

2008

TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

Primary E-mail Address	Home Phone	Fax Number
Secondary E-mail Address	Taxpayer's Business Phone	Spouse's Business Phone
Preferred Method of Contact (i.e., cell phone, e-mail, etc.)		



For any question answered Yes, please attach supporting detail or documents.

Personal Information:

- Did your marital status change during 2008?
If married, do you and your spouse want to file separate returns?
Did your address change during 2008?
Can you or your spouse be claimed as a dependent by another taxpayer?

Dependents:

- Were there any changes in dependents from the prior year?
Did you pay for child care while you worked or looked for work?
Do you have any children under age 18 with unearned income more than \$900?
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$900?
Did you adopt a child or begin adoption proceedings during 2008?

Purchases, Sales and Debt:

- Did you have any debts canceled, forgiven or refinanced during 2008?
Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2008?
Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2008?
Did you sell, exchange or purchase any real estate in 2008? If so, please attach closing statements.
Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?
Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan?
Did you pay any student loan interest in 2008?
Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year.
Did you have an outstanding home equity loan at the end of 2008? If so, please provide the principal balance and interest rate at the beginning and end of the year.
Did you take out a home equity loan in 2008?
Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098?
Did you engage in any put or call transactions? If Yes, please provide details.
Did you close any open short sales during 2008?
Did you sell any securities not reported on your Form 1099-B?



Itemized Deductions:

	Yes	No
Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or theft losses during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any large purchases, such as motor vehicles and boats?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or loss attributable to a federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any casualty or loss attributable to the Midwestern disaster area?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous:

Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2008?	<input type="checkbox"/>	<input type="checkbox"/>		
If you received a distribution from an MSA, please include Form 1099-SA.				
Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2008?	<input type="checkbox"/>	<input type="checkbox"/>		
If you received a distribution from an HSA, please include Form 1099-SA.				
Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity, or deferred compensation plan?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q.	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your dependents incur any post-secondary education expenses, such as tuition?	<input type="checkbox"/>	<input type="checkbox"/>		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr><td style="text-align: center;">Months</td></tr> <tr><td style="text-align: center;"> </td></tr> </table>	Months		<input type="checkbox"/>	<input type="checkbox"/>
Months				
Did you move to a different home because of a change in the location of your job?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you pay in excess of \$1,000 in any quarter, or \$1,600 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you receive unreported tip income of \$20 or more in any month of 2008?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you or your spouse receive distributions from long-term care insurance contracts? If Yes, please include Form 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>		
Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you purchase a new "hybrid", or alternative technology vehicle in 2008?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?	<input type="checkbox"/>	<input type="checkbox"/>		
Have you received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>		
Were you notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you lose your job during 2008 because of foreign competition and pay for your own health insurance?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	<input type="checkbox"/>	<input type="checkbox"/>		
Were any distributions from your IRA and/or Roth IRA account(s) distributed to a charitable organization?	<input type="checkbox"/>	<input type="checkbox"/>		



Miscellaneous: (continued)

Did you engage in any bartering transactions?
Did you have any work outside of the U.S. or pay any foreign taxes?
Did someone displaced by the storms in the Midwest live with you?

Yes No grid for miscellaneous questions

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$12,000 to any individual during the year?
Did you or your spouse make any gifts to a trust for any amount during the year?
Do you or your spouse have a life insurance trust?
Did you assist in the purchase of any asset (auto, home) for any individual during the year?
Did you forgive any indebtedness to any individual, trust or entity during the year?

Yes No grid for gifts questions

If you answered Yes to any of the above gift questions, please complete Form 34 and/or 35 in the back of the Organizer.

Severance/Retirement:

Did you retire or change jobs in 2008?
Did you receive deferred, retirement or severance compensation?

Yes No grid for severance/retirement questions

If Yes, enter the date received (Mo/Da/Yr). [Date box]

Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking any distribution?

Yes No grid for age 70 1/2 question

Sale of Your Home:

Did you sell your home in 2008?
If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?
Did you ever rent out this property?
Did you ever use any portion of the home for business purposes?
Have you or your spouse sold a principal residence within the last two years?

Yes No grid for sale of home questions

At the time of the sale, the residence was owned by the: [] Taxpayer [] Spouse [] Both

Additional Information:

With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2008?
Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2008?

Yes No grid for additional information questions

If Yes, enter the following:

Table with 5 columns: Name of Designated Beneficiary, Social Security Number, State Sponsoring Plan, Account Number, 2008 Amount Contributed



Miscellaneous: (continued)

Did you engage in any bartering transaction?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$12,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during 2008?	<input type="checkbox"/>	<input type="checkbox"/>

Severance/Retirement:

Did you retire or change jobs in 2008?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive deferred, retirement or severance compensation?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the date received (Mo/Da/Yr).

Date

Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking any distribution?	<input type="checkbox"/>	<input type="checkbox"/>
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Sale of Your Home:

Did you sell your home in 2008?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you ever rent out this property?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you or your spouse sold a principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	
At the time of the sale, the residence was owned by the:	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both

Additional Information:

With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2008?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2008?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2008 Amount Contributed



Direct Deposit and Withdrawal

4B

Direct Deposit and Electronic Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns to be filed electronically, the IRS and many states allow the entire amount due to be paid using electronic withdrawal. If you would like to have your refund deposited directly into your account or pay a balance due by using an electronic withdrawal, please complete the following information. If the account should be used for a refund anticipation loan, please mark both the refund anticipation loan box and either the checking or trad. savings box.

(To properly file your return, please attach a voided check or a copy of a monthly statement for your account.)

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings Refund Anticipation Loan

Name of financial institution

Financial Institution Routing Transit Number (if known)

(Use the routing number from a check, NOT a deposit slip. They can be different.

The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount do you want withdrawn if not the entire balance due?

What date do you want the withdrawal done? (Mo/Da/Yr)

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings Refund Anticipation Loan

Name of financial institution

Financial Institution Routing Transit Number (if known)

(Use the routing number from a check, NOT a deposit slip. They can be different.

The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount do you want withdrawn if not the entire balance due?

What date do you want the withdrawal done? (Mo/Da/Yr)



Interest Income and Foreign Information

Please enclose all Forms 1099-INT or other documents relating to interest received
(List all items sold during the year on Form 7.)

Interest Income:

Special Interest Code: 1 - Qualified Educational Series EE Bonds 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment

Table with 6 columns: TSJ, Source, Savings/Loans, Bank, and Other, U.S. Bonds and Obligations, Code, Special Interest. Rows A-E.

Table with 6 columns: Social Security No. of Home Buyer, Tax-Exempt Interest, Investment Expenses, Federal Withholding, State Withholding, 2007 Interest Amount. Rows A-E.

Foreign Taxes Paid or Accrued:

Table with 7 columns: Source, Name of Foreign Country Imposing Tax, X if Tax Accrued, Date Paid or Accrued (Mo/Da/Yr), Tax Amount (in Foreign Currency), Tax Amount (in U.S. Dollars). Rows A-E.

Additional State Information:

Table with 2 columns: Payer ID, New Hampshire Reason Interest is Nontaxable. Rows A-E.

Foreign Bank Accounts and Trusts:

At any time during 2008, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2008, whether or not you had any beneficial interest in it? Yes No



Dividend Income and Foreign Information

5B

Please enclose all Forms 1099-DIV or other documents relating to dividends received
(List all items sold during the year on Form 7.)

Dividend Income:

TSJ	Source	Form 1099-DIV			Tax-Exempt Interest	2007 Gross Dividends Amount
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a		
A						
B						
C						
D						
E						

Box 2a Total Capital Gain Distribution	Form 1099-DIV						State Withholding
	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	Box 4 Federal Withholding	Box 5 Investment Expenses	
A							
B							
C							
D							
E							

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2008, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2008, whether or not you had any beneficial interest in it?



Foreign Bank and Financial Accounts

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ _____
Enter all countries in which you have foreign bank accounts _____

Joint Ownership Information:

If you jointly own these accounts with anyone other than your spouse, complete the following items.

Indicate the number of joint owners _____
ID number of joint owner _____
Last name or organization name of joint owner _____
First name of joint owner _____
Middle initial of joint owner _____

Information on Foreign Financial Accounts:

Select Account Type	
1	Bank Account
2	Securities Account
3	Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name	Country in Which Account is Held
A					
B					

Street Address	City	State	ZIP/Postal Code
A			
B			

If you have no financial interest in the account, please complete the account owner information below.

Last Name or Organization Name	First Name	Middle Initial	Taxpayer ID Number	# of Joint Owners
A				
B				

1 No financial interest 2A Joint ownership - spouse is joint owner 2B Joint ownership - other joint owner

Street Address	City	State	ZIP/Postal Code	Country	Ownership Code
A					
B					

Foreign Bank Accounts and Trusts:

At any time during 2008, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2008, whether or not you had any beneficial interest in it? Yes No



Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state and ZIP code _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2008:

Did you dispose of this business? Yes No
 If Yes, what was the disposition date? _____ (Mo/Da/Yr)
 Was there a change in determining quantities, costs or valuations between opening and closing inventory? Yes No
 Were you involved in the operations of this business on a regular, continuous and substantial basis? Yes No

	2008 Amount	2007 Amount
Health insurance premiums paid for yourself and your dependents		

Income:

	2008 Amount	2007 Amount
Gross receipts or sales		
Less returns and allowances		

Cost of Goods Sold:

	2008 Amount	2007 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other Costs of Cost of Goods Sold:

Description	2008 Amount	2007 Amount
Ending inventory		

Other Income:

Description	2008 Amount	2007 Amount



Business Expenses - Vehicle Information

6B

Name of Business: _____

Principal Business or Profession: _____

Vehicle Questions for 2008:

Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

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

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

Mileage:

Total miles

Total business miles

Total business miles after June 30

Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases

Vehicle 1		Vehicle 2	
Description of vehicle		Description of vehicle	
Date placed in service (Mo/Da/Yr)		Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2008 Miles	2007 Miles	2008 Miles	2007 Miles
.....
.....
.....
.....
2008 Amount	2007 Amount	2008 Amount	2007 Amount
.....
.....
.....
.....



Business Expenses

Name of Business: _____

Principal Business or Profession: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . %

	2008 Amount	2007 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		

Other Business Expenses:

Description	2008 Amount	2007 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses

Amount received for meals and entertainment

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?

2008 Amount	2007 Amount

Yes No

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business

Description of vehicle

Date vehicle was placed in service

_____ %

Yes No

Yes No

Do you (or your spouse) have another vehicle available for personal purposes?

Was your vehicle available for personal use during off-duty hours?

	2008	2007
Total miles		
Total business miles		
Total business miles after June 30		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2008 Amount	2007 Amount



Business Vehicle and Other Listed Property

6D

Name of Business: _____

Principal Business or Profession: _____

Questions About Listed Property for 2008:

Examples of Listed Property:

- Automobiles
- Cellular phones
- Property that can be used for entertainment
- Property that can be used for amusement
- Property that can be used for transportation
- Computers and related peripheral equipment
- Property that can be used for recreation

Do you have evidence to support the business use percentage claimed on listed property?	Yes	No
Is the evidence to support the business use written?		

Vehicle Questions for Employers Who Provide Vehicles for Employee Use:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? ..	Yes	No
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?		
Do you treat all use of vehicles by employees as personal use?		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?		
Do you meet the requirements for qualified demonstration used by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?		

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal use? ..

Was your vehicle available for personal use during off-duty hours?

Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business?

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2008 Miles	2007 Miles

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2008 Miles	2007 Miles

Mileage:

Total miles

Total miles applicable to business

Total business miles after June 30

Total commuting miles for the year



Business Use of Home

6E

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2008	2007

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Sale of Your Home and Moving Expenses

Sale or Exchange of Your Home:

Please attach the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ

Date acquired (Mo/Da/Yr) _____

Date sold (Mo/Da/Yr) _____

Selling price

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? Yes No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? Yes No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ

Were the moving expenses reimbursed by your employer? Yes No

Enter reimbursements not included in wages on your Form W-2

Mileage:

Number of miles from old home to new workplace

Number of miles from old home to old workplace

Number of automobile miles in move

Number of moving miles after June 30

Transportation Expenses:

Costs of transportation of household goods and personal effects

Costs of travel and lodging (do not include meals or automobile expenses)

Automobile expenses (gasoline, oil, etc.)

Meals (Pennsylvania only)



Individual Retirement Account (IRA):

TS _____
Name of payer _____

IRA Questions for 2008:

Table with 2 columns: Yes, No. Rows for various IRA questions.

Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you receive distributions in 2008 from a traditional IRA, Roth IRA or Qualified Education Account?
Did you convert a traditional IRA to a Roth IRA in 2008?
Did you use your IRA as security for a loan this year?
Did you have any transactions with your IRA during the year?
If Yes, please explain.

IRA Values, Rollovers, and Distributions: Please enclose copies of all Forms 1099-R

Total value of all traditional IRAs on December 31, 2008
Outstanding rollovers on December 31, 2008
IRA distributions received during 2008
Total distributions converted to Roth IRAs
Amount of Qualified Disaster Recovery Assistance Distributions

Contributions: Please enclose copies of all Forms 5498

IRA:
Contributions in 2008 for the 2008 tax return
Contributions in 2009 for the 2008 tax return
Amount for 2008 you choose to be treated as nondeductible
Roth IRA:
Contributions made for the 2008 tax year

Pensions and Annuities: Please enclose all Forms 1099-R and any nontaxable distribution details

Table with 8 columns: TSJ, Name of Payer, 2008 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover? IRA?, 2007 Gross Distributions.

Self-Employed Retirement Plan: Please enclose copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
Do you wish to contribute the maximum amount allowed?

Contributions to:

Simplified employee pension plan
Defined benefit plan
Defined contribution plan
SIMPLE plan

Form with columns for Taxpayer and Spouse, containing Yes/No boxes and 2008 Amount input fields.



Rental and Royalty Property and Equipment & Depletion

10A

Location of Property: _____

Property and Equipment: Please attach a list if more space is needed

Acquisitions:

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions:

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Percentage Depletion Information:

Production Type	Royalty Income	
	2008 Amount	2007 Amount



Rental and Royalty Vehicle Information

Location of Property: _____

Vehicle Questions for 2008:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2008 Miles	2007 Miles
2008 Amount	2007 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2008 Miles	2007 Miles
2008 Amount	2007 Amount



Location of Property: _____

Questions About Listed Property for 2008:

Examples of Listed Property:

- Automobiles
- Cellular phones
- Property that can be used for entertainment
- Property that can be used for amusement
- Property that can be used for transportation
- Computers and related peripheral equipment
- Property that can be used for recreation

Do you have evidence to support the business use percentage claimed on listed property?

Is the evidence to support the business use written?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal use?

Was your vehicle available for personal use during off-duty hours?

Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business?

Vehicle 1	
Description of vehicle	
Date placed in service	
Do you (or your spouse) have another vehicle available for personal use?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your vehicle available for personal use during off-duty hours?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2008 Miles	2007 Miles
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Vehicle 2	
Description of vehicle	
Date placed in service	
Do you (or your spouse) have another vehicle available for personal use?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your vehicle available for personal use during off-duty hours?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2008 Miles	2007 Miles
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Mileage:

Total miles

Total miles applicable to business

Total business miles after June 30

Total commuting miles for the year



Rental - Business Use of Home

10E

Location of Property: _____

Partial Use of Your Home for Business:

2008

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? . . . Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Activity Name: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . _____ %

	2008 Amount	2007 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2008 Amount	2007 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2008 Amount	2007 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No
Was your vehicle available for personal use during off-duty hours? Yes No

	2008	2007
Total miles		
Total business miles		
Total business miles after June 30		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2008 Amount	2007 Amount



Passthrough Business Use of Home

11B

Activity Name: _____

Partial Use of Your Home for Business:

2008

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Farm Vehicle Information

12B

Proprietor's Name: _____

Principal Crop or Activity: _____

Vehicle Questions for 2008:

Do you have evidence to support your deduction? Yes No
 If Yes, is the evidence written? Yes No

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Yes No

Do you treat all use of vehicles by employees as personal use? Yes No

Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? Yes No

Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? Yes No

Vehicle:

Description of vehicle _____
 Date placed in service (Mo/Da/Yr) _____
 Do you (or your spouse) have another vehicle available for your personal use? Yes No
 Was your vehicle available for use during off-duty hours? Yes No

Mileage:

Total miles _____
 Total business miles _____
 Total business miles after June 30 _____
 Total commuting miles for the year _____

Actual Expenses:

Gasoline, oil, repairs, insurance, etc. _____
 Interest _____
 Taxes _____
 Fair market value of leased vehicle _____
 Vehicle rentals/leases _____

Vehicle 1		Vehicle 2	
Description of vehicle _____		Description of vehicle _____	
Date placed in service (Mo/Da/Yr) _____		Date placed in service (Mo/Da/Yr) _____	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2008 Miles	2007 Miles	2008 Miles	2007 Miles
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
2008 Amount	2007 Amount	2008 Amount	2007 Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Farm Business Expenses

12C

Proprietor's Name: _____

Principal Crop or Activity: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

	2008 Amount	2007 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		

Other Business Expenses:

Description	2008 Amount	2007 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2008 Amount	2007 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle _____
Date vehicle was placed in service _____ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No
Was your vehicle available for personal use during off-duty hours? Yes No

	2008	2007
Total miles		
Total business miles		
Total business miles after June 30		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2008 Amount	2007 Amount



Farm Vehicle and Other Listed Property

12D

Proprietor's Name: _____

Principal Crop or Activity: _____

Questions About Listed Property for 2008:

Examples of Listed Property:

- Automobiles
- Cellular phones
- Property that can be used for entertainment
- Property that can be used for amusement
- Property that can be used for transportation
- Computers and related peripheral equipment
- Property that can be used for recreation

Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the evidence to support the business use written?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle Questions for Employers Who Provide Vehicles for Employee Use:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? ..	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for personal use during off-duty hours?

Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business?

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2008 Miles	2007 Miles

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2008 Miles	2007 Miles

Mileage:

Total miles

Total miles applicable to business

Total business miles after June 30

Total commuting miles for the year



Farm Business Use of Home

Proprietor's Name: _____

Principal Crop or Activity: _____

Partial Use of Your Home for Business:

2008

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? . . . Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

Table with 2 main columns for 'TSJ' and sub-columns for '2008 Amount' and '2007 Amount'. Rows include: Taxable pensions and annuities received, Nontaxable pensions and annuities received, Federal withholding on pensions and annuities, State withholding on pensions and annuities, Unemployment compensation received, Unemployment compensation repaid in 2008, Social security benefits received, Social security benefits repaid in 2008, Medicare premiums withheld, Tier 1 railroad retirement benefits received, Tier 1 railroad retirement benefits repaid in 2008, Taxable IRA distributions, Nontaxable IRA distributions, Total lump sum social security received, Lump sum taxable social security, Other federal withholding, Other state withholding.

State and Local Income Tax Refunds:

Table with columns: TSJ, State, City, Tax Year, Income Tax Refund (State, Local).

Educator Expenses: (Deduction for amounts paid by educators of kindergarten through Grade 12)

Table with columns: TS, 2008 Amount, 2007 Amount.

Other Income:

Table with columns: TSJ, Nature and Source, 2008 Amount, 2007 Amount.

Other Adjustments to Income: (Please enclose all Forms 1098-E for Student Loan Interest Paid)

Table with columns: TSJ, Nature and Source, 2008 Amount, 2007 Amount.

Alimony Paid or Received:

Table with columns: TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2008 Amount, 2007 Amount.



Itemized Deductions - Medical and Taxes

Itemize real estate taxes by state.

Medical and Dental Expenses:

- Prescription medicines and drugs
- Total medical insurance premiums paid (Do not include medicare premiums paid)
- Long-term care expenses
- Total insurance reimbursement
- Number of miles traveled for medical care
- Number of miles traveled for medical care after June 30
- Lodging
- Doctors, dentists, etc.
- Hospitals
- Lab fees
- Eyeglasses and contacts

TSJ	2008 Amount	2007 Amount

- Taxpayer long-term care insurance premiums paid
- Spouse long-term care insurance premiums paid

2008 Amount	2007 Amount

Other Medical Expenses:

TSJ	Description	2008 Amount	2007 Amount

Taxes Paid: Please include copies of your tax bills

- Personal property taxes paid (include vehicle taxes)
- General sales taxes paid on specified items
- Note: Real estate taxes are deductible for taxpayers not itemizing in 2008

TSJ	2008 Amount	2007 Amount

TSJ	Real Estate Taxes	2008 Amount	2007 Amount

Other Taxes Paid:

TSJ	Description	2008 Amount	2007 Amount

If you purchased or sold your home in 2008, did you include any taxes from your closing statement in the amounts above? Yes No



Mortgage Questions for 2008:

	<input type="checkbox"/>	<input type="checkbox"/>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, please enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____		
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2008 Amount	2007 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2008 Amount	2007 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2008 Amount	2007 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2008 Amount	2007 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2008 Amount	2007 Amount



Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2008 Amount, 2007 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2008 Amount, 2007 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2008 Miles, 2007 Miles. Includes rows for volunteer work for qualified charitable organizations and Midwest disaster relief work.

Table with 3 columns: TSJ, Description, 2008 Amount. Includes row for Cash contributions made on or after May 2, 2008, in support of Midwestern disaster area relief efforts.

Noncash Contributions Totaling Less Than or Equal to \$500:

Table with 4 columns: TSJ, Description of Donated Property, 2008 Amount, 2007 Amount

Noncash Contributions Totaling More Than \$500:

TSJ _____
Description of the donated property _____

Donee organization name _____

Donee organization address _____

Date the property was acquired by the taxpayer (Mo/Da/Yr) _____

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property _____

Fair market value of the donated property _____

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal, Thrift shop value, Catalog, Comparable sale

Other - please explain _____

Which of the following describes how this donated property was acquired?

- Purchase, Gift, Inheritance, Exchange



Itemized Deductions - Miscellaneous

Miscellaneous Itemized Deductions:

- Union and professional dues
- Tax preparation fee
- Professional subscriptions
- Hobby expense (To extent of income)
- Safe deposit box
- Uniforms and protective clothing
- Work tools
- Gambling losses
- Estate taxes

TSJ	2008 Amount	2007 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2008 Amount	2007 Amount

Casualty or Theft Loss:

TSJ

Property description

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use
- Business use
- Income producing
- Employee Use
- Personal use due to Hurricane Katrina
- Personal use attributable to a federally declared disaster
- Personal use attributable to Midwestern disaster area

Date acquired (Mo/Da/Yr) _____

Date damaged or lost (Mo/Da/Yr) _____

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement



Itemized Deduction - Business Use of Home

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2008	2007

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Employee Business Expenses

TS: _____ Occupation: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

	2008 Amount	2007 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2008 Amount	2007 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2008 Amount	2007 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

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

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

	2008	2007
Total miles		
Total business miles		
Total business miles after June 30		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2008 Amount	2007 Amount



Employee Business Expenses- Business Use of Home

Partial Use of Your Home for Business:

2008	2007

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2007 but paid in 2008
Employer-provided dependent care benefits that were forfeited in 2008
2007 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
Street address
City, state and ZIP code
Social security number OR
Employer identification number
Telephone number (California only)

	2008 Amount	2007 Amount
Expenses incurred and paid in 2008		
Expenses incurred and not paid in 2008		

Provider 2:

Name
Street address
City, state and ZIP code
Social security number OR
Employer identification number
Telephone number (California only)

	2008 Amount	2007 Amount
Expenses incurred and paid in 2008		
Expenses incurred and not paid in 2008		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2008 Expenses Incurred	2007 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

Please enclose copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	Grade	2008 Qualified Expenses



General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$1,600 or more in 2008? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008? Yes No

Social Security, Medicare and Income Taxes:

Table with 2 columns: 2008 Amount, 2007 Amount. Rows for Social Security taxes, Medicare taxes, Federal income tax withheld, etc.

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Federal income tax withheld

Advance earned income credit (EIC) payments

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Table with 2 columns: 2008 Amount, 2007 Amount. Row for Total cash wages subject to FUTA tax

Total cash wages subject to FUTA tax

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2009

Table with 5 columns: Name of State, State Reporting Number, Taxable Wages, Contribution Paid to Unemployment Fund X, 2007 Amount



Federal Tax Payments

Refund Application:

If you have an overpayment of 2008 taxes, do you want the excess:

Refunded Yes No
 Applied to your 2009 estimated tax liability Yes No

Federal Estimated Tax Payments:

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2008 1st Quarter Estimate	(Due 04-15-2008)	
2008 2nd Quarter Estimate	(Due 06-16-2008)	
2008 3rd Quarter Estimate	(Due 09-15-2008)	
2008 4th Quarter Estimate	(Due 01-15-2009)	

2008 1st Quarter Estimate (Due 04-15-2008)
 2008 2nd Quarter Estimate (Due 06-16-2008)
 2008 3rd Quarter Estimate (Due 09-15-2008)
 2008 4th Quarter Estimate (Due 01-15-2009)

2007 overpayment applied to 2008 estimate

Tax Planning Information for Tax Year 2009:

Do you expect any of the following to occur in 2009?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, please provide details.



State and City Tax Payments

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2008 1st Quarter Estimate		
2008 2nd Quarter Estimate		
2008 3rd Quarter Estimate		
2008 4th Quarter Estimate		

2007 overpayment applied to 2008 estimate

Balance of prior year(s)' tax paid in 2008 plus
amount paid with 2007 extensions

Estimated tax payments for 2007 paid in 2008

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2008 1st Quarter Estimate		
2008 2nd Quarter Estimate		
2008 3rd Quarter Estimate		
2008 4th Quarter Estimate		

2007 overpayment applied to 2008 estimate

Balance of prior year(s)' tax paid in 2008 plus
amount paid with 2007 extensions

Estimated tax payments for 2007 paid in 2008

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2008 1st Quarter Estimate		
2008 2nd Quarter Estimate		
2008 3rd Quarter Estimate		
2008 4th Quarter Estimate		

2007 overpayment applied to 2008 estimate

Balance of prior year(s)' tax paid in 2008 plus
amount paid with 2007 extensions

Estimated tax payments for 2007 paid in 2008



Foreign Employment Information
(Page 1 of 3)

General Information:

TS _____
Foreign address _____
.....
.....

Name of employer _____
Employer's U.S. address _____
.....

Employer's foreign address _____
.....
.....

Employer type: Foreign entity, U.S. company,
Foreign affiliate of a U.S. company, Self _____

Enter the last year (after 1981) that Form 2555 was
filed to claim either of the exclusions _____

Type of exclusions revoked in prior years _____

If a separate foreign residence was maintained for your
family due to adverse living conditions, please provide
the city, country, and number of days maintained _____

List tax home(s) during tax year and dates established _____

Country of citizenry or nationality _____

Qualified housing expenses for the tax year

Adjustment to employer provided amounts for qualified
housing expense



2007

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2008

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2009

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Gifts Made Outright to an Individual

NOTE: Only complete Forms 34 and/or 35 if in 2008:

- You made gifts of cash or marketable securities to an individual that exceeded \$12,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, please include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, please provide details below.

If your most recent gift tax return was not prepared by us, please include a copy.

For gifts other than cash, please include a copy of any appraisal(s) of assets.

If no appraisal is available, please describe how the value was determined.

For each gift made outright to an individual during the year, please provide the following information:

Gift 1:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$12,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash	<input style="width:100%;" type="text"/>		
Value of assets gifted if other than cash	<input style="width:100%;" type="text"/>		

Gift 2:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$12,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash	<input style="width:100%;" type="text"/>		
Value of assets gifted if other than cash	<input style="width:100%;" type="text"/>		



Gifts Made in Trust

NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, please provide the following information:

Name of trust receiving the gift

Name of the trustee

Address of the trustee

Trust identification number

Name of the beneficiary of the trust

Your relationship to the beneficiary
(e.g., son, granddaughter or friend)

Age of the beneficiary

Date(s) of gift(s) (Mo/Da/Yr)

Description and amount of assets gifted
(e.g., \$12,000 in cash or 500 shares of ABC stock)

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

For gifts other than cash, please include a copy of any appraisal(s) of assets. If no appraisal is available, please describe how the value was determined.

Please include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.



2008 Tax Return Checklist

Client Name:

	Prior Year	Current Year
Income:		
Wages (IRS W-2)	_____	_____
Interest Income (IRS 1099-INT)	_____	_____
Dividend Income (IRS 1099-DIV)	_____	_____
Brokerage Statements (Form 1099-A,B,S)	_____	_____
IRA/Pension/Annuity Income (IRS 1099R)	_____	_____
Schedule K-1s (IRS K-1)	_____	_____
Miscellaneous Income (IRS-1099-MISC, G)	_____	_____
Itemized Deductions:		
Medical/Dental Expenses	_____	_____
Real Estate Taxes	_____	_____
Property Taxes	_____	_____
Mortgage Interest (Form 1098)	_____	_____
Charitable Contributions	_____	_____
Other:		
Estimated Tax Payments	_____	_____

* Please provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.



Federal, State, and City Tax Payments

Refund Application:

If you have an overpayment of taxes, do you want the excess:

Refunded Yes No
 Applied to next year's estimated tax liability Yes No

Federal Estimated Tax Payments:

2008 1st Quarter Estimate (Due 04-15-2008)
 2008 2nd Quarter Estimate (Due 06-16-2008)
 2008 3rd Quarter Estimate (Due 09-15-2008)
 2008 4th Quarter Estimate (Due 01-15-2009)

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

State and City Estimated Tax Payments:

2008 1st Quarter Estimate
 2008 2nd Quarter Estimate
 2008 3rd Quarter Estimate
 2008 4th Quarter Estimate

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2008 1st Quarter Estimate
 2008 2nd Quarter Estimate
 2008 3rd Quarter Estimate
 2008 4th Quarter Estimate

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2008 1st Quarter Estimate
 2008 2nd Quarter Estimate
 2008 3rd Quarter Estimate
 2008 4th Quarter Estimate

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2008 1st Quarter Estimate
 2008 2nd Quarter Estimate
 2008 3rd Quarter Estimate
 2008 4th Quarter Estimate

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

