | During 2009, did you receive payments from a Long-Term Care insurance contract? |
| <input type="checkbox"/> | <input type="checkbox"/> | 30 | Did you receive employer-provided adoption benefits for a previous year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 31 | Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs) |
| <input type="checkbox"/> | <input type="checkbox"/> | 32 | Did you "roll over" a retirement plan distribution into another plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 33 | Did you receive Social Security benefits? |

Questions (Cont.)

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 34 Did you convert a traditional IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | 35 Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 36 Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 37 Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 38 Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 39 Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 40 Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 41 Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 42 Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 43 Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 44 Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 45 Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 46 Did you receive any income not reported in this Organizer? |

Business and Rental Property Income

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 47 If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 48 Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 49 Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 50 Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 51 Did you remove any of your business assets for personal use? |

Business and Rental Property Deductions

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 52 Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 53 Did you make any contributions to a Keogh or a self-employed SEP plan for 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 54 Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 55 If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 56 Did you purchase any furniture or equipment for your business? |

Other Deductions

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 57 Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 58 Did you make any contributions to HSA (Health Savings Account) in 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 59 Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 60 Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 61 Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 62 Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 63 Did you lose property or have damage to a property due to a casualty, theft, or condemnation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 64 Did any security become worthless during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 65 Did any debts become uncollectible during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 66 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 67 Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 68 Did you refinance a mortgage or take out a home equity loan during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 69 Did you incur moving expenses during the year due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 70 Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 71 Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 72 Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 73 Did you make any energy efficient improvements to your main home in 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 74 Did you purchase a new motor vehicle after Feb 16, 2009 and before Jan 1, 2010? |

Name _____

SSN _____

Wages and Retirement Income

W-2 Information

Enter "X"
if spouse

W-2	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				

1099-R Information

	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 12a State Distribution	Box 10a State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)ponse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	1						
<input type="checkbox"/>	2	2						
<input type="checkbox"/>	3	3						
<input type="checkbox"/>	4	4						
<input type="checkbox"/>	5	5						
<input type="checkbox"/>	6	6						
<input type="checkbox"/>	7	7						
<input type="checkbox"/>	8	8						
<input type="checkbox"/>	9	9						
<input type="checkbox"/>	10	10						
<input type="checkbox"/>	11	11						
<input type="checkbox"/>	12	12						
<input type="checkbox"/>	13	13						
<input type="checkbox"/>	14	14						
<input type="checkbox"/>	15	15						
<input type="checkbox"/>	16	16						
<input type="checkbox"/>	17	17						
<input type="checkbox"/>	18	18						
<input type="checkbox"/>	19	19						
<input type="checkbox"/>	20	20						

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)ponse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	1						
<input type="checkbox"/>	2	2						
<input type="checkbox"/>	3	3						
<input type="checkbox"/>	4	4						
<input type="checkbox"/>	5	5						
<input type="checkbox"/>	6	6						
<input type="checkbox"/>	7	7						
<input type="checkbox"/>	8	8						
<input type="checkbox"/>	9	9						
<input type="checkbox"/>	10	10						
<input type="checkbox"/>	11	11						
<input type="checkbox"/>	12	12						
<input type="checkbox"/>	13	13						
<input type="checkbox"/>	14	14						
<input type="checkbox"/>	15	15						
<input type="checkbox"/>	16	16						
<input type="checkbox"/>	17	17						
<input type="checkbox"/>	18	18						
<input type="checkbox"/>	19	19						
<input type="checkbox"/>	20	20						

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

- 1 Employer Identification Number _____ (do not enter Social Security Number)
- 2 Principal business or profession _____
- 3 Business name _____
- 4 Business address _____
- 5 City _____ State _____ Zip _____

General Check Boxes (Enter "X" where applicable)

- 6 Accounting Method Cash Accrual Other - (Specify) _____
- 7 Did you "materially participate" in this business? Yes No
- 8 Check ('X') if you started or acquired this business in 2009.

Business Income

* Report statutory income as W-2 income.

- 9 Income reported on 1099 MISC 9
Gross receipts or sales not reported on Form 1099 or Form W-2
- 10 _____ 10
- 11 _____ 11
- 12 _____ 12
- 13 _____ 13
- 14 Returns and allowances 14
- 15 Other income 15

	Current Year Amount	Prior Year Amount
9		
10		
11		
12		
13		
14		
15		

Inventory (Enter "X" where applicable)

- 16 Method(s) used to value closing inventory . . . Cost Lower of cost or market Other
- 17 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

- 18 Inventory at the beginning of year 18
- 19 Purchases less cost of items withdrawn for personal use 19
- 20 Cost of labor 20
- 21 Materials and supplies 21
- 22 Other Costs 22
- 23 Inventory at end of year 23

	Current Year Amount	Prior Year Amount
18		
19		
20		
21		
22		
23		

Assets Placed in Service This Year

Description:

- A _____ A
- B _____ B
- C _____ C
- D _____ D
- E _____ E
- F _____ F
- G _____ G

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
41 Advertising	41		
42 Contract labor	42		
43 Commissions and fees	43		
44 Depletion	44		
45 Employee benefit programs (other than on line 51)	45		
46 Insurance (other than health)	46		

Interest:

47 Mortgage (paid to banks, etc.)	47		
48 Other	48		

49 Legal and professional services	49		
50 Office expense	50		
51 Pension and profit-sharing plans	51		

Rent or Lease:

52 Machinery rental or lease	52		
53 Equipment rental or lease	53		
54	54		
55	55		
56	56		
Other business property rental or lease			
57	57		
58	58		
59	59		

60 Repairs and maintenance	60		
61 Supplies (not included in inventory cost of goods sold)	61		
62 Taxes and licenses	62		

Travel, Meals, and Entertainment:

Travel

63	63		
64	64		
65	65		
66	66		

Meals and entertainment

67 Enter "X" in the box if subject to DOT hours of service limits	67	<input type="checkbox"/>	<input type="checkbox"/>
68	68		
69	69		
70	70		
71	71		

72 Utilities	72		
73 Wages	73		

Other Expenses

74	74		
75	75		
76	76		
77	77		
78	78		
79	79		
80	80		
81	81		
82	82		

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

Vehicle 1 -

Vehicle 2 -

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . 4				
5 Parking fees and tolls 5				
6 Vehicle Interest 6				
7 Vehicle Personal Property tax 7				

Actual Expenses

8 Gasoline, oil and repairs 8				
9 Vehicle registration fees 9				
10 Vehicle lease or rental 10				
11 Vehicle Insurance 11				
12 12				

Vehicle 3 -

Vehicle 4 -

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . 4				
5 Parking fees and tolls 5				
6 Vehicle Interest 6				
7 Vehicle Personal Property tax 7				

Actual Expenses

8 Gasoline, oil and repairs 8				
9 Vehicle registration fees 9				
10 Vehicle lease or rental 10				
11 Vehicle Insurance 11				
12 12				

Name _____

SSN _____

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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22					
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28					
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33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name _____

SSN _____

Real Estate Rentals and Royalties

Kind of Property
Address
City State Zip

	Current Year Info	Prior Year Info
1 Owner of property (Enter Filer, Spouse, or Joint) 1		
2 Enter "X" if you actively participated? 2	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? 3	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use? 3a	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented? 3b	<input type="text"/>	<input type="text"/>

Income

	Current Year Amounts	Prior Year Amounts
4 Royalty received 4		
5 Rent received 5		
5a If rental real estate, enter the percent of ownership if less than 100% 5a		
5b Rental use percentage for property used partially for personal use only 5b		

Property Expense

	Current Year Amounts	Prior Year Amounts
6 Advertising 6		
7 Cleaning and maintenance 7		
8 Commissions 8		
9 Insurance 9		
10 Legal and other professional fees 10		
11 Management fees 11		
12 a Qualified mortgage interest paid to banks, etc. 12a		
12 b Other mortgage interest paid to banks, etc. 12b		
13 Other interest 13		
14 Repairs 14		
15 Supplies 15		
16 a Real estate taxes 16a		
16 b Other Taxes 16b		
17 Utilities 17		

Assets Placed in Service This Year

Description:	Date Placed In Service	Purchase Amount
A	A	
B	B	
C	C	
D	D	
E	E	
F	F	
G	G	

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expense

18

19

20

21

22

23

24

25

	Current Year	Prior Year
18		
19		
20		
21		
22		
23		
24		
25		

Travel Expenses

26

27

28

29

30

31

32

33

	Current Year	Prior Year
26		
27		
28		
29		
30		
31		
32		
33		

Meals and Entertainment Expense

34

35

36

37

38

39

40

41

	Current Year	Prior Year
34		
35		
36		
37		
38		
39		
40		
41		

