



If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter the following information:

**Primary account:**

Financial institution routing transit number \_\_\_\_\_ [1]  
 Name of financial institution \_\_\_\_\_ [2]  
 Your account number \_\_\_\_\_ [3]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) \_\_\_\_\_ [4]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [5]

**Secondary account #1:**

Financial institution routing transit number \_\_\_\_\_ [8]  
 Name of financial institution \_\_\_\_\_ [9]  
 Your account number \_\_\_\_\_ [10]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) \_\_\_\_\_ [11]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [12]

**Secondary account #2:**

Financial institution routing transit number \_\_\_\_\_ [15]  
 Name of financial institution \_\_\_\_\_ [16]  
 Your account number \_\_\_\_\_ [17]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) \_\_\_\_\_ [18]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [19]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

### Client Contact Information

**Preparer - Enter on Screen Contact**

Taxpayer email address \_\_\_\_\_ [6]  
 Spouse email address \_\_\_\_\_ [7]

	<b>Taxpayer</b>	<b>Spouse</b>
Car telephone number	_____ [8]	_____ [15]
Fax telephone number	_____ [9]	_____ [16]
Mobile telephone number	_____ [10]	_____ [17]
Pager number	_____ [11]	_____ [18]
Other:	_____ [12]	_____ [19]
Telephone number	_____ [13]	_____ [20]
Extension	_____ [14]	_____ [21]

**NOTES/QUESTIONS:**



## Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

**2009 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer			[3]
State postal code		__	[5]
Gross distributions received ( <b>Box 1</b> )	+	_____	[7]
Taxable amount received ( <b>Box 2a</b> )	+	_____	[9]
Federal withholding ( <b>Box 4</b> )	+	_____	[11]
Distribution code ( <b>Box 7</b> )		__	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[14]
State withholding ( <b>Box 10</b> )	+	_____	[15]
Local withholding ( <b>Box 13</b> )	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability		__	[21]
Mark if distribution was from an inherited IRA		__	[22]


	<b>Control Totals +</b>	
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## Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

**2009 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer			[3]
State postal code		__	[5]
Gross distributions received ( <b>Box 1</b> )	+	_____	[7]
Taxable amount received ( <b>Box 2a</b> )	+	_____	[9]
Federal withholding ( <b>Box 4</b> )	+	_____	[11]
Distribution code ( <b>Box 7</b> )		__	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[14]
State withholding ( <b>Box 10</b> )	+	_____	[15]
Local withholding ( <b>Box 13</b> )	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability		__	[21]
Mark if distribution was from an inherited IRA		__	[22]


	<b>Control Totals +</b>	
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## Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

**2009 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer			[3]
State postal code		__	[5]
Gross distributions received ( <b>Box 1</b> )	+	_____	[7]
Taxable amount received ( <b>Box 2a</b> )	+	_____	[9]
Federal withholding ( <b>Box 4</b> )	+	_____	[11]
Distribution code ( <b>Box 7</b> )		__	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[14]
State withholding ( <b>Box 10</b> )	+	_____	[15]
Local withholding ( <b>Box 13</b> )	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability		__	[21]
Mark if distribution was from an inherited IRA		__	[22]


	<b>Control Totals +</b>	
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# Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)

\_\_ [1]

State postal code

\_\_ [2]

## Social Security Benefits

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2009 (Box 3 minus Box 4) **(Box 5)**

2009 Information  
+ \_\_\_\_\_ [8]

Voluntary Federal Income Tax Withheld **(Box 6)**

+ \_\_\_\_\_ [10]

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ \_\_\_\_\_ [12]

Prescription drug (Part D) premiums

+ \_\_\_\_\_ [14]

Prior Year Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2009 **(Box 5)**

2009 Information  
+ \_\_\_\_\_ [22]

Federal Income Tax Withheld **(Box 10)**

+ \_\_\_\_\_ [25]

Medicare Premium Total **(Box 11)**

+ \_\_\_\_\_ [27]

Prior Year Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2009 or receive any prior year benefits in 2009. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NOTES/QUESTIONS:

## Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.  
Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T/S/J	Type Code (*See codes below)	Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	Payer						
		Amounts	+					

*Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

## Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.  
Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T S Type J Code	(*See codes below)	Ordinary [1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
1	Payer											
	Amounts +											
2	Payer											
	Amounts +											
3	Payer											
	Amounts +											
4	Payer											
	Amounts +											
5	Payer											
	Amounts +											
6	Payer											
	Amounts +											
7	Payer											
	Amounts +											
8	Payer											
	Amounts +											
9	Payer											
	Amounts +											
10	Payer											
	Amounts +											

<b>*Dividend Codes</b>	
Blank = Other	3 = Nominee





## Schedule A - Medical and Dental Expenses

<b>T/S/J</b>	<b>2009 Information</b>	<b>Prior Year Information</b>
Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received		
[1] _____	+ _____ [2]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
Medical insurance premiums you paid*:		
[4] _____	+ _____ [5]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
Long-term care premiums you paid*:		
[7] _____	+ _____ [8]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
Prescription medicines and drugs:		
[10] _____	+ _____ [11]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
[13] Miles driven for medical items _____	_____ [14]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
*Not entered elsewhere		

## Schedule A - Tax Expenses

<b>T/S/J</b>	<b>2009 Information</b>	<b>Prior Year Information</b>	
State/local income taxes paid:			
[18] _____	+ _____ [19]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
2008 state and local income taxes paid in 2009:			
[21] _____	+ _____ [22]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
Real estate taxes paid on:			
[24] _____	+ _____ [25]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
Personal property taxes:			
[27] _____	+ _____ [28]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
Other taxes, such as: foreign taxes and State disability taxes			
[30] _____	+ _____ [31]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
Sales tax paid on major purchases:			
[38] _____	+ _____ [39]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
Sales tax paid on actual expenses:			
[41] _____	+ _____ [42]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
<b>T/S/J</b>	<b>Date</b>	<b>Purchase Price (Before Taxes)</b>	<b>Sales/Excise Tax Paid</b>
Description of new motor vehicle purchased between 2/17/09 - 12/31/09:			
[33] _____	_____	_____	_____
_____	_____	_____	_____

# Interest Expenses

T/S/J	2009 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] _____	+	[2] _____	+		
_____	+	_____	+		
_____	+	_____	+		
_____	+	_____	+		
_____	+	_____	+		
_____	+	_____	+		
_____	+	_____	+		
_____	+	_____	+		
_____	+	_____	+		
_____	+	_____	+		

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home  
 1 = Not used to buy, build, improve home or investment  
 2 = Used to pay off previous mortgage  
 3 = Used to pay off previous mortgage, excess proceeds invested  
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2009 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4] _____	_____	_____	+	[5] _____
<b>Address</b>	_____			
_____	_____	_____	+	_____
<b>Address</b>	_____			
_____	_____	_____	+	_____
<b>Address</b>	_____			
_____	_____	_____	+	_____
<b>Address</b>	_____			

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

\_\_\_\_ Payer's/Borrower's name \_\_\_\_\_ [7]  
 \_\_\_\_ Street Address \_\_\_\_\_  
 \_\_\_\_ City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2009 -**

\_\_\_\_ Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [8]  
 \_\_\_\_ Description \_\_\_\_\_  
 \_\_\_\_ Total points paid \_\_\_\_\_  
 \_\_\_\_ Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 \_\_\_\_ Points paid in 2009 (**Preparer use only**) \_\_\_\_\_ [9]  
 \_\_\_\_ Date of refinance \_\_\_\_\_  
 \_\_\_\_ Total number of payments \_\_\_\_\_  
 \_\_\_\_ Reported on Form 1098 in 2009 \_\_\_\_\_  
 \_\_\_\_ Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 \_\_\_\_ Description \_\_\_\_\_  
 \_\_\_\_ Total points paid \_\_\_\_\_  
 \_\_\_\_ Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 \_\_\_\_ Points paid in 2009 (**Preparer use only**) \_\_\_\_\_  
 \_\_\_\_ Date of refinance \_\_\_\_\_  
 \_\_\_\_ Total number of payments \_\_\_\_\_  
 \_\_\_\_ Reported on Form 1098 in 2009 \_\_\_\_\_

T/S/J	2009 Information	Prior Year Information
Investment interest expense, other than on K-1s:		
[11] _____	+	[12] _____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

T/S/J	2009 Information	Prior Year Information
Contributions made by cash or check		
[1] _____	+ _____ [2]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[4] Volunteer miles driven _____	_____ [5]	
Noncash items, such as: Goodwill, Salvation Army		
[8] _____	+ _____ [9]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Miscellaneous Deductions**

T/S/J	2009 Information	Prior Year Information	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses			
[11] _____	+ _____ [12]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
Union dues:			
[14] _____	+ _____ [15]		
_____	+ _____		
[17] Tax preparation fees _____	+ _____ [18]		
Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees			
[20] _____	+ _____ [21]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
[23] Safe deposit box rental _____	+ _____ [24]		
Investment expenses, other than on K1s:			
[26] _____	+ _____ [27]		
_____	+ _____		
_____	+ _____		
Other expenses, not subject to the 2% AGI limitation:			
[30] _____	+ _____ [31]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
Gambling losses: (Enter only if you have gambling income)			
[33] _____	+ _____ [34]		
_____	+ _____		
_____	+ _____		



**Preparer use only**

Taxpayer/Spouse (T, S) \_\_\_\_\_  
 Occupation in which expenses were incurred \_\_\_\_\_  
 State postal code \_\_\_\_\_

## Vehicle Questions

	2009 Information	Prior Year Information
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	__ [8]	__
Was another vehicle available for personal use? (Y, N)	__ [10]	__
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	__ [12]	__

## Vehicles #1 and #2 Actual Expenses

Vehicle 1 description \_\_\_\_\_ [16]  
 Comments \_\_\_\_\_  
 Vehicle 2 description \_\_\_\_\_ [44]  
 Comments \_\_\_\_\_

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	_____ [19]	_____	_____ [47]	_____
Total mileage	_____ [21]	_____	_____ [49]	_____
Business mileage	_____ [23]	_____	_____ [51]	_____
Average daily round trip commuting mileage	_____ [26]	_____	_____ [54]	_____
Total commuting mileage	_____ [28]	_____	_____ [56]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [30]	_____	+ _____ [58]	_____
Vehicle rentals	+ _____ [32]	_____	+ _____ [60]	_____
Inclusion amount <b>(Preparer use only)</b>	+ _____ [34]	_____	+ _____ [62]	_____
Value of employer-provided vehicle	+ _____ [40]	_____	+ _____ [68]	_____
Depreciation	+ _____ [42]	_____	+ _____ [70]	_____

## Vehicles #3 and #4 Actual Expenses

Vehicle 3 description \_\_\_\_\_ [74]  
 Comments \_\_\_\_\_  
 Vehicle 4 description \_\_\_\_\_ [102]  
 Comments \_\_\_\_\_

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	_____ [77]	_____	_____ [105]	_____
Total mileage	_____ [79]	_____	_____ [107]	_____
Business mileage	_____ [81]	_____	_____ [109]	_____
Average daily round trip commuting mileage	_____ [84]	_____	_____ [112]	_____
Total commuting mileage	_____ [86]	_____	_____ [114]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [88]	_____	+ _____ [116]	_____
Vehicle rentals	+ _____ [90]	_____	+ _____ [118]	_____
Inclusion amount <b>(Preparer use only)</b>	+ _____ [92]	_____	+ _____ [120]	_____
Value of employer-provided vehicle	+ _____ [98]	_____	+ _____ [126]	_____
Depreciation	+ _____ [100]	_____	+ _____ [128]	_____

**NOTES/QUESTIONS:**

## Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

	<b>Control Totals +</b>	
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## Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

	<b>Control Totals +</b>	
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## Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

	<b>Control Totals +</b>	
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**NOTES/QUESTIONS:**

**Preparer use only**

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [10]	
Business address, if different from home address on Organizer Form ID:1040		
Address	_____ [13]	
City/State/Zip	_____ [14]    _____ [15] _____ [16]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [17]	
If other:	_____ [19]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [20]	
If other enter explanation:	_____ [22]	
_____		
_____		
Enter an explanation if there was a change in determining your inventory:	_____ [23]	
_____		
_____		
Did you "materially participate" in this business? (Y, N)	_____ [24]	
If not, number of hours you did significantly participate	_____ [26]	
Mark if you began or acquired this business in 2009	_____ [28]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [29]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [31]	
Medical insurance premiums paid by this activity	+ _____ [33]	
Long-term care premiums paid by this activity	+ _____ [35]	
Amount of wages received as a statutory employee	+ _____ [38]	

**Business Income**

	2009 Information	Prior Year Information
Gross receipts or sales	+ _____ [43]	
Returns and allowances	+ _____ [45]	
Other income:		
_____	+ _____ [47]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Cost of Goods Sold**

	2009 Information	Prior Year Information
Beginning inventory	+ _____ [49]	
Purchases	+ _____ [51]	
Labor:		
_____	+ _____ [53]	
_____	+ _____	
Materials	+ _____ [55]	
Other costs:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [59]	

**Preparer use only**

Principal business or profession \_\_\_\_\_

	2009 Information	Prior Year Information
Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs:		_____
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		_____
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		_____
Mortgage (Paid to banks, etc.)	+ _____ [22]	_____
Other:		_____
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [28]	_____
Pension and profit sharing:		_____
_____	+ _____ [30]	_____
_____	+ _____	_____
Rent or lease:		_____
Vehicles, machinery, and equipment	+ _____ [32]	_____
Other business property	+ _____ [34]	_____
Repairs and maintenance	+ _____ [36]	_____
Supplies	+ _____ [38]	_____
Taxes and licenses:		_____
_____	+ _____ [40]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel, meals, and entertainment:		_____
Travel	+ _____ [42]	_____
Meals and entertainment	+ _____ [44]	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [46]	_____
Utilities	+ _____ [50]	_____
Wages (Less employment credit):		_____
_____	+ _____ [52]	_____
_____	+ _____	_____
Other expenses:		_____
_____	+ _____ [54]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Preparer use only	Regular	AMT
Carryovers		
Operating	+ _____ [63]	+ _____ [64]
Schedule D - Short-term	+ _____ [65]	+ _____ [66]
Schedule D - Long-term	+ _____ [67]	+ _____ [68]
Schedule D - 28% rate	+ _____ [69]	+ _____ [70]
Form 4797 - Part I	+ _____ [71]	+ _____ [72]
Form 4797 - Part II	+ _____ [73]	+ _____ [74]
Section 179	+ _____ [77]	

**Control Totals +**

## Rent and Royalty Property - General Information

**Preparer use only**

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Description:	_____ [3]	
_____	_____ [4]	
_____	_____ [5]	
State postal code	_____ [6]	
Type of activity (1 = Rental real estate, 2 = Substantially nondepreciable property, 3 = Royalty)	_____ [7]	
Percentage of ownership if not 100%	_____ [9]	
Business use percentage, if not 100% (Not vacation home percentage)	_____ [11]	

### Rent and Royalty Income

	2009 Information	Prior Year Information
Gross rents received	+ _____ [18]	
Gross royalties received	+ _____ [20]	

### Rent and Royalty Expenses

	2009 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [22]	_____ [23]	
Auto	+ _____ [25]	_____ [26]	
Travel	+ _____ [28]	_____ [29]	
Cleaning and maintenance	+ _____ [31]	_____ [32]	
Commissions:			
_____	+ _____ [34]	_____ [36]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [37]	_____ [39]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [40]	_____ [41]	
Management fees			
_____	+ _____ [43]	_____ [45]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)	+ _____ [46]	_____ [47]	
Other mortgage interest	+ _____ [49]	_____ [50]	
Qualified mortgage insurance premiums	+ _____ [52]	_____ [53]	
Other interest:			
_____	+ _____ [55]	_____ [57]	
_____	+ _____	_____	
Repairs	+ _____ [58]	_____ [59]	
Supplies	+ _____ [61]	_____ [62]	
Taxes:			
_____	+ _____ [64]	_____ [66]	
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____ [67]	_____ [68]	
Depreciation	+ _____ [70]	_____ [71]	
Depletion	+ _____ [73]	_____ [74]	
Other expenses:			
_____	+ _____ [79]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Refinancing points paid this year:			
Description	_____ [81]		
Total points paid/Current amort ( <b>Prep use only</b> )	_____ + _____		
Date of Refinance	_____	Reported on 1098 in 2009	

**Control Totals +**

**Preparer use only**  
 Description \_\_\_\_\_

**Vacation Home Information**

	<b>2009 Information</b>	<b>Prior Year Information</b>				
Number of days home was used personally	_____ [6]	<table border="1" style="width: 100%; height: 100%;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	_____	_____	_____	_____
_____						
_____						
_____						
_____						
Number of days home was rented	_____ [8]					
Number of day home owned, if not 365	_____ [10]					
Carryover of disallowed operating expenses into 2009	+ _____ [20]					
Carryover of disallowed depreciation expenses into 2009	+ _____ [21]					

**Passive and Other Information**

<b>Preparer use only</b> <b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
Operating	+ _____ [28]	+ _____ [29]
Schedule D - Short-term	+ _____ [30]	+ _____ [31]
Schedule D - Long-term	+ _____ [32]	+ _____ [33]
Schedule D - 28% rate	+ _____ [34]	+ _____ [35]
Form 4797 - Part I	+ _____ [36]	+ _____ [37]
Form 4797 - Part II	+ _____ [38]	+ _____ [39]
Comm revitalization	+ _____ [40]	+ _____ [41]
Section 179	+ _____ [42]	_____

**NOTES/QUESTIONS:**

**Please provide copies of Schedule K-1s showing income from partnerships and S-corporations.**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) \_\_\_ [11]  
 Tax shelter registration number \_\_\_\_\_ [12]

	<b>Preparer use only</b>		
	<b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-3</b>	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) \_\_\_ [11]  
 Tax shelter registration number \_\_\_\_\_ [12]

	<b>Preparer use only</b>		
	<b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-3</b>	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) \_\_\_ [11]  
 Tax shelter registration number \_\_\_\_\_ [12]

	<b>Preparer use only</b>		
	<b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-3</b>	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]