

Please check the appropriate box and include all necessary details.

Yes No

Miscellaneous Information, Continued

Did you pay long-term health care premiums for yourself or your family?	—	—
Did you engage in any bartering transactions?	—	—
Are you covered by a pension or retirement plan?	—	—
Did you retire or change jobs this year?	—	—
Did you incur moving costs because of a job change?	—	—
Did you, your spouse, or your dependents attend a post-secondary school during the year?	—	—
Did you make energy efficient improvements to your main home this year?	—	—
Were you 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?	—	—
Did you receive correspondence from the State or Internal Revenue Service?	—	—
If yes, explain: _____		
Do you want to designate \$3 to the Presidential Election Campaign Fund?	—	—
If you check yes, it will not change your tax or reduce your refund.		
Did you receive an economic stimulus (tax rebate) payment from the IRS?	—	—
Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.	—	—

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]

Secondary account #1:

Financial institution routing transit number _____ [7]
 Name of financial institution _____ [8]
 Your account number _____ [9]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [10]

Secondary account #2:

Financial institution routing transit number _____ [13]
 Name of financial institution _____ [14]
 Your account number _____ [15]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [16]

*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]

	Taxpayer	Spouse
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:

Individuals may claim an additional exemption deduction of \$500 for providing at least 60 days of temporary rent-free housing in your main home to a person dislocated by the midwestern disasters. Enter only those individuals who meet the 60 consecutive days within the 2008 tax year. The additional exemption is per person and limited to a maximum of \$2,000 (\$1,000 if married filing separately).

1st displaced individual information:

Taxpayer/Spouse (T, S) _____ [1]
 Social security number _____ [2]
 First name/Last name _____ [3] _____ [4]
 Former address in disaster area:
 Street Address/Apartment number _____ [5] _____ [6]
 City/State/Zip code _____ [7] ____ [8] _____ [9]
 Number of consecutive days housed in taxpayer's main home _____ [10]

2nd displaced individual information:

Taxpayer/Spouse (T, S) _____ [11]
 Social security number _____ [12]
 First name/Last name _____ [13] _____ [14]
 Former address in disaster area:
 Street Address/Apartment number _____ [15] _____ [16]
 City/State/Zip code _____ [17] ____ [18] _____ [19]
 Number of consecutive days housed in taxpayer's main home _____ [20]

3rd displaced individual information:

Taxpayer/Spouse (T, S) _____ [21]
 Social security number _____ [22]
 First name/Last name _____ [23] _____ [24]
 Former address in disaster area:
 Street Address/Apartment number _____ [25] _____ [26]
 City/State/Zip code _____ [27] ____ [28] _____ [29]
 Number of consecutive days housed in taxpayer's main home _____ [30]

4th displaced individual information:

Taxpayer/Spouse (T, S) _____ [31]
 Social security number _____ [32]
 First name/Last name _____ [33] _____ [34]
 Former address in disaster area:
 Street Address/Apartment number _____ [35] _____ [36]
 City/State/Zip code _____ [37] ____ [38] _____ [39]
 Number of consecutive days housed in taxpayer's main home _____ [40]

NOTES/QUESTIONS:

Please note that not all returns qualify for electronic filing under IRS rules

If you qualify for electronic filing, mark if you would like to file the return electronically with the IRS _____[1]

Mark if you would like your return prepared and filed electronically only if you receive a refund _____[4]

Mark if you would like your return prepared and filed electronically if your refund is greater than a certain amount _____[5]

Enter the minimum refund amount here _____[6]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[7]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[2]

Spouse self-selected Personal Identification Number (PIN) _____[3]

NOTES/QUESTIONS:

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

Refunded _____ [38]

Applied to 2009 estimated tax liability _____ [39]

Do you expect a considerable change in your 2009 income? (1 = Yes, 2 = No) _____ [40]

If yes, please explain any differences:

_____ [41]

_____ [42]

_____ [43]

_____ [44]

Do you expect a considerable change in your deductions for 2009? (1 = Yes, 2 = No) _____ [45]

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

Do you expect a considerable change in the amount of your 2009 withholding? (1 = Yes, 2 = No) _____ [50]

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

Do you expect a change in the number of dependents claimed for 2009? (1 = Yes, 2 = No) _____ [55]

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

2008 Federal Estimated Tax Payments

2007 overpayment applied to 2008 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/08	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/16/08	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/08	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/15/09	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

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
	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	+					

*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 Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202 Exclusion	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	+										

*Dividend Codes	
Blank = Other	3 = Nominee

Seller Financed Mortgage Interest Income

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

	2008 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2008	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2008	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2008	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2008	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2008	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2008	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2008	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2008	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2008	+ _____ [1]	

Income from REMICs

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J)

__[1]

Name of activity

Employer identification number

State postal code

Taxpayer/Spouse/Joint (T, S, J)

__[1]

Name of activity

Employer identification number

State postal code

NOTES/QUESTIONS:

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
—	_____	_____	_____	+ _____ [1]	+ _____ [2]
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____
—	_____	_____	_____	+ _____	+ _____

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2008 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [13]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [14]
 State withholding (Box 10) + _____ [15]
 Local withholding (Box 13) + _____ [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]

Control Totals +

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2008 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [13]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [14]
 State withholding (Box 10) + _____ [15]
 Local withholding (Box 13) + _____ [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]

Control Totals +

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2008 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [13]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [14]
 State withholding (Box 10) + _____ [15]
 Local withholding (Box 13) + _____ [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]

Control Totals +

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 2008 (Box 3 minus Box 4) **(Box 5)**

2008 Information
+ _____ [9]

Prior Year Information

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

+ _____ [11]

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

Medicare premiums

+ _____ [13]

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 2008 **(Box 5)**

2008 Information
+ _____ [20]

Prior Year Information

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

+ _____ [23]

Medicare Premium Total **(Box 11)**

+ _____ [25]

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2008 or receive any prior year benefits in 2008. 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.

[34]

[35]

[36]

[37]

[38]

NOTES/QUESTIONS:

Please provide all Forms 1099 showing miscellaneous income and any IRS Notice received such as Notice 1378

The Economic Stimulus Act of 2008 provided for economic stimulus payments (rebates) to be distributed to eligible individuals who filed a 2007 tax return. The stimulus payment you received is not taxable income to you. Since the economic stimulus payment was based upon your 2007 tax return, you may be entitled to a recovery rebate credit on your 2008 return. Enter the amount of the stimulus payment (before offset) you received below. If you filed a joint return in 2007, and your filing status did not change in 2008, fill in only the Taxpayer/Joint column. However, if your filing status changed to married filing joint in 2008 and your spouse received a separate stimulus payment, enter the amount in the Spouse column. If you did not receive a stimulus payment (before offset), indicate by checking the box provided below.

	Taxpayer/Joint	Spouse
Economic stimulus payment (rebate) received in 2008	+ _____ [23]	+ _____ [24]
Mark if you did not receive an economic stimulus payment (rebate)	_____ [26]	_____ [27]

	2008 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds	+ _____ [1]		<div style="border: 1px solid black; height: 100px;"></div>
Alimony received	+ _____ [3]	+ _____ [4]	
Unemployment compensation	+ _____ [8]	+ _____ [9]	
Unemployment compensation federal withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation state withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation repaid	+ _____ [11]	+ _____ [12]	
Veterans' disability or death benefits	+ _____ [16]	+ _____ [17]	
Alaska Permanent Fund dividends	+ _____ [18]	+ _____ [19]	

Self-Employment Income ?	2008 Information		Prior Year Information
T/S/J 1 = Yes, 2 = No			
	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		<div style="border: 1px solid black; height: 100px;"></div>
—	+ _____ [14]		
—	+		
—	+		
—	+		
—	+		
—	+		
—	+		
—	+		
—	+		
—	+		
—	+		
—	+		
—	+		
—	+		
—	+		
—	+		
—	+		
—	+		
—	+		

Miscellaneous Income #1

Please provide all Forms 1099-MISC

If the miscellaneous income on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)			__[1]
Name of payer	_____		[3]
State postal code			__[4]
Form 1099-MISC Activity (C = Schedule C, E = Schedule E page 1, F = Farm, 4835 = Form 4835)			____[7]
Rents (Box 1)		+	____[8]
Royalties (Box 2)		+	____[11]
Other income (Box 3)		+	____[13]
Federal income tax withheld (Box 4)		+	____[15]
Fishing boat proceeds (Box 5)		+	____[17]
Medical and health care payments (Box 6)		+	____[19]
Nonemployee compensation (Box 7)		+	____[21]
Substitute payments in lieu of dividends or interest (Box 8)		+	____[23]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)			____[25]
Crop Insurance proceeds (Box 10)		+	____[27]
Excess golden parachute payments (Box 13)		+	____[29]
Gross proceeds paid to an attorney (Box 14)		+	____[31]
Section 409A deferrals (Box 15a)		+	____[33]
Section 409A income (Box 15b)		+	____[35]
State tax withheld (Box 16)		+	____[37]
State/Payer's state no. (Box 17)			____[39]
State income (Box 18)		+	____[40]

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

If the miscellaneous income on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)			__[1]
Name of payer	_____		[3]
State postal code			__[4]
Form 1099-MISC Activity (C = Schedule C, E = Schedule E page 1, F = Farm, 4835 = Form 4835)			____[7]
Rents (Box 1)		+	____[8]
Royalties (Box 2)		+	____[11]
Other income (Box 3)		+	____[13]
Federal income tax withheld (Box 4)		+	____[15]
Fishing boat proceeds (Box 5)		+	____[17]
Medical and health care payments (Box 6)		+	____[19]
Nonemployee compensation (Box 7)		+	____[21]
Substitute payments in lieu of dividends or interest (Box 8)		+	____[23]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)			____[25]
Crop Insurance proceeds (Box 10)		+	____[27]
Excess golden parachute payments (Box 13)		+	____[29]
Gross proceeds paid to an attorney (Box 14)		+	____[31]
Section 409A deferrals (Box 15a)		+	____[33]
Section 409A income (Box 15b)		+	____[35]
State tax withheld (Box 16)		+	____[37]
State/Payer's state no. (Box 17)			____[39]
State income (Box 18)		+	____[40]

Control Totals +

Cancellation of Debt #1

Please provide all Forms 1099-C

If the debt cancelled on Form 1099-C is related to a business, rental, farm or farm rental, enter the Form 1099-C Activity below

Enter a brief description of the debt (i.e. type of debt) and why it was cancelled to assist in determining tax ramifications:

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
State postal code	_____	[3]
Name of creditor	_____	[4]
Form 1099-C Activity (C = Schedule C, E = Schedule E page 1, F = Farm, 4835 = Form 4835)	_____	[7]
Date canceled (Box 1)	_____	[9]
Amount of debt canceled (Box 2)	_____	[10]
Interest if included in box 2 (Box 3)	_____	[11]
Bankruptcy (if checked) (Box 6)	_____	[12]
Fair market value of property (Box 7)	_____	[13]

Control Totals +

Cancellation of Debt #2

Please provide all Forms 1099-C

If the debt cancelled on Form 1099-C is related to a business, rental, farm or farm rental, enter the Form 1099-C Activity below

Enter a brief description of the debt (i.e. type of debt) and why it was cancelled to assist in determining tax ramifications:

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
State postal code	_____	[3]
Name of creditor	_____	[4]
Form 1099-C Activity (C = Schedule C, E = Schedule E page 1, F = Farm, 4835 = Form 4835)	_____	[7]
Date canceled (Box 1)	_____	[9]
Amount of debt canceled (Box 2)	_____	[10]
Interest if included in box 2 (Box 3)	_____	[11]
Bankruptcy (if checked) (Box 6)	_____	[12]
Fair market value of property (Box 7)	_____	[13]

Control Totals +

Cancellation of Debt #3

Please provide all Forms 1099-C

If the debt cancelled on Form 1099-C is related to a business, rental, farm or farm rental, enter the Form 1099-C Activity below

Enter a brief description of the debt (i.e. type of debt) and why it was cancelled to assist in determining tax ramifications:

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
State postal code	_____	[3]
Name of creditor	_____	[4]
Form 1099-C Activity (C = Schedule C, E = Schedule E page 1, F = Farm, 4835 = Form 4835)	_____	[7]
Date canceled (Box 1)	_____	[9]
Amount of debt canceled (Box 2)	_____	[10]
Interest if included in box 2 (Box 3)	_____	[11]
Bankruptcy (if checked) (Box 6)	_____	[12]
Fair market value of property (Box 7)	_____	[13]

Control Totals +

Gambling Winnings #1

Please provide all copies of Form W-2G.

2008 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
Payer name _____ [3]
State postal code _____ [4]
Mark if professional gambler _____ [9]
Gambling winnings (Box 1) + _____ [11]
Federal withholding (Box 2) + _____ [13]
Type of wager (Box 3) _____ [15]
Date won (Box 4) _____ [17]
Transaction (Box 5) _____ [19]
Race (Box 6) _____ [21]
Identical wager winnings (Box 7) + _____ [23]
Cashier (Box 8) _____ [25]
Taxpayer identification number (Box 9) _____ [27]
Window (Box 10) _____ [28]
First ID (Box 11) _____ [30]
Second ID (Box 12) _____ [31]
Payer's state ID no. (Box 13) _____ [32]
State withholding (Box 14) + _____ [33]
Name of locality _____ [36]
Local withholding _____ [37]

Control Totals +

Gambling Winnings #2

Please provide all copies of Form W-2G.

2008 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
Payer name _____ [3]
State postal code _____ [4]
Mark if professional gambler _____ [9]
Gambling winnings (Box 1) + _____ [11]
Federal withholding (Box 2) + _____ [13]
Type of wager (Box 3) _____ [15]
Date won (Box 4) _____ [17]
Transaction (Box 5) _____ [19]
Race (Box 6) _____ [21]
Identical wager winnings (Box 7) + _____ [23]
Cashier (Box 8) _____ [25]
Taxpayer identification number (Box 9) _____ [27]
Window (Box 10) _____ [28]
First ID (Box 11) _____ [30]
Second ID (Box 12) _____ [31]
Payer's state ID no. (Box 13) _____ [32]
State withholding (Box 14) + _____ [33]
Name of locality _____ [36]
Local withholding _____ [37]

Control Totals +

NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2008 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
RIC or REIT name	_____ [3]	
State postal code	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]	
Section 1202 gain (Box 1c)	+ _____ [13]	
Qualifies for 60% exclusion	_____ [15]	
Collectibles (28%) gain (Box 1d)	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]	
Control Totals +		

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2008 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
RIC or REIT name	_____ [3]	
State postal code	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]	
Section 1202 gain (Box 1c)	+ _____ [13]	
Qualifies for 60% exclusion	_____ [15]	
Collectibles (28%) gain (Box 1d)	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]	
Control Totals +		

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2008 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
RIC or REIT name	_____ [3]	
State postal code	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]	
Section 1202 gain (Box 1c)	+ _____ [13]	
Qualifies for 60% exclusion	_____ [15]	
Collectibles (28%) gain (Box 1d)	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]	
Control Totals +		

NOTES/QUESTIONS:

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) _____[1]

Mark to indicate all the elections that apply:

Mixed straddle election _____[2]	Mixed straddle account election _____[3]
Straddle-by-straddle identification election _____[4]	Net section 1256 contracts loss election _____[5]

Section 1256 Contracts Marked to Market
--

Identification of Account A _____[6]
 Identification of Account B _____
 Identification of Account C _____

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	—	—	—
State postal code	—	—	—
-Loss/Gain for entire year (Enter losses as a negative amount)	+ _____	+ _____	+ _____
Total Form 1099-B adjustment	+ _____	+ _____	+ _____
Total net 1256 contract loss carryback	+ _____	+ _____	+ _____

Gains and Losses From Straddles
--

Description of Property A _____[8]
 Description of Property B _____
 Description of Property C _____
 Description of Property D _____

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	—	—	—	—
State postal code	—	—	—	—
Date entered into/acquired	—	—	—	—
Date closed out/sold	—	—	—	—
Force period	—	—	—	—
Gross sales price	+ _____	+ _____	+ _____	+ _____
Cost plus expense of sale	+ _____	+ _____	+ _____	+ _____
Unrecognized gain	+ _____	+ _____	+ _____	+ _____

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A _____[9]
 Description of Property B _____
 Description of Property C _____

	Property A	Property B	Property C
Date acquired	—	—	—
Fair market value on last business day	+ _____	+ _____	+ _____
Cost or other basis as adjusted	+ _____	+ _____	+ _____

NOTES/QUESTIONS:

Preparer use only

2008 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? (1 = Yes, 2 = No) _____ [24]
 If not, number of hours you did significantly participate _____ [26]
 Mark if you began or acquired this business in 2008 _____ [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

2008 Information

Prior Year Information

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

Cost of Goods Sold

2008 Information

Prior Year Information

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

Preparer use only

2008 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]

Blank area for Prior Year Information

Rent and Royalty Income

2008 Information

Prior Year Information

Gross rents received + _____ [18]

Gross royalties received + _____ [20]

Blank area for Prior Year Information

Rent and Royalty Expenses

2008 Information

Percent if not 100%

Prior Year Information

Advertising + _____ [22] _____ [23]

Auto and travel + _____ [25] _____ [26]

Cleaning and maintenance + _____ [28] _____ [29]

Commissions: _____ + _____ [31] _____ [33]

_____ + _____

Insurance: _____ + _____ [34] _____ [36]

_____ + _____

Legal and professional fees + _____ [37] _____ [38]

Management fees _____ + _____ [40] _____ [42]

_____ + _____

Mortgage interest + _____ [43] _____ [44]

Qualified mortgage insurance premiums + _____ [46] _____ [47]

Other interest: _____ + _____ [49] _____ [51]

_____ + _____

Repairs + _____ [52] _____ [53]

Supplies + _____ [55] _____ [56]

Taxes: _____ + _____ [58] _____ [60]

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Utilities + _____ [61] _____ [62]

Depreciation + _____ [64] _____ [65]

Depletion + _____ [67] _____ [68]

Other expenses: _____ + _____ [73]

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Refinancing points paid this year:
 Description _____ [75]
 Total points paid/Current amort (Prep use only) _____ + _____
 Date of Refinance _____ Total # Payments _____ Reported on 1098 in 2008

Blank area for Prior Year Information

Preparer use only

Description _____

Vacation Home Information

Preparer - Enter on Screen Rent

	2008 Information	
Number of days home was used personally	_____ [78]	
Number of days home was rented	_____ [80]	
Number of day home owned, if not 365	_____ [82]	
Carryover of disallowed operating expenses into 2008	+ _____ [84]	
Carryover of disallowed depreciation expenses into 2008	+ _____ [85]	

Prior Year Information

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	+ [10]	+ [11]
Schedule D - Short-term	+ [12]	+ [13]
Schedule D - Long-term	+ [14]	+ [15]
Schedule D - 28% rate	+ [16]	+ [17]
Form 4797 - Part I	+ [18]	+ [19]
Form 4797 - Part II	+ [20]	+ [21]
Comm revitalization	+ [22]	+ [23]
Section 179	+ [24]	

NOTES/QUESTIONS:

Preparer use only

	2008 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	
Did you "materially participate" in this business? (1 = Yes, 2 = No)	_____ [12]	
Mark if Schedule F net income or loss should be excluded from self employment income	_____ [14]	
Medical insurance premiums paid by this activity	+ _____ [16]	
Long-term care premiums paid by this activity	+ _____ [18]	

Cash or Accrual Income Items

	2008 Information	Prior Year Information
Sales of livestock and other items you bought for resale:		
_____	+ _____ [26]	
_____	+ _____	
_____	+ _____	
Cost or other basis of livestock and other items you bought for resale	+ _____ [28]	
Sale of livestock, produce, grains, other products you raised:		
_____	+ _____ [30]	
_____	+ _____	
_____	+ _____	
Taxable crop insurance proceeds received in 2008	+ _____ [32]	
Mark if electing to defer crop insurance proceeds to 2009	_____ [34]	
Crop insurance proceeds deferred from 2007	+ _____ [36]	
Accrual sales of livestock, produce, grains, and other products:		
_____	+ _____ [38]	
_____	+ _____	
_____	+ _____	
Beginning inventory of livestock and other items	+ _____ [40]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [42]	
Ending Inventory of livestock and other items	+ _____ [44]	

Cash and Accrual Income Items

	2008 Information	Prior Year Information
Total cooperative distributions you received	+ _____ [46]	
Taxable cooperative distributions you received	+ _____ [48]	
Total agricultural program payments	+ _____ [50]	
Taxable agricultural program payments	+ _____ [52]	
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [54]	
Commodity credit loans reported under election:		
_____	+ _____ [56]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [58]	
Taxable commodity credit loans forfeited	+ _____ [60]	
Total crop insurance proceeds you received in 2008	+ _____ [62]	
Custom hire (machine work) income	+ _____ [64]	
Other income:		
_____	+ _____ [66]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Farm Rental - General Information

Preparer use only

	2008 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
State postal code	_____ [5]	
Did you "actively participate" in the operation of this business this year? (1 = Yes, 2 = No)	_____ [6]	

Income Items

	2008 Information	Prior Year Information
Income from production of livestock and other items	+ _____ [12]	
Total cooperative distributions you received	+ _____ [14]	
Taxable cooperative distributions you received	+ _____ [16]	
Total agricultural program payments	+ _____ [18]	
Taxable agricultural program payments	+ _____ [20]	
Commodity credit loans reported under election:		
_____	+ _____ [22]	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
Total commodity credit loans forfeited	+ _____ [24]	
Taxable commodity credit loans forfeited	+ _____ [26]	
Total crop insurance proceeds you received in 2008	+ _____ [28]	
Taxable crop insurance proceeds received in 2008	+ _____ [30]	
Mark if electing to defer crop insurance proceeds to 2009	_____ [32]	
Crop insurance proceeds deferred from 2007	+ _____ [34]	
Other income:		
_____	+ _____ [36]	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	

NOTES/QUESTIONS:

Partnerships and S Corporations

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]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-3	Operating	[65]	[66]
	Schedule D - Short-term	[67]	[68]
	Schedule D - Long-term	[69]	[70]
	Schedule D - 28% rate	[71]	[72]
	Form 4797 - Part I	[73]	[74]
	Form 4797 - Part II	[75]	[76]
	Other losses - 1040 pg.1	[77]	[78]
	Comm revitalization	[79]	[80]
	Section 179	[63]	

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]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-3	Operating	[65]	[66]
	Schedule D - Short-term	[67]	[68]
	Schedule D - Long-term	[69]	[70]
	Schedule D - 28% rate	[71]	[72]
	Form 4797 - Part I	[73]	[74]
	Form 4797 - Part II	[75]	[76]
	Other losses - 1040 pg.1	[77]	[78]
	Comm revitalization	[79]	[80]
	Section 179	[63]	

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]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-3	Operating	[65]	[66]
	Schedule D - Short-term	[67]	[68]
	Schedule D - Long-term	[69]	[70]
	Schedule D - 28% rate	[71]	[72]
	Form 4797 - Part I	[73]	[74]
	Form 4797 - Part II	[75]	[76]
	Other losses - 1040 pg.1	[77]	[78]
	Comm revitalization	[79]	[80]
	Section 179	[63]	

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	[60]	[61]
	Schedule D - Short-term	[62]	[63]
	Schedule D - Long-term	[64]	[65]
	Schedule D - 28% rate	[66]	[67]
	Form 4797 - Part I	[68]	[69]
	Form 4797 - Part II	[70]	[71]
	Comm revitalization	[72]	[73]

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	[60]	[61]
	Schedule D - Short-term	[62]	[63]
	Schedule D - Long-term	[64]	[65]
	Schedule D - 28% rate	[66]	[67]
	Form 4797 - Part I	[68]	[69]
	Form 4797 - Part II	[70]	[71]
	Comm revitalization	[72]	[73]

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	[60]	[61]
	Schedule D - Short-term	[62]	[63]
	Schedule D - Long-term	[64]	[65]
	Schedule D - 28% rate	[66]	[67]
	Form 4797 - Part I	[68]	[69]
	Form 4797 - Part II	[70]	[71]
	Comm revitalization	[72]	[73]

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	[60]	[61]
	Schedule D - Short-term	[62]	[63]
	Schedule D - Long-term	[64]	[65]
	Schedule D - 28% rate	[66]	[67]
	Form 4797 - Part I	[68]	[69]
	Form 4797 - Part II	[70]	[71]
	Comm revitalization	[72]	[73]

Description	_____	[1]
Taxpayer/Spouse/Joint (T, S, J)	_____	[2]
State postal code	_____	[3]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D)	_____	[4]
Date former residence was acquired	_____	[6]
Date former residence was sold	_____	[7]
Selling price of former residence	+ _____	[8]
Expenses related to the sale of your old home	+ _____	[9]
Original cost of home sold including capital improvements	+ _____	[10]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date)	_____	[13]
	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [15]	_____ [16]
Number of days each person owned property used as main home	_____ [17]	_____ [18]
Number of days between date of sale of the other home and date of sale of this home	_____ [19]	_____ [20]

Form 6252 - Current Year Installment Sale
--

Mortgage and other debts the buyer assumed	+ _____	[22]
Total current year payments received	+ _____	[23]

Form 6252 - Related Party Installment Sale Information

Related party name	_____	[24]
Address	_____	[25]
City, State and Zip	_____ [26] _____ [27] _____	[28]
Identifying number of related party	_____	[29]
Was the property sold as a marketable security? (1 = Yes, 2 = No)	_____	[30]
Enter date of second sale if more than 2 years after the first sale	_____	[31]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	_____	[32]
Selling price of property sold by a related party	+ _____	[34]

NOTES/QUESTIONS:

Prior Year Installment Sale

Preparer use only

	2008 Information	Prior Year Information
Description _____	[3]	
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[15]	
Date sold _____	[16]	
Gross sales price of property sold + _____	[17]	
Mortgage and other debts the buyer assumed + _____	[19]	
Cost or other basis + _____	[21]	
Commissions and other expenses of the sale + _____	[23]	
Gross profit percentage _____	[25]	
Total current year principal payments received + _____	[31]	
Prior year principal payments received + _____	[33]	
Total ordinary income to recapture + _____	[35]	
Total ordinary income previously recaptured + _____	[37]	
Control Totals +		

Prior Year Installment Sale

Preparer use only

	2008 Information	Prior Year Information
Description _____	[3]	
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[15]	
Date sold _____	[16]	
Gross sales price of property sold + _____	[17]	
Mortgage and other debts the buyer assumed + _____	[19]	
Cost or other basis + _____	[21]	
Commissions and other expenses of the sale + _____	[23]	
Gross profit percentage _____	[25]	
Total current year principal payments received + _____	[31]	
Prior year principal payments received + _____	[33]	
Total ordinary income to recapture + _____	[35]	
Total ordinary income previously recaptured + _____	[37]	
Control Totals +		

NOTES/QUESTIONS:

--	--

Preparer use only

Description _____ [4]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Mark to include gross proceeds for 1099-S reporting on Form, line 1 _____ [10]
 Mark if disposition is due to casualty or theft _____ [11]
 Mark if disposition was to a related party _____ [13]

Sale Information

Date acquired _____ [17]
 Date sold _____ [18]
 Gross sales price or insurance proceeds received + _____ [19]
 Cost or other basis + _____ [20]
 Commissions and other expenses of sale + _____ [21]
 Depreciation allowed or allowable + _____ [22]

Form 4797, Part III - Recapture

Additional depreciation after 1975 (**Section 1250**) + _____ [24]
 Applicable percentage (if not 100%) (**Section 1250**) _____ [25]
 Additional depreciation after 1969 (**Section 1250**) + _____ [26]
 Soil, water and land clearing expenses (**Section 1252**) + _____ [27]
 Applicable percentage (if not 100%) (**Section 1252**) _____ [28]
 Intangible drilling and development costs (**Section 1254**) + _____ [29]
 Applicable payments excluded from income under sec. 126 (**Section 1255**) + _____ [30]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [31]
 Total current year payments received + _____ [32]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [33]
 Address _____ [34]
 State, City and Zip _____ [35] _____ [36] _____ [37]
 Identifying number of related party _____ [38]
 Was the property sold as a marketable security? (1 = Yes, 2 = No) _____ [39]
 Enter date of second sale _____ [40]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [41]
 Selling price of property sold by a related party + _____ [43]

NOTES/QUESTIONS:

Like-Kind Exchange General Information

Preparer use only

Description of property given up _____ [4]
 _____ [5]
 Taxpayer/Spouse/Joint (T, S, J) _____ [6]
 State postal code _____ [7]
 Description of property received _____ [8]
 _____ [9]

Date Information

Date the like-kind property given up was acquired _____ [14]
 Date you transferred your property to the other party _____ [15]
 Date the like-kind property received was identified _____ [16]
 Date you received the like-kind property from the other party _____ [17]

Gain and Basis Information

Fair market value of other property given up + _____ [18]
 Adjusted basis of other property given up + _____ [19]
 Cash, and fair market value of other property received + _____ [20]
 Fair market value of like-kind property you received + _____ [21]
 Fair market value of non-section 1245 property you received + _____ [22]
 Liabilities, including mortgages, assumed by you + _____ [23]
 Cash paid + _____ [24]
 Adjusted basis of like-kind property given up + _____ [25]
 Liabilities, including mortgages, assumed by the other party + _____ [26]
 Exchange expenses incurred by you + _____ [27]

Related Party Exchange Information

Name of related party _____ [30]
 Address of related party _____ [31]
 City _____ [32]
 State _____ [33]
 Zip code _____ [34]
 Identifying number of related party _____ [35]
 Relationship to you _____ [36]
 During this tax year, did the related party sell or dispose of the property received? (1 = Yes, 2 = No) _____ [37]
 During this tax year, did you sell or dispose of the like-kind property you received? (1 = Yes, 2 = No) _____ [38]
 Indicate any special if conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) _____ [39]
 Mark if this exchange is a prior year like-kind exchange _____ [41]

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S) ___[1] State postal code ___[3]
Employer's name _____[2]
Foreign street address _____[4] City _____
State/Province _____ Country code _____
Country _____ Postal code _____
U.S. address _____[5] City _____
State postal code _____ Zip code _____
Foreign street address _____[6] City _____
State/Province _____
Country _____ Postal code _____
Employer type (A = A foreign entity, B = A U.S. company, C = Self, D = A foreign affiliate of a U.S. company, E = Other) ___[7]
If you marked employer as other, please specify type _____[8]
Country of citizenship _____[11]
If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:
City/Country _____[12] Days _____
City/Country _____ Days _____
List tax home(s) during the tax year and dates established:
Tax home _____[13] Date _____
Tax home _____ Date _____

Foreign Earned Income Allocation Information

***U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information: [16]

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____

Foreign days worked before and after foreign assignment ___[17] Total days worked before and after foreign assignment ___[18]

Total number of days worked during year (defaults to 240) ___[19]

Bona Fide Residence Test

Date foreign residence began _____[21] Date foreign residence ended _____[22]
Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) ___[23]
If any family members lived abroad with you during any part of tax year, list who and for what period:
Relationship _____ Period abroad _____[24]
Relationship _____ Period abroad _____
Relationship _____ Period abroad _____
Relationship _____ Period abroad _____
Mark if you submitted a statement to foreign country authorities that you are not a resident of that country ___[25]
Mark if required to pay income tax to that country ___[26]
List any contractual terms or other conditions relating to length of employment abroad _____[27]

Type of visa used to enter foreign country _____[28]
Explanation if visa limited length of stay or employment _____[29]

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:
Address _____[30]
Rented ___ Occupant _____ Relationship _____
Address _____[30]
Rented ___ Occupant _____ Relationship _____

Physical Presence Test

Principal country of employment _____[31]

Foreign name _____
 Taxpayer/Spouse (T, S) _____
 State postal code _____

Foreign Earned Income

***Please use the Foreign Earned Income Allocation Codes located below**

	Allocation Code*	Amount
Noncash income:		
Home (lodging) _____	[10] _[11] +	_____ [12]
Meals _____	[13] _[14] +	_____ [15]
Car _____	[16] _[17] +	_____ [18]
Other properties or facilities (Please enter code here and description and amount below):	_ [19]	
_____	+	_____ [20]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
Allowances, reimbursements or expenses paid on behalf:		
Cost of living and overseas differential _____	_ [21] +	_____ [22]
Family _____	_ [23] +	_____ [24]
Education _____	_ [25] +	_____ [26]
Home leave _____	_ [27] +	_____ [28]
Quarters _____	_ [29] +	_____ [30]
Other purposes (Please enter code here and description and amount below):	_ [31]	
_____	+	_____ [32]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
Other foreign earned income (Please enter code here and description and amount below):	_ [33]	
_____	+	_____ [34]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
Excludable meals and lodging under section 119	+	_____ [35]

***Foreign Earned Income Allocation Codes**

1 = 100% foreign during assignment
 2 = 100% U.S. during assignment
 3 = U.S. and foreign days worked during assignment
 4 = U.S. and foreign days before/after assignment
 5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

	Allocation Code*	Amount
Other allocable deductions _____	_ [36] +	_____ [37]

Housing Exclusion/Deduction

Qualified housing expense _____	+	_____ [46]
---------------------------------	---	------------

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (1 = Yes, 2 = No)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2008	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2008	+ _____ [9]	+ _____ [10]
Enter the nondeductible contribution amount made in 2009 for use in 2008	+ _____ [11]	+ _____ [12]
Traditional IRA basis	+ _____ [13]	+ _____ [14]
Value of all your traditional IRA's on December 31, 2008:		
_____	+ _____ [15]	+ _____ [16]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2007 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [25]	__ [26]
Enter the total Roth IRA contributions made for use in 2008	+ _____ [27]	+ _____ [28]
Enter the total amount of Roth IRA conversion recharacterizations for 2008	+ _____ [33]	+ _____ [34]
Enter the total contribution Roth IRA basis on December 31, 2007	+ _____ [37]	+ _____ [38]
Enter the total Roth IRA contribution recharacterizations for 2008	+ _____ [39]	+ _____ [40]
Enter the Roth conversion IRA basis on December 31, 2007	+ _____ [41]	+ _____ [42]
Value of all your Roth IRA's on December 31, 2008:		
_____	+ _____ [43]	+ _____ [44]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Please provide all Forms 1099-R, 1099-SA, 5498-SA

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [2]
 Indicate taxpayer coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) _____ [3]

Health Savings Account Contributions and Deduction

Total Health Savings Account contributions made for 2008 (Including direct deposit of economic stimulus payments) + _____ [4]
 Number of months in high deductible health plan in 2008 _____ [5]
 High deductible health plan coverage in effect for the month of December 2008 (1 = Yes, 2 = No) _____ [6]
 Qualified HSA distribution from health flexible spending arrangement + _____ [7]
 Qualified HSA distribution from health reimbursement arrangement + _____ [8]
 Excess contributions for 2007 taken as constructive contributions for 2008 + _____ [9]

Health Savings Account Distributions

Enter total Health Savings Account (HSA) distributions received for 2008 + _____ [12]
 Amount of total HSA distributions that were rolled over, or were a withdrawal of excess or economic stimulus payments + _____ [13]
 Enter the total unreimbursed qualified medical expenses for 2008 + _____ [14]

Maintenance of Coverage

High deductible health plan coverage started in 2007 and in effect for the month of December 2007 (1 = Yes, 2 = No) _____ [16]
 High deductible health plan coverage ended before 12/31/08 (1 = Yes, 2 = No) _____ [17]

Death of HSA Account Holder

Mark if acquired interest in HSA after death of account holder _____ [25]
 Fair market value of HSA at date of death + _____ [26]
 Qualified medical expenses of account holder paid by taxpayer + _____ [27]

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Total amount reimbursed for moving expenses	+ _____	[13]
Number of miles traveled from January 1 through June 30, 2008	_____	[15]
Number of miles traveled from July 1 through December 31, 2008	_____	[16]

NOTES/QUESTIONS:

--	--

Preparer use only

Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code _____ [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2008 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2008 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2008 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2008 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2008 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2008 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2008 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2008 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2008 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2008 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2008 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2008 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2008 + _____ [20]

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [2]
 Did you or your employer establish a new Medical Savings Account (MSA) in 2008? (1 = Yes, 2 = No) _____ [3]
 If yes, were you a previously uninsured account holder? (1 = Yes, 2 = No) _____ [4]
 Indicate coverage under your high deductible health plan (1 = Self-Only, 2 = Family) _____ [5]
 If married, did spouse or employer make contributions to spouse's MSA for 2008? (1 = Yes, 2 = No) _____ [6]
 If yes, was your spouse a previously uninsured account holder? (1 = Yes, 2 = No) _____ [7]
 Indicate coverage under high deductible health plan (1 = Self-Only, 2 = Family) _____ [8]

Medical Savings Account Deduction

Total Medical Savings Account contributions made for 2008 (Including direct deposits of economic stimulus payments) + _____ [9]
 Amount of annual deductible for the high deductible health plan + _____ [10]
 Number of months in high deductible health plan for 2008 _____ [11]
 Enter compensation from employer maintaining the high deductible plan + _____ [14]
 If self-employed, enter the earned income from business under which the high deductible plan was established + _____ [17]
 Excess contributions for 2007 taken as constructive contributions for 2008 + _____ [18]

Medical Savings Account Distributions

Enter total Medical Savings Account (MSA) distributions received for 2008 + _____ [19]
 Amount of total MSA distributions that were rolled over, or were a withdrawal of excess or economic stimulus payments + _____ [20]
 Enter the total unreimbursed qualified medical expenses for 2008 + _____ [21]

Medicare Advantage MSA

Enter total Medicare Advantage MSA distributions received for 2008 + _____ [23]
 Enter the total unreimbursed qualified medical expenses for 2008 + _____ [24]
 Value of Medicare Advantage MSA account on 12/31/07 + _____ [26]

Death of MSA Account Holder

Mark if acquired interest in MSA after death of account holder _____ [27]
 Fair market value of MSA at date of death + _____ [28]
 Qualified medical expenses of account holder paid by taxpayer + _____ [29]

Long Term Care (LTC) Service and Contracts

Name of the insured chronically ill individual _____ [30]
 Social security number of insured _____ [33]
 Are there other individuals who received LTC payments during 2008? (1 = Yes, 2 = No) _____ [34]
 Is the insured individual considered terminally ill? (1 = Yes, 2 = No) _____ [35]
 If yes, were the payments received for the insured on account of them being terminally ill? (1 = Yes, 2 = No) _____ [36]
 Gross long-term care (LTC) benefits received for insured for 2008 + _____ [37]
 Qualified long-term care (LTC) benefits received for insured for 2008 + _____ [38]
 Accelerated death benefits received for 2008 + _____ [39]
 Number of days during the long-term care period _____ [40]
 Cost incurred for qualified long-term care services during the long-term care period + _____ [41]
 Total reimbursements received for qualified long-term services provided during 2008 + _____ [42]

NOTES/QUESTIONS:

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. savings bonds in 2008 that were issued after 1989, and you paid qualified higher education expenses in 2008 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J)	_____	—
Name of person who was enrolled at eligible educational institution	_____	
Name of eligible educational institution	_____	
Address of eligible educational institution	_____	
Qualified higher education expenses you paid in 2008 for person listed above		+ _____ [1]
Enter any nontaxable educational benefits received for 2008 for person listed above		+ _____
Taxpayer/Spouse/Joint (T, S, J)	_____	—
Name of person who was enrolled at eligible educational institution	_____	
Name of eligible educational institution	_____	
Address of eligible educational institution	_____	
Qualified higher education expenses you paid in 2008 for person listed above		+ _____ [1]
Enter any nontaxable educational benefits received for 2008 for person listed above		+ _____
Taxpayer/Spouse/Joint (T, S, J)	_____	—
Name of person who was enrolled at eligible educational institution	_____	
Name of eligible educational institution	_____	
Address of eligible educational institution	_____	
Qualified higher education expenses you paid in 2008 for person listed above		+ _____ [1]
Enter any nontaxable educational benefits received for 2008 for person listed above		+ _____
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2008		+ _____ [3]

NOTES/QUESTIONS:

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2008 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

	Qualified loan interest you paid ^[1]		2008 Information	Prior Year Information
TS	_____	+	_____	_____ _____ _____
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2008.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.
Please provide all copies of Form 1098-T.

	Ed Exp Code*	Student's SSN ^[6]	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
TS	—	_____	_____	_____	+ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	

Important: You cannot claim the following for the same student in the same year:
 - Hope credit and Lifetime learning credit

- Tuition and fees deduction and either the Hope credit or the Lifetime learning credit

To qualify for the Hope credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 2 years of post-secondary education
- have no drug convictions in 2008
- not have claimed the Hope credit in more than one prior tax year

*Education Expense Code
1 = Hope credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

NOTES/QUESTIONS:

Taxpayer

Spouse

Mark if you want to waive exclusion for qualified higher education expenses

__[1]

__[2]

Enter designated beneficiary information below for any child under age 18 for whom you made contributions to an ESA:

TSJ	Beneficiary SSN ^[5]	Beneficiary First Name	Beneficiary Last Name	Current Year Contribution	Prior Year Basis
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____

State Qualified Tuition Program

TSJ	Beneficiary SSN ^[8]	Beneficiary First Name	Beneficiary Last Name	Current Year Contribution	Prior Year Basis
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____

Private Qualified Tuition Program

TSJ	Beneficiary SSN ^[8]	Beneficiary First Name	Beneficiary Last Name	Current Year Contribution	Prior Year Basis
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____
—	_____	_____	_____	+ _____	_____

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J	2008 Information	Prior Year Information
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 (1/1/08 to 6/30/08) _____ [14] (7/1/08 to 12/31/08) _____ [17]	

*Not entered elsewhere

Schedule A - Tax Expenses

T/S/J	2008 Information	Prior Year Information
State/local income taxes paid:		
__ [18]	_____ + _____ [19]	
__	_____ + _____	
__	_____ + _____	
__	_____ + _____	
__	_____ + _____	
2007 state and local income taxes paid in 2008:		
__ [21]	_____ + _____ [22]	
__	_____ + _____	
__	_____ + _____	
Real estate taxes paid on:		
__ [24]	_____ + _____ [25]	
__	_____ + _____	
__	_____ + _____	
Personal property taxes:		
__ [27]	_____ + _____ [28]	
__	_____ + _____	
__	_____ + _____	
Other taxes, such as: Intangible taxes and State disability taxes		
__ [30]	_____ + _____ [31]	
__	_____ + _____	
__	_____ + _____	
Sales tax paid on major purchases:		
__ [36]	_____ + _____ [37]	
__	_____ + _____	
Sales tax paid on actual expenses:		
__ [39]	_____ + _____ [40]	
__	_____ + _____	
__	_____ + _____	

Interest Expenses

T/S/J	2008 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 3 = Used to pay off previous mortgage, excess proceeds invested
 1 = Not used to buy, build, improve home or investment 4 = Taken out before 7/1/82 and secured by home used by taxpayer
 2 = Used to pay off previous mortgage

Other, such as: Home mortgage interest paid to individuals

T/S/J	Name	SSN	2008 Information	Prior Year Information
[4]			+	[5]
	Address			
			+	
	Address			
			+	
	Address			
			+	
	Address			
			+	
	Address			

Refinancing Points paid in 2008:

Taxpayer/Spouse/Joint (T, S, J) _____ [8]

Description _____

Total points paid _____

Percentage of principal exceeding original mortgage (For AMT adjustment) _____

Points paid in 2008 (Preparer use only) _____

Date of refinance _____

Total number of payments _____

Reported on Form 1098 in 2008 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Description _____

Total points paid _____

Percentage of principal exceeding original mortgage (For AMT adjustment) _____

Points paid in 2008 (Preparer use only) _____

Date of refinance _____

Total number of payments _____

Reported on Form 1098 in 2008 _____

T/S/J	2008 Information	Prior Year Information
Investment interest expense, other than on K-1s:		
[10]	+	[11]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Charitable Contributions

T/S/J	Midwest disaster relief **	2008 Information	Prior Year Information
Contributions made by cash or check			
[1]	_____	+ _____ [2]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
** Mark if qualifying Midwestern disaster relief contribution made between 5/2/2008 and 12/31/2008			
Volunteer miles driven:			
[4]	From 1/1/08 - 12/31/08 (Enter total mileage excluding qualifying Midwestern relief miles entered below)	_____ [5]	_____
[7]	From 5/2/08 - 6/30/08 (Enter ONLY the miles qualifying for Midwestern-related disaster relief)	_____ [8]	
[9]	From 7/1/08 - 12/31/08 (Enter ONLY the miles qualifying for Midwestern-related disaster relief)	_____ [10]	
Noncash items, such as: Goodwill, Salvation Army			
[11]	_____	+ _____ [12]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

Miscellaneous Deductions

T/S/J	2008 Information	Prior Year Information	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses			
[14]	+ _____ [15]		
—	+ _____		
—	+ _____		
—	+ _____		
—	+ _____		
—	+ _____		
Union dues:			
[17]	+ _____ [18]		
—	+ _____		
[20]	+ Tax preparation fees _____ [21]		
Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees			
[23]	+ _____ [24]		
—	+ _____		
—	+ _____		
—	+ _____		
[26]	+ Safe deposit box rental _____ [27]		
Investment expenses, other than on K1s:			
[29]	+ _____ [30]		
—	+ _____		
—	+ _____		
Other expenses, not subject to the 2% AGI limitation:			
[33]	+ _____ [34]		
—	+ _____		
—	+ _____		
—	+ _____		
Gambling losses: (Enter only if you have gambling income)			
[36]	+ _____ [37]		
—	+ _____		

Employee Business Expenses

Preparer use only

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

Vehicle Questions

2008 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?
Was another vehicle available for personal use?
Do you have evidence to support your deduction?

Grid for Prior Year Information

Vehicles #1 and #2 Actual Expenses

Vehicle 1 description
Comments
Vehicle 2 description
Comments

Table for Vehicles #1 and #2 Actual Expenses with columns for Vehicle 1, Prior Year Information, Vehicle 2, and Prior Year Information.

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description
Comments
Vehicle 4 description
Comments

Table for Vehicles #3 and #4 Actual Expenses with columns for Vehicle 3, Prior Year Information, Vehicle 4, and Prior Year Information.

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]

Control Totals +

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]

Control Totals +

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]

Control Totals +

NOTES/QUESTIONS:

Casualty and Theft - Business/Income Producing Properties

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [7]

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A _____ [11]
 Description of casualty or theft - Property B _____ [24]
 Description of casualty or theft - Property C _____ [37]
 Description of casualty or theft - Property D _____ [50]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	__ [14]	__ [27]	__ [40]	__ [53]
Date acquired	_____ [18]	_____ [31]	_____ [44]	_____ [57]
Cost or other basis of property	+ _____ [19]	+ _____ [32]	+ _____ [45]	+ _____ [58]
Insurance or other reimbursement	+ _____ [20]	+ _____ [33]	+ _____ [46]	+ _____ [59]
Fair market value before casualty	+ _____ [21]	+ _____ [34]	+ _____ [47]	+ _____ [60]
Fair market value after casualty	+ _____ [22]	+ _____ [35]	+ _____ [48]	+ _____ [61]

Business/Income Use Replacement Information

Description of replacement property A _____ [62]
 Description of replacement property B _____ [66]
 Description of replacement property C _____ [70]
 Description of replacement property D _____ [74]

	A	B	C	D
Mark if property was acquired from a related party	__ [63]	__ [67]	__ [71]	__ [75]
Date acquired	_____ [64]	_____ [68]	_____ [72]	_____ [76]
Cost of replacement property	+ _____ [65]	+ _____ [69]	+ _____ [73]	+ _____ [77]

NOTES/QUESTIONS:

Casualty and Theft - Personal Use Properties

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [7]
 Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined
 by the President of the United States to warrant assistance by the Federal Government _____ [8]
 Mark if the damaged property includes your principal residence and/or its contents _____ [9]

Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A _____ [13]
 Description of casualty or theft - Property B _____ [24]
 Description of casualty or theft - Property C _____ [35]
 Description of casualty or theft - Property D _____ [46]

	A	B	C	D
Date acquired	_____ [19]	_____ [30]	_____ [41]	_____ [52]
Cost or other basis of property	+ _____ [20]	+ _____ [31]	+ _____ [42]	+ _____ [53]
Insurance or other reimbursement	+ _____ [21]	+ _____ [32]	+ _____ [43]	+ _____ [54]
Fair market value before casualty	+ _____ [22]	+ _____ [33]	+ _____ [44]	+ _____ [55]
Fair market value after casualty	+ _____ [23]	+ _____ [34]	+ _____ [45]	+ _____ [56]

Personal Use Replacement Information

Description of replacement property A _____ [57]
 Description of replacement property B _____ [61]
 Description of replacement property C _____ [65]
 Description of replacement property D _____ [69]

	A	B	C	D
Mark if property was acquired from a related party	_____ [58]	_____ [62]	_____ [66]	_____ [70]
Date acquired	_____ [59]	_____ [63]	_____ [67]	_____ [71]
Cost of replacement property	+ _____ [60]	+ _____ [64]	+ _____ [68]	+ _____ [72]

NOTES/QUESTIONS:

Prior Year Casualty and Theft - Business/Income Producing Properties

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [6]

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A _____ [8]
 Description of casualty or theft - Property B _____ [17]
 Description of casualty or theft - Property C _____ [26]
 Description of casualty or theft - Property D _____ [35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [9]	___ [18]	___ [27]	___ [36]
Date acquired	_____ [12]	_____ [21]	_____ [30]	_____ [39]
Cost or other basis of property	+ _____ [13]	+ _____ [22]	+ _____ [31]	+ _____ [40]
Insurance or other reimbursement	+ _____ [14]	+ _____ [23]	+ _____ [32]	+ _____ [41]
Fair market value before casualty	+ _____ [15]	+ _____ [24]	+ _____ [33]	+ _____ [42]
Fair market value after casualty	+ _____ [16]	+ _____ [25]	+ _____ [34]	+ _____ [43]

Current Year Business/Income Use Replacement Information

Description of replacement property A _____ [44]
 Description of replacement property B _____ [50]
 Description of replacement property C _____ [56]
 Description of replacement property D _____ [62]

	A	B	C	D
Date acquired	_____ [45]	_____ [51]	_____ [57]	_____ [63]
Prior year cost of replacement property	+ _____ [46]	+ _____ [52]	+ _____ [58]	+ _____ [64]
Cost of replacement property	+ _____ [47]	+ _____ [53]	+ _____ [59]	+ _____ [65]
Postponed gain	+ _____ [48]	+ _____ [54]	+ _____ [60]	+ _____ [66]
Adjusted basis of replacement property	+ _____ [49]	+ _____ [55]	+ _____ [61]	+ _____ [67]

NOTES/QUESTIONS:

Occurrence description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 State postal code _____ [3]
 Date of casualty or theft _____ [4]

Casualty and Theft - Personal Use Properties (Cont'd)

Description of casualty or theft - Property A _____ [9]
 Description of casualty or theft - Property B _____ [16]
 Description of casualty or theft - Property C _____ [23]
 Description of casualty or theft - Property D _____ [30]

	A	B	C	D
Date acquired	_____ [11]	_____ [18]	_____ [25]	_____ [32]
Cost or other basis of property	+ _____ [12]	+ _____ [19]	+ _____ [26]	+ _____ [33]
Insurance or other reimbursement	+ _____ [13]	+ _____ [20]	+ _____ [27]	+ _____ [34]
Fair market value before casualty	+ _____ [14]	+ _____ [21]	+ _____ [28]	+ _____ [35]
Fair market value after casualty	+ _____ [15]	+ _____ [22]	+ _____ [29]	+ _____ [36]

Personal Use Replacement Information

Description of replacement property A _____ [37]
 Description of replacement property B _____ [43]
 Description of replacement property C _____ [49]
 Description of replacement property D _____ [55]

	A	B	C	D
Date acquired	_____ [38]	_____ [44]	_____ [50]	_____ [56]
Prior year cost of replacement property	+ _____ [39]	+ _____ [45]	+ _____ [51]	+ _____ [57]
Cost of replacement property	+ _____ [40]	+ _____ [46]	+ _____ [52]	+ _____ [58]
Postponed gain	+ _____ [41]	+ _____ [47]	+ _____ [53]	+ _____ [59]
Adjusted basis of replacement property	+ _____ [42]	+ _____ [48]	+ _____ [54]	+ _____ [60]

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____ [3]

Taxpayer/Spouse/Joint (T, S, J) _____ [4]

State postal code _____ [5]

Business Use of Home

	2008 Information	Prior Year Information
Total area of home	_____ [10]	_____
Area used exclusively for business	_____ [12]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [14]	_____
Total hours used this year, if less than 8,784	_____ [16]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [18]	_____
Area used partly for day-care business	_____ [20]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.

List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2008 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Casualty losses	+ _____ [22]	+ _____ [23]	_____
Mortgage interest	+ _____ [25]	+ _____ [26]	_____
Mortgage insurance premiums	+ _____ [28]	+ _____ [29]	_____
Real estate taxes	+ _____ [31]	+ _____ [32]	_____
Excess mortgage interest and insurance premiums	+ _____ [34]	+ _____ [35]	_____
Insurance	+ _____ [37]	+ _____ [38]	_____
Rent	+ _____ [40]	+ _____ [41]	_____
Repairs & maintenance	+ _____ [43]	+ _____ [44]	_____
Utilities	+ _____ [46]	+ _____ [47]	_____
Other expenses, such as: Supplies & Security system	+ _____ [49]	+ _____ [50]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [52]	_____
Carryovers:			_____
Operating expenses		+ _____ [53]	_____
Casualty losses		+ _____ [54]	_____
Depreciation		+ _____ [56]	_____
Business expenses not from business use of home, such as:			_____
Travel, Supplies, Business telephone expenses		+ _____ [57]	_____
Depreciation		+ _____ [61]	_____

NOTES/QUESTIONS:

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2008.

	2008 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under \$20 per month and not reported to employer	+ _____ [3]	+ _____ [4]	

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2008	Total tips reported in 2008
Taxpayer information [1]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information [2]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

(**Please refer to Reason Codes located at the bottom)

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	1099-MISC received (1=Yes, 2=No)	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]	_____	_____	_____	_____	---	_____
	_____	_____	_____	_____	---	_____
	_____	_____	_____	_____	---	_____
	_____	_____	_____	_____	---	_____
Spouse information [7]	_____	_____	_____	_____	---	_____
	_____	_____	_____	_____	---	_____
	_____	_____	_____	_____	---	_____
	_____	_____	_____	_____	---	_____

Reason Codes **

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
 B = I was designated as a "section 530 employee" by my employer or by the IRS prior to January 1, 1997.
 C = I received other correspondence from the IRS that states I am an employee.
 D = I was previously treated as an employee by this firm and am performing services in a substantially similar capacity and under substantially similar direction and control.
 E = My co-workers performing substantially similar services under substantially similar direction and control are treated as employees.
 F = My co-workers performing substantially similar services under substantially similar direction and control filed Form SS-8 for this firm and received a determination that they were employees.
 G = I filed Form SS-8 with the IRS and have not received a reply.

	Taxpayer	Spouse	Prior Year Information	
State postal code	___[9]	___[10]		
If you received a parsonage provided by the church, please complete the following information:				
Fair rental value of parsonage provided by church	+ _____ [13]	+ _____ [14]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>	
Utilities allowance provided in addition to parsonage	+ _____ [16]	+ _____ [17]		
Actual parsonage utilities expense	+ _____ [19]	+ _____ [20]		
If you received a rental or parsonage allowance provided by the church, please complete the following information:				
Utilities allowance, if separate from parsonage allowance	+ _____ [25]	+ _____ [26]		
Actual parsonage expense	+ _____ [28]	+ _____ [29]		
Fair rental value of home	+ _____ [31]	+ _____ [32]		
Actual utilities expense	+ _____ [34]	+ _____ [35]		
Mark if you have claimed exemption from self-employment tax				
by filing Form 4361 with the IRS	___[38]	___[39]		

NOTES/QUESTIONS:

Enter parent's information for children under age 19 on 1/1/2009 or a full-time student under age 24 who have investment income of more than \$1,800.

Parent's social security number (Enter the name and social security number of the parent listed first on the return) _____ [4]
 Parent's first name _____ [5]
 Parent's last name _____ [6]
 Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) _____ [7]

All Other Children's Information

Enter information for each child with investment income of more than \$1,800.

Child #1 social security number _____ [23]
 Child #1 first name _____ [24]
 Child #1 last name _____ [25]
 Child #1 birthdate (mm/dd/yyyy) _____ [26]

Child #2 social security number _____ [36]
 Child #2 first name _____ [37]
 Child #2 last name _____ [38]
 Child #2 birthdate (mm/dd/yyyy) _____ [39]

Child #3 social security number _____ [49]
 Child #3 first name _____ [50]
 Child #3 last name _____ [51]
 Child #3 birthdate (mm/dd/yyyy) _____ [52]

Child #4 social security number _____ [62]
 Child #4 first name _____ [63]
 Child #4 last name _____ [64]
 Child #4 birthdate (mm/dd/yyyy) _____ [65]

Child #5 social security number _____ [75]
 Child #5 first name _____ [76]
 Child #5 last name _____ [77]
 Child #5 birthdate (mm/dd/yyyy) _____ [78]

Child #6 social security number _____ [88]
 Child #6 first name _____ [89]
 Child #6 last name _____ [90]
 Child #6 birthdate (mm/dd/yyyy) _____ [91]

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
Complete a separate Organizer Form ID:8814 for each child.

Child's social security number _____ [1]

Child's date of birth _____ [2]

Child's name _____ [4]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

Type Code (**See codes below)	Payer	Interest [6]	Tax Exempt	U.S. Obligations	Tax Exempt	Prior Year
		Income	Income	Percent	Percent	Information
-	_____	+ _____	_____	_____	_____	[]
-	_____	+ _____	_____	_____	_____	
-	_____	+ _____	_____	_____	_____	
-	_____	+ _____	_____	_____	_____	
-	_____	+ _____	_____	_____	_____	
-	_____	+ _____	_____	_____	_____	

**Interest Codes					
Blank = Regular Interest	3 = Nominee Distribution	4 = Accrued Interest	5 = OID Adjustment	6 = ABP Adjustment	

Children's Dividend Income

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

Alaska Permanent Fund dividends:

_____	+	_____	[]
_____	+	_____	

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S)		__ [1]
Employer identification number		_____ [2]
Total cash wages subject to social security taxes	+	_____ [4]
Total cash wages subject to Medicare taxes	+	_____ [5]
Federal income tax withheld	+	_____ [6]
State disability plan social security & Medicare withheld	+	_____ [7]
Advance earned income credit (EIC) payments	+	_____ [8]
Did you:		
(A) pay any household employee cash wages of \$1,600 or more in 2008? (1 = Yes, 2 = No)		__ [9]
(B) withhold Federal income tax for any household employee? (1 = Yes, 2 = No)		__ [10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2007 or 2008? (1 = Yes, 2 = No)		__ [11]

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.

Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax *	+	_____ [12]
Did you pay all state unemployment contributions for 2008 by 4/15/09? (1 = Yes, 2 = No) *		__ [13]
State #1 information		
State postal code where you have to pay unemployment contributions *		__ [14]
State reporting number as shown on state unemployment tax return *		_____ [15]
Taxable wages (as defined in state act)	+	_____ [16]
State experience rate period:		
From		_____ [17]
To		_____ [18]
State experience rate (xxx.xx)		_____ [19]
Contributions paid to state unemployment fund *	+	_____ [20]
State #2 information		
State postal code where you have to pay unemployment contributions		__ [21]
State reporting number as shown on state unemployment tax return		_____ [22]
Taxable wages (as defined in state act)	+	_____ [23]
State experience rate period:		
From		_____ [24]
To		_____ [25]
State experience rate (xxx.xx)		_____ [26]
Contributions paid to state unemployment fund	+	_____ [27]

NOTES/QUESTIONS:

Child and Dependent Care Expenses

**Please enter all amounts paid in 2008 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer		Spouse	
2007 employer-provided dependent care benefits used during 2008 grace period	+	_____ [3]	+	_____ [4]
Employer-provided dependent care benefits that were forfeited in 2008	+	_____ [5]	+	_____ [6]
Total qualified expenses incurred in 2008				_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)		_____ [10]		_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (1 = Yes, 2 = No)				_____ [12]

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2008 _____ + _____ [7]

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2008 _____ + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2008 _____ + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2008 _____ + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2008 _____ + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2008 _____ + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2008 _____ + _____

Control Totals +

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2008, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

Taxpayer**Spouse**

Nontaxable disability/pension income received in 2008

+ _____ [7]

+ _____ [8]

Taxable disability income received in 2008

+ _____ [9]

+ _____ [10]

NOTES/QUESTIONS:

Residential Energy Credit

The Energy Tax Incentives Act of 2005 provides credits for energy efficient improvements made to personal residences beginning in 2006. There are certain restrictions and limits but some of the home improvements that may qualify include, solar electric, solar water heating and fuel cell property costs. Please provide copies of any 2006 and 2007 Form 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)

Enter the total amount of costs for qualified solar electric property

_____ [1]

Enter the total amount of costs for qualified solar water heating property

+ _____ [2]

Enter the total amount of costs for qualified fuel cell property

+ _____ [3]

Enter the total amount of kilowatt capacity of the qualified fuel cell property

+ _____ [4]

_____ [5]

NOTES/QUESTIONS:

If you or your spouse purchased a principal residence after April 8, 2008, and before July 1, 2009, you may qualify for the First-Time Homebuyer Credit. The home must be located within the United States and neither party may have owned, or held an ownership interest in, a home during the three year period prior to the home's purchase date. If your home was purchased within the first 6 months of 2009 enter your information. There is a special rule that allows homes purchased after December 31, 2008, and before July 1, 2009, to be used for calculating the 2008 First-Time Homebuyer Credit.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address _____ [1]

City/State/Zip code _____ [2] ____ [3] _____ [4]

Date home acquired (After 4/8/08 and before 7/1/09) _____ [5]

Purchase price of the home _____ [7]

Mark if home was purchased from a related party _____ [8]

Has the home been sold or is no longer being used as the principal residence? (1 = Yes, 2 = No) __ [10]

In the period three years prior to the purchase date had the:

Taxpayer owned a home or had ownership interest in a home? (1 = Yes, 2 = No) __ [11]

Spouse owned a home or had ownership interest in a home? (1 = Yes, 2 = No) __ [12]

If you are filing married filing separately, were you married on the purchase date? (1 = Yes, 2 = No) __ [13]

If you own the principal residence with another person enter their name and percentage of ownership

Other owner name _____ [16]

Percentage of ownership _____

NOTES/QUESTIONS:

Complete this form if you paid qualified adoption expenses in 2008 AND the adoption was final in or before 2008.
Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.

Child 1 [1] Child 2 Child 3
Taxpayer/Spouse/Joint (T, S, J)
First name
Last name
Child's date of birth
Mark if this child was:
born before '91 and was disabled
a child with special needs
a foreign child
Child's identifying number
Total qualified adoption expenses paid in 2007 for this child
Employer-provided benefits received in 2007 for this child
Total qualified adoption expenses paid in 2008 for this child
Employer-provided benefits received in 2008 for this child
Adoption final in (1 = '08, 2 = Pre '08)

Child 4 Child 5 Child 6
Taxpayer/Spouse/Joint (T, S, J)
First name
Last name
Child's date of birth
Mark if this child was:
born before '90 and was disabled
a child with special needs
a foreign child
Child's identifying number
Total qualified adoption expenses paid in 2007 for this child
Employer-provided benefits received in 2007 for this child
Total qualified adoption expenses paid in 2008 for this child
Employer-provided benefits received in 2008 for this child
Adoption final in (1 = '08, 2 = Pre '08)

Adoption credit carryover from 2003 +
Adoption credit carryover from 2004 +
Adoption credit carryover from 2005 +
Adoption credit carryover from 2006 +
Adoption credit carryover from 2007 +

If the adoption was incomplete or unsuccessful please provide information below:
[10]
[11]
[12]

NOTES/QUESTIONS:

Fuel Tax Credit

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of gasoline -			
Off-highway business use		\$0.183	+ _____ [1]
Use on a farm		0.183	+ _____ [2]
Other nontaxable use	____ [3]	0.183	+ _____ [4]
Exported		0.184	+ _____ [5]
Nontaxable use of aviation gasoline -			
Commercial aviation		0.15	+ _____ [6]
Other nontaxable use	____ [7]	0.193	+ _____ [8]
Exported		0.194	+ _____ [9]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [10]
Nontaxable use of undyed diesel fuel -			
Explanation of evidence of dyes:			
			_____ [11]

Other nontaxable use	____ [12]	0.243	+ _____ [13]
Use on a farm		0.243	+ _____ [14]
Trains		0.243	+ _____ [15]
Intercity / local bus		0.17	+ _____ [16]
Exported		0.244	+ _____ [17]
Nontaxable use of undyed kerosene (other than aviation) -			
Explanation of evidence of dyes:			
			_____ [18]

Other nontaxable use	____ [19]	0.243	+ _____ [20]
Use on a farm		0.243	+ _____ [21]
Intercity / local buses		0.17	+ _____ [22]
Exported		0.244	+ _____ [23]
Other nontaxable use taxed at \$.044	____ [24]	0.243	+ _____ [25]
Other nontaxable use taxed at \$.219	____ [26]	0.243	+ _____ [27]
Kerosene used in aviation -			
Kerosene taxed at \$.244		0.17	+ _____ [28]
Kerosene taxed at \$.219		0.244	+ _____ [29]
Other nontaxable use taxed at \$.244	____ [30]	0.243	+ _____ [31]
Other nontaxable use taxed at \$.219/.044	____ [32]	0.243	+ _____ [33]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [34]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -		
Registration Number		_____ [1]
Explanation of evidence of dyes:		_____ [2]

State / local government	0.243	+ _____ [3]
Intercity / local buses	0.17	+ _____ [4]
Sales by registered ultimate vendors of undyed kerosene -		
Registration Number		_____ [5]
Explanation of evidence of dyes:		_____ [6]

Use by state/local government	0.243	+ _____ [7]
Sales from a blocked pump	0.243	+ _____ [8]
Intercity / local buses	0.17	+ _____ [9]
Sales by registered ultimate vendors of kerosene in aviation -		
Registration Number		_____ [10]
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____ [11]
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	+ _____ [12]
Nonexempt use in noncommercial aviation	0.025	+ _____ [13]
Other nontaxable uses taxed at \$.244 _____ [14]	0.243	+ _____ [15]
Other nontaxable uses taxed at \$.219/.044 _____ [16]	0.218	+ _____ [17]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [18]
Alcohol fuel mixture credit -		
Registration Number		_____ [20]
Mixtures containing ethanol	0.51	+ _____ [21]
Mixtures containing alcohol (Other than ethanol)	0.60	+ _____ [22]
Biodiesel or renewable diesel mixture credit -		
Registration Number		_____ [23]
Biodiesel mixtures	0.50	+ _____ [24]
Agri-biodiesel mixtures	1.00	+ _____ [25]
Renewable diesel mixtures	1.00	+ _____ [26]

*Type of Use

1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Control Totals +

Form ID: 4136-2

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -			
Liquified petroleum gas (LPG)	___ [1]	0.183	+ _____ [2]
"P Series" fuels	___ [3]	0.183	+ _____ [4]
Compressed natural gas (CNG)	___ [5]	0.183	+ _____ [6]
Liquified hydrogen	___ [7]	0.183	+ _____ [8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	___ [9]	0.243	+ _____ [10]
Liquid hydrocarbons derived from biomass	___ [11]	0.243	+ _____ [12]
Liquified natural gas (LNG)	___ [13]	0.243	+ _____ [14]
Liquified gas derived from biomass	___ [15]	0.243	+ _____ [16]
Alternative fuel credit and alternative fuel mixture credit -			
Registration Number			_____ [17]
Liquified petroleum gas (LPG)		0.50	+ _____ [18]
"P Series" fuels		0.50	+ _____ [19]
Compressed natural gas		0.50	+ _____ [20]
Liquified hydrogen		0.50	+ _____ [21]
Any liquid fuel derived from coal through the Fischer-Tropsch process		0.50	+ _____ [22]
Liquid hydrocarbons derived from biomass		0.50	+ _____ [23]
Liquified natural gas (LNG)		0.50	+ _____ [24]
Liquified gas derived from biomass		0.50	+ _____ [25]
Compressed gas derived from biomass		0.50	+ _____ [26]
Registered credit card users -			
Registration Number			_____ [27]
Diesel for state / local government		0.243	+ _____ [28]
Kerosene for state / local government		0.243	+ _____ [29]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	+ _____ [30]
Nontaxable use of a diesel-water fuel emulsion -			
Other nontaxable use	___ [31]	0.197	+ _____ [32]
Exported		0.198	+ _____ [33]
Diesel-water fuel emulsion blending -			
Registration Number			_____ [34]
Blender credit		0.046	+ _____ [35]
Exported dyed fuels -			
Exported dyed diesel fuel		0.046	+ _____ [36]
Exported dyed kerosene		0.046	+ _____ [37]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Preparer use only

Description _____

Taxpayer/Spouse (T, S) _____

Category of income* _____

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

AMT Foreign Income or Loss

	A		B		C
Name of country	_____		_____		_____
Foreign gross income	+ _____ [8]	+	_____ [9]	+	_____ [10]
Definitely related expenses	+ _____ [11]	+	_____ [12]	+	_____ [13]
Foreign source losses	+ _____ [14]	+	_____ [15]	+	_____ [16]

NOTES/QUESTIONS:

Instructions

Enter carryovers as positive numbers.

Enter utilizations as negative numbers.

Enter utilizations only for those losses shown on organizer form.

Enter carrybacks as reductions of loss in the year the loss was created, rather than as utilizations in carryback years.

Indefinite Carryovers**2007 to 2008 Amounts**

Excess section 179 for Sch A	+	_____	[1]
Minimum tax credit	+	_____	[2]
Investment interest	+	_____	[3]
Investment interest - AMT	+	_____	[4]
Short-term capital loss	+	_____	[5]
Short-term capital loss - AMT	+	_____	[6]
Long-term capital loss	+	_____	[7]
Long-term capital loss - AMT	+	_____	[8]
Residential energy credit	+	_____	[9]

5 Year Carryover Items

Prior C/O Year	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses	50% Contributions	30% Contributions	30% Cap Gain Property to 50% Org	20% Contributions
2003	+ _____ [10]	+ _____ [15]	+ _____ [20]	+ _____ [25]	+ _____ [30]	+ _____ [35]
2004	+ _____ [11]	+ _____ [16]	+ _____ [21]	+ _____ [26]	+ _____ [31]	+ _____ [36]
2005	+ _____ [12]	+ _____ [17]	+ _____ [22]	+ _____ [27]	+ _____ [32]	+ _____ [37]
2006	+ _____ [13]	+ _____ [18]	+ _____ [23]	+ _____ [28]	+ _____ [33]	+ _____ [38]
2007	+ _____ [14]	+ _____ [19]	+ _____ [24]	+ _____ [29]	+ _____ [34]	+ _____ [39]

NOL and Other Carryover Items

Prior C/O Year	Net Operating Loss	AMT NOL	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
1993	+ _____ [40]	+ _____ [55]		
1994	+ _____ [41]	+ _____ [56]		
1995	+ _____ [42]	+ _____ [57]		
1996	+ _____ [43]	+ _____ [58]		
1997	+ _____ [44]	+ _____ [59]		
1998	+ _____ [45]	+ _____ [60]		
1999	+ _____ [46]	+ _____ [61]		
2000	+ _____ [47]	+ _____ [62]		
2001	+ _____ [48]	+ _____ [63]		
2002	+ _____ [49]	+ _____ [64]		
2003	+ _____ [50]	+ _____ [65]		
2004	+ _____ [51]	+ _____ [66]		
2005	+ _____ [52]	+ _____ [67]		
2006	+ _____ [53]	+ _____ [68]	+ _____ [70]	+ _____ [72]
2007	+ _____ [54]	+ _____ [69]	+ _____ [71]	+ _____ [73]

NOTES/QUESTIONS:

Prior C/O Year	General Business Credit	Empowerment Zone Credit	Alcohol Fuel Credit	Renewable Electricity & Coal Production Credit	Work Opportunity Credit	Employer S.S. & Medicare Taxes Paid on Tips
1993	+ _____ [1]					
1994	+ _____ [2]	+ _____ [17]				
1995	+ _____ [3]	+ _____ [18]				
1996	+ _____ [4]	+ _____ [19]				
1997	+ _____ [5]	+ _____ [20]				
1998	+ _____ [6]	+ _____ [21]				
1999	+ _____ [7]	+ _____ [22]				
2000	+ _____ [8]	+ _____ [23]				
2001	+ _____ [9]	+ _____ [24]				
2002	+ _____ [10]	+ _____ [25]				
2003	+ _____ [11]	+ _____ [26]				
2004	+ _____ [12]	+ _____ [27]		+ _____ [57]		
2005	+ _____ [13]	+ _____ [28]	+ _____ [43]	+ _____ [58]		
2006	+ _____ [14]	+ _____ [29]	+ _____ [44]	+ _____ [59]		
2007	+ _____ [15]	+ _____ [30]	+ _____ [45]	+ _____ [60]	+ _____ [75]	+ _____ [90]

NOTES/QUESTIONS:

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)	_____	_____
Mark if legally blind	_____	_____
Mark if dependent of another taxpayer	_____	_____
Was taxpayer between 19 and 23 and full-time student? (1 = Yes, 2 = No)	_____	_____
Mark if member of U.S. Armed Forces in 2008	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Do you authorize us to discuss your return with the IRS (1 = Yes, 2 = No)	_____	_____

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in your home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

	Provider #1	Provider #2
Provider information:		
Name	_____	_____
Street address	_____	_____
City, state, and zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)	_____	_____
Amount paid to care provider in 2008	_____	_____
	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited	_____	_____

General: Info **Direct Deposit/Electronic Funds Withdrawal Information**

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

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

*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.

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.

Below is a list of the W-2's as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 5 rows of horizontal lines for data entry.

Income: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.

Below is a list of the 1099-R's as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 5 rows of horizontal lines for data entry.

Income: K1, K1T **Schedule K-1s**

Please provide all copies of Schedule K-1s that you receive.

Below is a list of the K-1s as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

Table with 4 columns: T/S/J, Description, Form, Mark if no longer applicable. Includes 5 rows of horizontal lines for data entry.

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.

Below is a list of the W-2Gs as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 3 rows of horizontal lines for data entry.

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the 1099-Q's as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 3 rows of horizontal lines for data entry.

Income: Income **Economic Stimulus Payment (Rebate)**

Enter the amount of the stimulus payment (before offset) you received below. If you filed a joint return in 2007, and your filing status did not change in 2008, fill in only the Taxpayer/Joint column. However, if your filing status changed to married filing joint in 2008 and your spouse received a separate payment, enter the amount in the Spouse column.

Table with 2 columns: Taxpayer/Joint, Spouse. Includes text: Economic stimulus payment (rebate) received in 2008. Mark if you did not receive an economic stimulus payment (rebate).

Income: B1 Interest Income

Please provide all copies of Form 1099-INT.

Table with columns: T/S/J, Payer Name, Interest Income, Prior Year Information

Income: B3 Seller Financed Mortgage Interest

T, S, J __ Payer's name
Payer's address
Amount received in 2008
Payer's social security number
Amount received in 2007

Income: B2 Dividend Income

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

Table with columns: T/S/J, Payer Name, Ordinary Dividends, Qualified Dividends, Prior Year Information

Income: D Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

Table with columns: T/S/J, Description of Property, Date Acquired, Date Sold, Gross Sales Price, Cost or Other Basis

Income: Income Other Income

Please provide copies of all supporting documentation.

2008 Information

Prior Year Information

Table with rows: State and local income tax refunds, Alimony received, Unemployment compensation, etc.

2008 Information

Prior Year Information

Table with columns: T/S/J, 2008 Information, Prior Year Information

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

Traditional IRA Contributions for 2008 -

If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2008

Roth IRA Contributions for 2008 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2008

Educate: Educate

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2008 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2008 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2008.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Education Expense Code: 1 = Hope credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the Hope Credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 2 years of post-secondary education; has had no drug convictions in 2008 and has not claimed the Hope credit in more than one prior tax year.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2008 Information	Prior Year Information
_____	_____	_____	_____	_____
	Address _____	City _____	State _____	Zip code _____
		Taxpayer	Spouse	Prior Year Information

Educator expenses:

_____	_____	_____	_____
-------	-------	-------	-------

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1

Medical and Dental Expenses

T/S/J		2008 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid	_____	_____
—	Long-term care premiums you paid	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items 1/1/08 through 6/30/08 _____ 7/1/08 through 12/31/08 _____	_____	_____

Itemized: A1

Tax Expenses

T/S/J		2008 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2007 state and local income taxes paid in 2008	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2

Interest Expenses

T/S/J		2008 Information	Prior Year Information
—	Home mortgage interest: From Form 1098	_____	_____
Other, such as:	Home mortgage interest paid to individuals		
T/S/J	Name _____ SSN _____	2008 Information	Prior Year Information
—	Address _____	_____	_____
T/S/J		2008 Information	Prior Year Information
—	Investment interest expense, other than on K-1s:	_____	_____
	Refinance #1		Refinance #2
Refinancing Information:			
T/S/J			
—	Description	_____	_____
—	Total points paid	_____	_____
—	Date of refinance	_____	_____
—	Total number of payments	_____	_____
—	Reported on Form 1098 in 2008	_____	_____

Itemized: A3

Charitable Contributions

T/S/J		2008 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3

Miscellaneous Deductions

T/S/J		2008 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
—	Other expenses, subject to 2% AGI limitation:		
—	_____	_____	_____
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
—	Investment expenses, other than on K1s:		
—	Other expenses, not subject to the 2% AGI limitation:		
—	_____	_____	_____
—	_____	_____	_____
—	Gambling losses: (Enter only if you have gambling income)	_____	_____

Depreciation - Asset Acquisitions

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE		2008 Model T - (EXAMPLE ASSET)	03/09/08	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1	Comments:			
2	Comments:			
3	Comments:			
4	Comments:			
5	Comments:			
6	Comments:			
7	Comments:			
8	Comments:			
9	Comments:			
10	Comments:			
11	Comments:			
12	Comments:			
13	Comments:			
14	Comments:			
15	Comments:			
16	Comments:			
17	Comments:			
18	Comments:			
19	Comments:			
20	Comments:			
21	Comments:			
22	Comments:			
23	Comments:			
24	Comments:			
25	Comments:			

Alabama General Information

If you moved during the tax year, name of Alabama city moved to _____ [1] Zip code _____ [2]
 If divorced during the tax year, enter former spouse's social security number _____ [3]
 If you did not file a prior year Alabama tax return, enter reason:
 _____ [4]

Use Tax

Enter the total out-of-state purchases _____ [5]
 Enter the sales tax paid on out-of-state purchases _____ [6]

Contributions

Enter the amount of contributions you wish to make:
Political Contributions

	Taxpayer	Spouse
Election campaign fund contribution (\$1.00) (1 = Democratic party fund, 2 = Republican party fund)	___ [7]	___ [8]

Charitable Contributions

Neighbors Helping Neighbors	_____ [9]	Foster Care Trust Fund	_____ [17]
Senior Services Trust Fund	_____ [10]	Mental Health	_____ [18]
Arts Development Fund	_____ [11]	Breast and Cervical Cancer Program	_____ [19]
Nongame Wildlife Fund	_____ [12]	4-H Club Foundation	_____ [20]
Child Abuse Trust Fund	_____ [13]	Organ Center Donor Awareness	_____ [21]
Veterans' Program	_____ [14]	National Guard Foundation	_____ [22]
Indian Children's Scholarship Fund	_____ [15]	Cancer Research Institute	_____ [23]
Penny Trust Fund	_____ [16]	Alternative Fuels Fund	_____ [24]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Alabama

Part-year residency dates:
 From _____ [25]
 To _____ [26]
 If a nonresident of Alabama, enter state of legal residence _____ [27]

Credits

Basic Skills Education Credit:
 Dept of Education certification number _____ [28]
 Name of sponsoring employer or firm _____ [29]
 Name of approved provider _____ [30]
 Location of provider _____ [31]
 Total expenses _____ [32]

Rural Physician Credit:
 Hospital where services provided _____ [33]
 Community where services provided _____ [34]

NOTES/QUESTIONS:

Arizona General Information

Last name on prior returns, if different _____ [1]

If you were a part-year resident during the tax year, enter the dates you lived in Arizona

Part-year residency dates:

From _____ [2]

To _____ [3]

Other state(s) of residency (Part-year residents only) _____ [4] _____ [5] _____ [6] _____ [7]

Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) _____ [8]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political gift _____ [9]

Name of party (1 = Democratic, 2 = Green, 3 = Libertarian, 4 = Republican) _____ [10]

Citizens Clean Election Fund _____ [11]

Charitable Contributions

Aid to Education Fund (Entire refund only) _____ [12]

Arizona Wildlife Fund _____ [13]

Child Abuse Prevention Fund _____ [14]

Domestic Violence Shelter Fund _____ [15]

National Guard Relief Fund _____ [16]

Neighbors Helping Neighbors Fund _____ [17]

Special Olympics Fund _____ [18]

Veterans Donation Fund _____ [19]

Property Tax Credit Information

Full Year Residents Only

Homestead status on December 31 (1 = Rent, 2 = Own) _____ [20]

Mark if you:

Received Title 16, SSI payments _____ [21]

Lived alone _____ [22]

Property taxes paid through rent payments _____ [23]

If claimed as a dependent on another's return, enter claimant's information:

Name _____ [24]

Social security number _____ [25]

Address _____ [26] Apartment number _____ [27]

City _____ [28] State _____ [29] Zip code _____ [30]

Income earned by other household residents _____ [31]

NOTES/QUESTIONS:

Arkansas General Information

Taxpayer deaf _____ [1]

Spouse deaf _____ [2]

Early childhood program - certificate number _____ [3]

State political contributions:

Candidate/Organization	Office Sought	Amount
_____	_____	_____ [4]
_____	_____	_____
_____	_____	_____

	Taxpayer	Spouse
Contributions to a long-term intergenerational trust	_____ [5]	_____ [6]

Contributions

Amount of charitable contributions you wish to make to:

Disaster Relief Program _____ [7]

US Olympic Committee Program _____ [8]

School for the Blind and Deaf _____ [9]

Baby Sharon's Children Catastrophic Illness Program _____ [10]

Organ Donor Awareness Education Program _____ [11]

Area Agency on Aging _____ [12]

Military Family Relief _____ [13]

Newborn Umbilical Cord Blood Initiative _____ [14]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Arkansas

Part-year residency dates:

From _____ [15]

To _____ [16]

State of residency if nonresident of Arkansas _____ [17]

NOTES/QUESTIONS:

California General Information

Mark if different from prior year return:

Prior year last name _____	Social security number(s) _____ [3]
Taxpayer _____ [1]	Address _____ [4]
Spouse _____ [2]	Filing status _____ [5]

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund _____ [6]	Peace Officer Memorial Foundation Fund _____ [14]
Alzheimer's Disease/Related Disorders Fund _____ [7]	Military Family Relief Fund _____ [15]
Fund for Senior Citizens _____ [8]	Sea Otter Fund _____ [16]
Rare and Endangered Species Preservation Program _____ [9]	Ovarian Cancer Research Fund _____ [17]
Children's Trust Fund for the Prevention of Child Abuse _____ [10]	Municipal Shelter Spay-Neuter Fund _____ [18]
Breast Cancer Research Fund _____ [11]	Cancer Research Fund _____ [19]
Firefighters' Memorial Fund _____ [12]	ALS Lou Gehrig's Disease Research Fund _____ [20]
Emergency Food for Families Fund _____ [13]	

Homeowner or Renter Information

Number of months rented principal residence in California in 2008 _____	[21]
Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) _____	[22]
Property rented was exempt from property tax in 2008 _____	[23]
Taxpayer claimed homeowner's property tax exemption in 2008 _____	[24]
Spouse claimed homeowner's property tax exemption during 2008 _____	[25]

Addresses if more than one or different from mailing address

Address _____ [26]	
City _____	
State _____	
Zip Code _____	
Date Rented From _____	
Date Rented To _____	

Landlord information

Name _____ [27]	
Address _____	
City _____	
State _____	
Zip Code _____	
Telephone _____	

Net or full value of property _____ [28]

Percentage of property not used for rental and/or business (If less than 100%) _____ [29]

Name and relationship of others listed on property tax bill

First Name _____ [30]	
Last Name _____	
Relationship _____	
Person Lived in Home _____	

Received Temporary Assistance for Needy Families (Formerly AFDC) _____ [31]

NOTES/QUESTIONS:

California Residency Information

Part-year, Nonresident only

	Taxpayer	Spouse
Enter the total number of days in California	_____ [1]	_____ [2]
Mark if owned CA home/property	___ [3]	___ [4]
If you became a resident:		
Enter the date of your move	_____ [5]	_____ [6]
Enter your state of prior residency	___ [7]	___ [8]
If you became a nonresident:		
Enter the date of your move	_____ [9]	_____ [10]
Enter your new state of residency	___ [11]	___ [12]
If you were a nonresident for the entire tax year:		
Enter your state of residency	___ [13]	___ [14]
Country of residence (If outside the USA)	_____ [15]	_____ [16]

Prior Year Residency Information

	Taxpayer	Spouse
If you were previously a resident, enter dates:		
From	_____ [17]	_____ [18]
To	_____ [19]	_____ [20]
Enter the date you entered California	_____ [21]	_____ [22]
Enter the date you left California	_____ [23]	_____ [24]

Military Personnel

Part-year, Nonresident only

	Taxpayer	Spouse
Enter your state of domicile	___ [25]	___ [26]
Enter the state where you were stationed	___ [27]	___ [29]
Enter the country where stationed (If outside the USA)	_____ [28]	_____ [30]

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____ [31]	_____ [32]
Date returned from overseas or combat zone/QHDA	_____ [33]	_____ [34]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	___ [35]	___ [36]
Combat Zone/QHDA Operation/Area served		
Taxpayer	_____ [37]	_____ [37]
Spouse	_____ [38]	_____ [38]

NOTES/QUESTIONS:

Colorado Contributions

Amount of charitable contributions you wish to make to:

Nongame and Endangered Wildlife Fund	_____	[1]
Domestic Abuse Fund	_____	[2]
Homeless Prevention Activities Fund	_____	[3]
Special Olympics Colorado Fund	_____	[4]
Western Slope Military Veterans Cemetery Fund	_____	[5]
Pet Overpopulation Fund	_____	[6]
Colorado Healthy Rivers Fund	_____	[7]
Alzheimer's Association Fund	_____	[8]
Military Family Relief Fund	_____	[9]
Colorado Easter Seals Fund	_____	[10]
Multiple Sclerosis Fund	_____	[11]
Breast and Women's Reproductive Cancer Fund	_____	[12]
Adult Stem Cells Cure Fund	_____	[13]
9Health Fair Fund	_____	[14]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Colorado

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different):		
Resident	____ [15]	____ [16]
Nonresident	____ [17]	____ [18]
Part-year resident	____ [19]	____ [20]
Part-year residency dates:		
From	_____ [21]	_____ [23]
To	_____ [22]	_____ [24]

NOTES/QUESTIONS:

Connecticut General Information

Mark if tax forms, instructions and booklet not wanted next year

____[1]

Amount of contributions you wish to make to:

AIDS Research _____ [2]
 Organ Transplant _____ [3]
 Endangered Species/Wildlife Fund _____ [4]
 Breast Cancer Research _____ [5]
 Safety Net Services _____ [6]
 Military Family Relief _____ [7]

Use Tax Information

Use Tax-Enter any out-of-state purchases made on which sales tax was not paid to the seller:

Purchase 1 Description _____ [8]
 Retailer/Service Provider: _____
 Date of purchase _____ Purchase price _____ Out of state tax paid _____

Purchase 2 Description _____
 Retailer/Service Provider: _____
 Date of purchase _____ Purchase price _____ Out of state tax paid _____

Purchase 3 Description _____
 Retailer/Service Provider: _____
 Date of purchase _____ Purchase price _____ Out of state tax paid _____

Property Tax Information

Enter property taxes paid on primary residence and/or motor vehicle:

Primary Residence Description (Enter street address)(Resident only) _____ [9]
 Auto 1 Description (Enter year, make and model)(Resident only) _____ [10]
 Auto 2 Description (Enter year, make and model)(MFJ Resident only) _____ [11]

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only)	_____ [12]	_____ [13]	_____ [14]	
Auto 1 (Resident only)	_____ [15]	_____ [16]	_____ [17]	_____ [18]
Auto 2 (MFJ Resident only)	_____ [19]	_____ [20]	_____ [21]	_____ [22]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Connecticut:

	Taxpayer	Spouse
Enter residency dates:		
From	_____ [23]	_____ [25]
To	_____ [24]	_____ [26]
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)	_____ [27]	_____ [30]
Did you earn income from Connecticut sources during nonresident period? (1 = Yes, 2 = No)	_____ [28]	_____ [31]
State of prior or new residence	_____ [29]	_____ [32]

Enter the following amounts only if you do NOT know the exact amount of your Connecticut source information

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage) _____ [33]
 Working days (or other basis) outside Connecticut _____ [34]
 Working days (or other basis) inside Connecticut _____ [35]
 Nonworking days (holidays, weekends, etc) _____ [36]
 Total income being apportioned _____ [37]

NOTES/QUESTIONS:

	Taxpayer	Spouse
Mark if totally disabled	____[1]	____[2]
Volunteer firefighter Fire Company number (Resident only)	____[3]	____[4]

Contributions

Amount of contributions you wish to make to:		
	Taxpayer	Spouse
Non-Game Wildlife	____[5]	____[6]
US Olympics	____[7]	____[8]
Emergency Housing	____[9]	____[10]
Children's Trust Fund	____[11]	____[12]
Breast Cancer Education	____[13]	____[14]
Organ Donor	____[15]	____[16]
Diabetes Education	____[17]	____[18]
Veteran's Home	____[19]	____[20]
Delaware National Guard	____[21]	____[22]
Juvenile Diabetes Fund	____[23]	____[24]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Delaware		
	Taxpayer	Spouse
Part-year residency dates:		
From	____[25]	____[27]
To	____[26]	____[28]

NOTES/QUESTIONS:

District of Columbia Property Tax Credit Information**If renting, enter rental information below: (Residents only)**

Type of property (1 = Private home, 2 = Apartment, 3 = Rooming house) _____ [1]
 Landlord's name _____ [2]
 Landlord address (Number and street) _____ [3]
 _____ [4]
 Apartment number _____ [5]
 City, state, zip code _____ [6] _____ [7] _____ [8]
 Landlord's telephone number _____ [9]
 Rent paid _____ [10]
 Rent supplements received _____ [11]

If property owner, enter real property information below:

Square number _____ [12]
 Suffix number _____ [13]
 Lot number _____ [14]

Use Tax

Purchases subject to use tax _____ [15]
 Merchandise, services and rentals _____ [15]
 Alcoholic beverages _____ [16]
 Catered food or drink or rental of non-commercial vehicles _____ [17]
 Purchases of certain tobacco products _____ [18]

Contribution**Amount of contribution you wish to make to:**

DC Statehood Delegation Fund (Political Contribution) _____ [19]
 Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) _____ [20]

Part-year Resident Information**If you were a part-year resident during the tax year, enter the dates you lived in the District of Columbia**

Part-year residency dates:
 From _____ [21]
 To _____ [22]

Disability Information

	Name of Employer	Payer, if other than employer	No. of Weeks
Taxpayer	_____ [23]	_____ [24]	_____ [25]
Spouse	_____ [26]	_____ [27]	_____ [28]

Mark if physician's certification previously filed _____ [29]

Otherwise, enter:

Physician's name _____ [30] _____ [31] _____ [32]
 Address, apartment number _____ [33] _____ [34]
 City, state, zip code _____ [35] _____ [36] _____ [37]
 Telephone number _____ [38]

NOTES/QUESTIONS:

Georgia General Information

Taxpayer

Spouse

If disabled, enter the following:

Type of disability	_____ [1]	_____ [2]
Date of disability	_____ [3]	_____ [4]

Contributions

Amount of contributions you wish to make to:

Wildlife Conservation Fund	_____ [5]
Children and Elderly Fund	_____ [6]
Cancer Research Fund	_____ [7]
Statewide Land Conservation Program	_____ [8]
National Guard Foundation	_____ [9]
Dog and Cat Sterilization Fund	_____ [10]
Save the Cure Fund	_____ [11]
Student Finance Authority Fund	_____ [12]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Georgia

Taxpayer

Spouse

Part-year residency dates:

From	_____ [13]	_____ [15]
To	_____ [14]	_____ [16]

NOTES/QUESTIONS:

Hawaii General Information

Mark if first time filer _____ [1]

Mark if address has changed from prior year _____ [2]

If you (or spouse) are blind, deaf or totally disabled, has impairment been certified? _____ [3]
 Special disability exemption: T = Taxpayer, S = Spouse, B = Both

Current year distributions from an individual housing account not used for home purchase _____ [4]

Reservist or National Guard pay included in W-2 income _____ [5]

Payments to an individual housing account _____ [6]

Political contributions _____ [7]

Contributions

Amount of contributions you wish to make to:

Election campaign fund - taxpayer (1 = Yes, 2 = No) _____ [8]

Election campaign fund - spouse (1 = Yes, 2 = No) _____ [9]

\$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) _____ [10]

\$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) _____ [11]

\$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer, S = Spouse, B = Both) _____ [12]

Rental Credit Information

Rental credits can only be claimed by persons with Hawaii residence of 9 or more months during the calendar year

Residence Information: Starting Month of Occupancy _____ Ending Month of Occupancy . . . _____ [13]

Address _____

City, State, Zip _____

Owner Information: Name _____

Address _____

City, State, Zip _____

Tax ID # _____

Total rents received for this unit _____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Hawaii

Part-year residency dates:

From _____ [14]

To _____ [15]

NOTES/QUESTIONS:

Idaho General Information

Mark if:

- Tax forms, instructions and booklet needed
- On public assistance
- Taxpayer or spouse is a disabled veteran

____[1]

____[2]

____[3]

Use Tax

Purchases subject to use tax _____

____[4]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Taxpayer	Spouse
Election campaign fund	____[5]	____[6]

1 = Constitution, 2 = Democratic, 3 = Libertarian, 4 = Republican, 5 = No specific party

Charitable Contributions

Nongame Wildlife Conservation Fund	_____	[7]
Children's Trust Fund and Child Abuse Prevention	_____	[8]
Special Olympics Idaho	_____	[9]
Idaho Guard and Reserve Family Support Fund	_____	[10]
American Red Cross of Greater Idaho Fund	_____	[11]
Veterans Support Fund(Resident Form 40 only)	_____	[12]
Donate grocery credit to the Cooperative Welfare Fund	_____	[13]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Idaho

	Taxpayer	Spouse
Part-year residency dates:		
From	_____	_____
To	_____	_____
State of residence	____[18]	____[19]
Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident)	____[20]	____[21]

Adjustments and Credits

Insulation - residence	_____	[22]
Adoption expenses	_____	[23]
Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both)	_____	[24]
Income earned on reservation by Native American	_____	[25]

NOTES/QUESTIONS:

Illinois General Information

Contributions

Amount of contributions you wish to make to:

Wildlife Preservation	_____ [1]	Military Family Relief	_____ [6]
Child Abuse Prevention	_____ [2]	Illinois Veteran's Home	_____ [7]
Alzheimer's Disease Research	_____ [3]	Diabetes	_____ [8]
Assistance to the Homeless	_____ [4]	Healthy Smiles	_____ [9]
Breast Cancer Research	_____ [5]		

Credits

Qualified Education Expenses

Child's Name	Grade	School Name	School City	Total Tuition, Books, Lab fees
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]
_____ [15]	_____ [16]	_____ [17]	_____ [18]	_____ [19]
_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]
_____ [25]	_____ [26]	_____ [27]	_____ [28]	_____ [29]
_____ [30]	_____ [31]	_____ [32]	_____ [33]	_____ [34]
_____ [35]	_____ [36]	_____ [37]	_____ [38]	_____ [39]
_____ [40]	_____ [41]	_____ [42]	_____ [43]	_____ [44]
_____ [45]	_____ [46]	_____ [47]	_____ [48]	_____ [49]
_____ [50]	_____ [51]	_____ [52]	_____ [53]	_____ [54]
_____ [55]	_____ [56]	_____ [57]	_____ [58]	_____ [59]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Illinois

Part-year residency dates:	Taxpayer	Spouse
From _____	_____ [60]	_____ [62]
To _____	_____ [61]	_____ [63]

Mark if you were a resident of any of the following states during the tax year: IA ___[64] KY ___[65] MI ___[66] WI ___[67]

In what states other than above did you reside and/or file a tax return during the tax year? [68]

State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code

NOTES/QUESTIONS:

School corporation name (as of January 1 of tax year) _____ [1]

School corporation code (as of January 1 of tax year) _____ [2]

County of residence (as of January 1 of tax year) Taxpayer _____ [3] Spouse _____ [4]

County of employment (as of January 1 of tax year) _____ [5] _____ [6]

Household employment taxes:

Employee Name _____ Employee SSN _____ [7]

Income _____ State Tax Withheld _____

County Tax Withheld _____ County Code _____

Contribution

Amount of contribution you wish to make to:

Nongame and Endangered Wildlife Fund _____ [8]

College Credit

Taxpayer, Spouse (T,S) _____ Eligible institution name #1 _____ [9]

Date of contribution _____ Amount of contribution _____

Taxpayer, Spouse (T,S) _____ Eligible institution name #2 _____

Date of contribution _____ Amount of contribution _____

Taxpayer, Spouse (T,S) _____ Eligible institution name #3 _____

Date of contribution _____ Amount of contribution _____

Renter's Information

Taxpayer, Spouse, Joint (T,S,J) _____ Principal address #1 _____ [10]

Landlord name and address _____

Number of months rented _____ Total rent paid _____

Taxpayer, Spouse, Joint (T,S,J) _____ Principal address #2 _____

Landlord name and address _____

Number of months rented _____ Total rent paid _____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Indiana

Part-year residency dates: Taxpayer _____ Spouse _____

From _____ [11] _____ [13]

To _____ [12] _____ [14]

Other state(s) lived in during the tax year (Part-year resident or full-year nonresident)

Taxpayer, Spouse(T,S) _____ State Postal Code _____ From Date _____ To Date _____ [15]

State of residence (Nonresidents only) Taxpayer _____ [16] Spouse _____ [17]

NOTES/QUESTIONS:

Form ID: IA **Iowa General Information**

Mail booklet information to taxpayer next year (Not available for electronically filed returns) ___[1]
Mark if name or address different from last year ___[2]
County of residence as of December 31st _____[3]
School district _____[4]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contribution

Political checkoff (R = Republican Party, D = Democratic Party, C = Campaign Fund) Spouse ___[5] Taxpayer ___[6]

Charitable Contributions

Fish and Wildlife Fund _____[7]
State Fairground Renovation _____[8]
Firefighters Fund and Veterans Trust Fund _____[9]
Child Abuse Prevention _____[10]

Cow-Calf Refund

Breeding bulls, bred cows, and bred heifers in inventory Spouse _____[11] Taxpayer _____[12]
Mark to request separate checks for taxpayer and spouse _____[13]

Residency Information

Residency code _____[14]

Residency Code	
Blank = Both spouses have the same residency status	
1 = Taxpayer nonresident, spouse resident	4 = Taxpayer nonresident, spouse part-year resident
2 = Taxpayer resident, spouse nonresident	5 = Taxpayer resident, spouse part-year resident
3 = Taxpayer part-year resident, spouse nonresident	6 = Taxpayer part-year resident, spouse resident

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Iowa

Part-year residency dates: Spouse Taxpayer
Moved into Iowa _____[15] _____[17]
Moved out of Iowa _____[16] _____[18]

Nonresident Information

Mark to indicate military personnel Spouse ___[19] Taxpayer ___[20]
Illinois residents:
Iowa wages or salary only _____[21]
Wages/salary and other Iowa source income _____[22]

NOTES/QUESTIONS:

County of residence _____ [1]
 School district number _____ [2]
 Mark if name or address has changed _____ [3]

Use Tax

Use Tax due but receipts or records not available _____ [4]
 Purchases Subject to Use Tax, receipts or records are available

City/county	Amount
_____	_____ [5]
_____	_____
_____	_____

Contributions

Enter the amount of charitable contributions you wish to make to:

Chickadee checkoff	_____ [6]
Senior citizens meals on wheels program	_____ [7]
Breast cancer research	_____ [8]
Military emergency relief	_____ [9]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kansas

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [10]	_____ [12]
To	_____ [11]	_____ [13]

NOTES/QUESTIONS:

Kentucky General Information

Mark if tax forms, instructions and booklet are needed _____ [1]
Number of additional credits for National Guard members _____ [2]
Enter your state of residency at the end of the tax year (Part-year and Nonresident only) _____ [3]

Use Tax

Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller	_____	_____ [4]
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contributions**Amount of political and charitable contributions you wish to make to:****Political Contributions**

	Spouse	Taxpayer
Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	_____ [5]	_____ [6]

Charitable Contributions

Nature and Wildlife Fund	_____ [7]
Child Victim's Trust Fund	_____ [8]
Veterans' Program Trust Fund	_____ [9]
Breast Cancer Research and Education Trust Fund	_____ [10]

Part-year Resident Information**If you were a part-year resident during the tax year, enter the dates you lived in Kentucky**

Part-year residency dates:

From _____ [11]
To _____ [12]
State moved from _____ [13]
State moved to _____ [14]
Lived in Kentucky 183 days or less _____ [15]

Nonresident Information

Kentucky prior year income tax return was filed (1 = Yes, 2 = No) _____ [16]
Mark if:
Commuted daily to Kentucky employment (VA resident) _____ [17]
All Kentucky income is from salaries or wages only _____ [18]
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below) _____ [19]
Resident of state(s) IL ___ [20] IN ___ [21] MI ___ [22] OH ___ [23] VA ___ [24] WV ___ [25] WI ___ [26]

NOTES/QUESTIONS:

Louisiana General Information

Mark if address has changed _____ [1]

Mark if name has changed _____ [2]

Credit for certain disabilities (B = Blind, D = Deaf, L = Loss of limb, M = Mentally incapacitated):

Taxpayer _____ [3]

Spouse _____ [4]

Dependents:

Code	Disability	First Name	Last Name	SSN
_____	_____	_____	_____	_____ [5]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Value of computer or other technological equipment donated _____ [6]

Use Tax

Enter the amount of any out-of-state purchases on which sales tax was not paid _____ [7]

Contributions

Amount this year's refund you wish to contribute to:

Wildlife Habitat and Natural Heritage Fund _____ [8]	Comm Based Primary Health Care Fund _____ [11]
Cancer Trust Fund - Prostate Cancer _____ [9]	Military Family Assistance Fund _____ [12]
Animal Welfare Commission _____ [10]	

Student Tuition Assistance and Revenue Trust (START):

Account Description	Amount
_____	_____ [13]
_____	_____
_____	_____
_____	_____

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Louisiana

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [14]	_____ [16]
To	_____ [15]	_____ [17]

Retirement Information

	Taxpayer	Spouse
Date retired as a:		
Louisiana state employee	_____ [18]	_____ [19]
Louisiana teacher	_____ [20]	_____ [21]
Federal employee	_____ [22]	_____ [23]

Other retirement information:	Retirement System Name	Date Retired
_____	_____	_____ [24]
_____	_____	_____
_____	_____	_____
_____	_____	_____

Maine General Information

Tax forms, instructions and booklet needed _____ [1]
 Property tax and rent refund application needed next year _____ [2]

Use Tax

Calculate use tax using table (For purchases < \$1000 per purchase only) _____ [3]
 Out of state purchases (Enter total if not using table or enter purchases > \$999 per purchase if also using table) _____ [4]
 Use tax already paid to another jurisdiction _____ [5]

Contributions

Amount of contribution you wish to make to: (\$1, \$5, \$10, or Other, unless otherwise stated)

Political contributions allowed for residents only

Political Contributions

Contribute \$3 (\$6 if joint) to the Maine Clean Election Fund (1 = Taxpayer, 2 = Spouse, 3 = Joint) _____ [6]
 Democratic party _____ [7]
 Green party _____ [8]
 Republican party _____ [9]

Charitable Contributions

Endangered and Nongame Wildlife Fund "Chickadee Check-off" _____ [10]
 Maine Children's Trust _____ [11]
 Bone Marrow Screening Fund _____ [12]
 Companion Animal Sterilization Fund _____ [13]
 Maine Military Family Relief Fund _____ [14]
 Maine Veterans' Memorial Cemetery Maintenance Fund _____ [15]
 Maine Asthma and Lung Research Fund _____ [16]

State Park Passes

Number of individual park passes _____ [17]
 Number of vehicle passes _____ [18]

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [19]	_____ [21]
To	_____ [20]	_____ [22]
State where stationed	_____ [23]	_____ [24]
State of prior residency	_____ [25]	_____ [26]
Nonresident state of residence	_____ [27]	_____ [28]
Number of days in Maine for any reason	_____ [29]	_____ [30]
Maine property owners only:		
Municipality where owned, taxpayer	_____ [31]	
Municipality where owned, spouse	_____ [32]	

NOTES/QUESTIONS:

Maryland General Information

	Taxpayer	Spouse, if different
County of residence	_____ [1]	_____ [3]
City of residence	_____ [2]	_____ [4]
Mark if either you or your spouse is totally disabled (Resident and Part-year resident only)		___ [5]

Contributions

Amount of political and charitable contributions you wish to make to:

Fair Campaign Financing Fund	_____ [6]
Chesapeake Bay and Endangered Species Fund	_____ [7]
Maryland Cancer Fund	_____ [8]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Maryland

Part-year residency dates:

From		_____ [9]
To		_____ [10]

State of legal residence (Other than MD) _____ [11]

If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident) _____ [12]

Mark if taxpayer or spouse in military (Nonresident only) _____ [13]

NOTES/QUESTIONS:

Massachusetts General Information

Mark if name and address have changed since last year _____ [1]
 Mark if noncustodial parent _____ [2]
 In care of address or address of legal residence or domicile:
 Street _____ [3]
 City, state, zip code _____ [4] _____ [5] _____ [6]

Use Tax

Estimate use tax for out of state purchases less than \$1,000 _____ [7]
 Out of state purchases _____ [8] Sales tax paid to other state _____ [9]

Contributions

Amount of political and charitable contributions you wish to make to:

	Taxpayer	Spouse
Mark to contribute to the State Election Campaign Fund	____ [10]	____ [11]
Organ Transplant Fund _____ [12]		_____ [15]
United States Olympic Fund _____ [12]		_____ [15]
Endangered Wildlife Conservation _____ [13]		_____ [16]
Military Family Relief Fund _____ [13]		_____ [16]
AIDS Fund _____ [14]		

Adjustments

Rental Deduction

Residence #1 rented address _____ [17]
 Landlord's name and address _____
 Date from _____ Date to _____ Rent paid _____
 Residence #2 rented address _____
 Landlord's name and address _____
 Date from _____ Date to _____ Rent paid _____

Health Insurance Information

	Taxpayer	Spouse
Insured for entire year	____ [18]	____ [19]
Federal identification number	_____ [20]	_____ [21]
Subscriber number	_____ [22]	_____ [23]
Name of insurance company (Taxpayer)	_____	_____ [24]
Name of insurance company (Spouse)	_____	_____ [25]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Massachusetts

Part-year residency dates:
 From _____ [26]
 To _____ [27]

NOTES/QUESTIONS:

School district name _____ [1]
 School district code _____ [2]
 Mark if 2/3 income from seafaring _____ [3]

	Taxpayer	Spouse
Do you want \$3.00 to go to the state campaign fund? (1 = Yes, 2 = No)	___ [4]	___ [5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paraplegic, quadriplegic or hemiplegic	___ [6]	___ [7]
Totally and permanently disabled	___ [8]	___ [9]
Deaf	___ [10]	___ [11]
Qualified disabled veteran	___ [12]	___ [13]
Expenses qualifying for Historic Preservation Credit	_____ [14]	

Use Tax

Purchases subject to use tax:
 Total all purchases less than \$1000 per purchase _____ [15]
 Total all purchases exceeding \$1000 per purchase _____ [16]

Contributions

Amount of charitable contribution you wish to make to:

Military Family Relief fund (\$1 min)	_____ [17]	Animal Welfare Fund (\$5 or \$10 min)	_____ [21]
Children's Trust fund (\$5 min)	_____ [18]	Housing, Community Development (\$5 or \$10 min)	_____ [22]
Children of Veteran's Tuition Grant (\$2 min)	_____ [19]	Prostate Cancer Research (\$5 or \$10 min)	_____ [23]
Amanda's Fund for Breast Cancer (\$5 or \$10 min)	_____ [20]	Law Enforcement Memorial (\$5 or \$10 min)	_____ [24]

Public Contributions*	
Name of Organization	Amount
_____ [25]	_____ [26]
_____ [27]	_____ [28]
Homeless Shelter/Food Bank cash contributions*	
Name of Organization	Amount
_____ [29]	_____ [30]
_____ [31]	_____ [32]
Community Foundations*	
Name of Organization	Amount
_____ [33]	_____ [34]
_____ [35]	_____ [36]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Michigan

	Taxpayer	Spouse
From	_____ [37]	_____ [39]
To	_____ [38]	_____ [40]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)	_____ [41]	

NOTES/QUESTIONS:

Michigan Credits - Homestead Property Tax Credit Information

Homeowner

Homestead occupied entire tax year: Taxable value _____ [1] Special Assessments _____ [3]

Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5) _____ [4]

Address at end of tax year, if different from that entered on Organizer Form ID: 1040 (or Lite-1):

Street address _____ [5] Taxable value _____ [9]

City _____ [6] Number of days occupied _____ [10]

State _____ [7] Zip code _____ [8] Property taxes levied for the year _____ [11]

Address of homestead sold during tax year:

Street address _____ [12] Taxable value _____ [16]

City _____ [13] Number of days occupied _____ [17]

State _____ [14] Zip code _____ [15] Property taxes levied for the year _____ [18]

Rental Information

Rental #1 Address	City	Zip code	No. months	Monthly rent	Mobile home
Landlord #1 Name			Address		
			City/Zip code		
Rental #2 Address	City	Zip code	No. months	Monthly rent	Mobile home
Landlord #2 Name			Address		
			City/Zip code		

Household Income

Enter amounts of nontaxable income received during the tax year by any member of your household

Child support _____ [20]

Worker's compensation and/or Veteran's benefits _____ [21]

Family Independence Agency and other public assistance payments _____ [22]

Other nontaxable income (Gifts/expenses paid on your behalf, inheritances, etc): _____ [23]

College Tuition Tax Credit Information

Enter information for tuition paid during tax year to a Michigan university on behalf of yourself or any other person

Student first name	Student last name	Student SSN	College code, if known	
College or University		Tuition paid	Name and address of contributor	

Student first name	Student last name	Student SSN	College code, if known	
College or University		Tuition paid	Name and address of contributor	

Student first name	Student last name	Student SSN	College code, if known	
College or University		Tuition paid	Name and address of contributor	

Student first name	Student last name	Student SSN	College code, if known	
College or University		Tuition paid	Name and address of contributor	

NOTES/QUESTIONS:

Michigan Cities General Information

Mark the applicable boxes if the following conditions apply to you and/or your spouse:

Disabled

___[1]

___[2]

Deaf

___[3]

___[4]

Mark if tax forms, instructions and booklet are not needed

___[5]

NOTES/QUESTIONS:

Minnesota General Information

Mark if you or your spouse are disabled _____ [1]

Welfare amounts received _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

State campaign fund _____ Taxpayer [3] _____ Spouse [4]

Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below

Political Parties		
11 = Republican	13 = Independence	15 = General Campaign Fund
12 = Democratic Farmer-Labor	14 = Green	

Charitable Contribution

Nongame Wildlife Fund _____ [5]

Credits/Subtractions**Long Term Care Insurance Credit**

Name of insurance company (Taxpayer) _____ [6]

Name of insurance company (Spouse) _____ [7]

Policy Number (Taxpayer) _____ [8]

Policy Number (Spouse) _____ [9]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name	_____ [34]	_____ [35]	_____ [36]
Class type	_____ [37]	_____ [38]	_____ [39]
Ind. instr name	_____ [40]	_____ [41]	_____ [42]
Ind. instr type	_____ [43]	_____ [44]	_____ [45]
Music ins type	_____ [46]	_____ [47]	_____ [48]
Musical ins cost	_____ [49]	_____ [50]	_____ [51]
Type of school attended	_____ [52]	_____ [53]	_____ [54]

M1PR Property Tax Credit**Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements****Part-year Resident and Nonresident Information**

If you were a part-year resident during the tax year, enter the dates you lived in Minnesota

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [55]	_____ [57]
To	_____ [56]	_____ [58]
Other state of residence (State/Foreign country required for other nonresidents)	_____ [59]	_____ [60]

NOTES/QUESTIONS:

Mississippi General Information

County of residence _____ [1]

Contributions

Amount of contributions you wish to make to:

Military Family Relief Fund	_____ [2]
Wildlife Heritage Fund	_____ [3]
Wildlife Fisheries and Parks Foundation	_____ [4]
Commission for Volunteer Service Fund	_____ [5]
Educational Trust Fund	_____ [6]
Mississippi Burn Care Fund	_____ [7]

NOTES/QUESTIONS:

Missouri General Information

County of residence name _____ [1]
 County of residence _____ [2]
 School district name _____ [3]
 School district number _____ [4]

Mark if professional entertainer or athlete Taxpayer _____ [5] Spouse _____ [6]

Contributions

Amount of contributions you wish to make to:

Children's Trust Fund _____ [7]
 Veterans Trust Fund _____ [8]
 Elderly Home Delivered Meals Trust Fund _____ [9]
 Missouri National Guard Trust Fund _____ [10]
 Workers' Memorial Fund _____ [11]
 Childhood Lead Testing Fund _____ [12]
 Missouri Military Family Relief Fund _____ [13]
 General Revenue Trust Fund _____ [14]
 After School Retreat Trust Fund _____ [15]
 Trust Fund _____ [16]
 Trust Fund _____ [18] _____ [17]
 Trust Fund _____ [18] _____ [19]

Trust Fund Codes	
01 = American Cancer Society	08 = March of Dimes
02 = American Diabetes Association	09 = National Arthritis Foundation
03 = American Heart Association	10 = National Multiple Sclerosis Society
04 = American Lung Association	12 = Cervical Cancer Fund
05 = ALS (Lou Gehrigs Disease)	13 = Breast Cancer Awareness
07 = Muscular Dystrophy Association	

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Missouri

	Taxpayer	Spouse
Missouri residency dates:		
From _____ [20]		_____ [21]
To _____ [22]		_____ [23]
Other state residency dates:		
From _____ [24]		_____ [25]
To _____ [26]		_____ [27]
Other state of residency	_____ [28]	_____ [29]

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:

Taxpayer _____ [30]
 Spouse _____ [31]

Property Tax Information

Residents only

Mark if you are a 100% disabled veteran _____ [32]
 Mark if you are disabled per section 135.010(2), RSMo _____ [33]
 Mark if surviving spouse social security benefits were received during the tax year _____ [34]

NOTES/QUESTIONS:

Mark if tax forms, instructions and booklet are not needed _____[1]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Nongame Wildlife Program	_____ [2]	_____ [3]
Child Abuse and Neglect Prevention Program	_____ [4]	_____ [5]
Agriculture in Montana Schools Program	_____ [6]	_____ [7]
End-stage Renal Disease	_____ [8]	_____ [9]
Montana Military Family Relief Fund	_____ [10]	_____ [11]
Political Contributions	_____ [12]	_____ [13]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Montana

Part-year residency dates:

From _____ [14]

To _____ [15]

State moved to _____ [16]

State moved from _____ [17]

Elderly Homeowner or Renter Credit

Please provide copies of property tax bills

Mark if owned or rented a Montana residence for 6 months or more during the current tax year _____ [18]

Taxpayer, Spouse, Joint _____ [19]

Renters:

Rent paid _____ [20]

NOTES/QUESTIONS:

Nebraska General Information

County of residence _____ [1]
Public school district _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:

Nebraska campaign finance contribution _____ [3]
Wildlife Conservation Fund _____ [4]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Nebraska

Part-year residency dates:
From _____ [5]
To _____ [6]

NOTES/QUESTIONS:

New Hampshire General Information

	Taxpayer	Spouse
Mark if disabled on the last day of the tax year	___[1]	___[2]
	DP-10	BT-Summary
Name change since last filing	___[3]	___[4]
Mark if address for estimated Interest and Dividends tax vouchers differs from previous year		___[5]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Hampshire

From		_____ [6]
To		_____ [7]

Business Tax Summary

Mark to indicate final return ___[8]

NOTES/QUESTIONS:

New Jersey General Information

County or Municipality code _____ [1]
 In care of address _____ [2]
 Mark if:
 Tax forms, instructions and booklet are not needed _____ [3]
 You are not eligible for the property tax deduction or credit _____ [4]
 You maintain the same residence as your spouse (Married filing separate returns ONLY) _____ [5]

	Taxpayer	Spouse
Mark if: Contributed to the Social Security Fund (Eligible to receive benefits)	____ [6]	____ [7]
You want to designate \$1 to the gubernatorial election campaign fund	____ [8]	____ [9]

Use tax due on out-of-state purchases (Resident and part-year residents) _____ [10]

Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund _____ [11]
 Children's Trust Fund to prevent child abuse _____ [12]
 New Jersey Vietnam Veterans' Memorial Fund _____ [13]
 Breast Cancer Research Fund _____ [14]
 USS New Jersey Educational Museum Fund _____ [15]
 Other _____ [16] _____ [17]

01 = Drug Abuse Ed, 02 = Korean Veterans', 03 = Organ Donor, 04 = AIDS Services, 05 = Literacy Vol, 06 = Prostate Cancer, 07 = World Trade Center, 08 = Veterans Haven

Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

Homeowner Information:

Street _____ [18]
 City _____ [19]
 Block number _____ [20] _____ [21] Lot number _____ [22] _____ [23]
 Qualifier number (Condos) _____ [24] Number of days as an owner _____ [25]
 Your share of property owned _____ [26] Share used as principal residence _____ [27]
 Total property taxes paid _____ [28] Your share of property taxes _____ [29]

Renter Information:

Street _____ [30]
 Apt # _____ [31] City _____ [32]
 Days as a tenant _____ [33] Total number of tenants _____ [34]
 Total rent paid _____ [35] Your share of rent paid _____ [36]

Tenant Information:

First name of other tenant _____ [37] Middle initial of other tenant _____
 Last name of other tenant _____ SSN of other tenant _____

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Jersey

Part-year residency dates:
 From _____ [38]
 To _____ [39]
 State of residency (Nonresidents only) _____ [40]

NOTES/QUESTIONS:

New Mexico General Information

If you were a part-year resident during the tax year, enter the dates you lived in New Mexico

First year resident _____[1]

From

To

Part-year residency dates:

Taxpayer _____[2]

_____ [3]

Spouse _____[4]

_____ [5]

Do NOT have a commercial domicile in New Mexico _____[6]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political party:

Taxpayer _____[7]

Spouse _____[8]

1 = Democratic, 2 = Republican, 3 = Green, 4 = Libertarian, 5 = Constitution, 6 = Independent

Charitable Contributions

Share with Wildlife _____[9]

Veteran's National Cemetery Fund _____[10]

Substance Abuse Education Fund _____[11]

Forest Re-Leaf Program _____[12]

National Guard Member and Family Assistance _____[13]

Kids in Parks Education Program _____[14]

Amyotrophic Lateral Sclerosis Research Fund _____[15]

Additions and Deductions

Income of an Indian _____[16]

Name of the taxpayer's Indian nation, tribe, or pueblo _____[17]

Name of the spouse's Indian nation, tribe, or pueblo _____[18]

Contributions refunded from the New Mexico approved Section 529 College Savings Plan _____[19]

Rebate and Credit Schedule

Public assistance, AFDC, welfare benefits _____[20]

Supplemental security income (SSI) _____[21]

Amount of rent paid during the tax year on principal place of residence _____[22]

Mark if rent includes amount paid on your behalf by a government entity _____[23]

Mark if you were a Los Alamos County resident during the tax year _____[24]

NOTES/QUESTIONS:

New York General Information

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	___[1]	___[2]
Mark if you were a resident of Yonkers at any time during the current tax year	___[3]	___[4]
County of residence	_____ [5]	
Information only, will not transfer into NY Gen Screen		
School district	_____ [6]	

Use Tax

Use tax due but receipts or records not available _____ [7]

Contributions**Amount of contributions you wish to make to:**

Return a gift to wildlife	_____ [8]
Missing or exploited children fund	_____ [9]
Breast cancer research fund	_____ [10]
Alzheimer's fund	_____ [11]
Lake Placid olympic fund (Maximum \$2 per filer)	___ [12]
Prostate cancer research fund	_____ [13]
National 9/11 memorial	_____ [14]

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less _____ [15]

Mark if you lived in a nursing home and qualify for credit _____ [16]

Enter amounts received for cash public assistance and relief _____ [17]

Enter any other income not reported elsewhere _____ [18]

Homeowners:

Enter the amount of special assessments you and all qualified household members paid during the current tax year _____ [19]

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 _____ [20]

Tenants:

Enter the total rent you and all members of your household paid during current tax year _____ [21]

Rent includes charges for (Specify) _____ [22]

50 = Heat, gas, electricity, furnishings and board	20 = Heat, gas and electricity
25 = Heat, gas, electricity and furnishings	15 = Heat or heat and gas

Part-year Resident and Nonresident Information

	Taxpayer			Spouse	
	New York State	New York City	Yonkers	New York City	Yonkers
Part-year residency dates:					
From	_____ [23]	_____ [25]	_____ [27]	_____ [29]	_____ [31]
To	_____ [24]	_____ [26]	_____ [28]	_____ [30]	_____ [32]
County of residence while a nonresident of New York City	_____ [33]			_____ [34]	

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you _____ [35]

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

Address #2

Mark if this address is still maintained by or for you _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

County of residence			_____ [1]
Mark if:			
Taxpayer disabled			_____ [2]
Spouse or dependent child disabled			_____ [3]
	Taxpayer	Spouse	
Unpaid volunteer firefighter or rescue squad worker	_____ [4]	_____ [5]	

Designations and Contributions

Amount of political designations and charitable contributions you wish to make to:
Political Designations

	Taxpayer	Spouse
Designate \$3.00 to political financing fund? (1=Democratic, 2=Republican, 3=Unspecified, 4=Libertarian) (Enter code of applicable party)	_____ [6]	_____ [7]
N.C. Public Campaign Fund		
Mark "Yes" if you want to designate \$3 of taxes to this special Fund for voter education materials and for candidates who accept spending limits.		
Marking 'Yes' does not change your tax or refund. (1 = Yes, 2 = No)	_____ [8]	_____ [9]
N.C. Public Campaign Fund		

You may designate \$3.00 of the taxes you pay to the N.C. Public Campaign Fund. (Married couples filing a joint return may each make a spousal designation if their income tax liability is \$6.00 or more.) The N.C. Public Campaign Fund provides an alternative source of campaign money to qualified candidates who accept strict campaign spending and fund-raising limits. The Fund also helps finance a Voter Guide with educational materials about voter registration, the role of the appellate courts, and the candidates seeking election as appellate judges in North Carolina. Three dollars from the taxes you pay will go to the Fund if you mark an agreement. Regardless of what choice you make, your tax will not increase, nor will any refund be reduced.

Charitable Contributions

Endangered Wildlife Fund			_____ [10]
--------------------------	--	--	------------

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Carolina

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [11]	_____ [13]
To	_____ [12]	_____ [14]

NOTES/QUESTIONS:

North Dakota General Information

School district code _____ [1]

Income source code _____ [2]

Income source code

1 = Farming, ranching	4 = Public, private education	7 = Manufacturing	10 = Finance, banking, insur
2 = Retail, wholesale trade	5 = Personal, business services	8 = Communication, trnspn, utilities	11 = Military
3 = Government service	6 = Construction	9 = Gas, oil, coal	12 = Retirement

Contributions

Amount of contributions you wish to make to:

Watchable Wildlife Fund _____ [3]

Trees for North Dakota Fund _____ [4]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Dakota

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [5]	_____ [7]
To	_____ [6]	_____ [8]
Other state of residency	_____ [9]	_____ [10]

Credits and Adjustments

	Code	Amount
Contributions made to:		
Nonprofit private colleges	_____ [11]	_____ [12]
Nonprofit private colleges	_____ [13]	_____ [14]
Nonprofit private high schools	_____ [15]	_____ [16]
Nonprofit private high schools	_____ [17]	_____ [18]

Contribution codes

Colleges				
21 = Jamestown	22 = Independent College Fund	23 = Trinity Bible	24 = Univ of Mary	25 = United Tribes Tech
High Schools				
1 = Anne Carlsen	5 = Trinity Christian	9 = Johnson Corners	13 = New Testament Baptist	
2 = Shanley	6 = Bishop Ryan	10 = Oak Grove Lutheran		
3 = Shiloh Christian	7 = Dakota Memorial	11 = Redeemer Christian		
4 = St. Mary's	8 = Dickinson Trinity	12 = Prairie Learning Center		

Proceeds from a "Beginning Farmer":

Interest income from sale of land _____ [19]

Rental income from lease of land _____ [20]

Gain on sale from sale of land _____ [21]

Proceeds from a "Beginning Businessman":

Rental income from lease of a business _____ [22]

NOTES/QUESTIONS:

Ohio General Information

Enter your current Ohio county of residence _____
School district number _____

[1]
[2]

Contributions

Amount of political and charitable contributions you wish to make to:

Political

Contribution to Ohio political party fund?

Taxpayer **Spouse**
_____[3] ____ [4]

Charitable Contributions

Military injury relief fund _____
Nature preserve, scenic rivers and endangered species protection _____
Ohio's wildlife species and endangered wildlife conservation _____

_____[5]
_____[6]
_____[7]

Credits

Displaced worker training expenses for 12-month period since loss of job _____
Amount contributed to Ohio political campaigns _____

Taxpayer **Spouse**
_____[8] ____ [9]
_____[10] ____ [11]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

Part-year residency dates:

From _____
To _____

_____[12]
_____[13]

If nonresident, enter state of residency _____
Residency status (If taxpayer and spouse are different) _____
R = Resident, P = Part-year resident, N = Nonresident

Taxpayer **Spouse**
_____[14] ____ [15]
_____[16] ____ [17]

NOTES/QUESTIONS:

Medical savings plan contribution and interest _____ [1]
Political contributions made during tax year _____ [2]

Use Tax

Mark if not subject to Use Tax _____ [3]

Contributions

Amount of charitable contributions you wish to make to:

Wildlife Diversity Program	_____ [4]	Pet Overpopulation Fund	_____ [10]
Low Income Health Care Fund	_____ [5]	Capitol Dome Debt	_____ [11]
Veterans Affairs Capital Improvement Program	_____ [6]	National Guard	_____ [12]
Breast and Cervical Cancer Fund	_____ [7]	Leukemia and Lymphoma Fund	_____ [13]
Silver Haired Program	_____ [8]	Regional Food Banks	_____ [14]
Court Appointed Advocates	_____ [9]		

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oklahoma

Part-year residency dates:

From _____ [15]

To _____ [16]

Nonresident state of residence _____ [17]

Resident and part-year or nonresident spouse:

Taxpayer's state of residence _____ [18]

Spouse's state of residence _____ [19]

Property Tax and Sales Tax Credits

Mark if you were not an Oklahoma resident for the entire tax year _____ [20]

Mark if you (or spouse) were disabled for the entire tax year _____ [21]

Home real estate tax _____ [22]

Workmen's compensation/loss of time insurance _____ [23]

Support money _____ [24]

Cash public assistance _____ [25]

NOTES/QUESTIONS:

Oregon General Information

Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both)

____[1]

Taxpayer	Spouse
----------	--------

Number of months of federal service before 10/01/1991 (Federal employees)

____[2] ____[3]

Total number of months of federal service (Federal employees)

____[4] ____[5]

Prior year child care expenses paid in current year.

_____ [6]

Contributions

Amount of contributions you wish to make to:

Donate Kicker refund to the State School Fund	____[7]	Habitat for Humanity		_____ [14]
Oregon Nongame Wildlife	_____ [8]	Oregon Head Start Association		_____ [15]
Child Abuse Prevention	_____ [9]	American Diabetes Association		_____ [16]
Alzheimer's Disease Research	_____ [10]	Oregon Coast Aquarium		_____ [17]
Stop Domestic and Sexual Violence	_____ [11]	Start Making A Reader Today (SMART)		_____ [18]
AIDS/HIV Research, Education and Services	_____ [12]	SOLV		_____ [19]
Oregon Military Financial Assistance	_____ [13]			
		Charity		Amount
Other Charity		____ [20]		_____ [21]
Other Charity		____ [22]		_____ [23]

Other Charitable Organizations

7 = St Vincent de Paul Society	12 = Oregon Veterans Home	17 = Susan G. Komen Breast Cancer Foundation
8 = Nature Conservancy	13 = Oregon Planned Parenthood	18 = Oregon Historical Society
9 = Doernbecher Children's Hospital	14 = Oregon Lions Sight and Hearing	25 = Oregon Food Bank
10 = Oregon Humane Society	15 = Shriners Hospitals for Children	
11 = Oregon Salvation Army	16 = Special Olympics Oregon	

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oregon

	Taxpayer	Spouse
Dates of residency:		
From	_____ [24]	_____ [25]
To	_____ [26]	_____ [27]

Credit for Home Care of an Elderly Person

Name	_____ [28]
Birth date	_____ [29]
Social Security Number	_____ [30]
Expenses you incurred or paid for home care of an elderly person:	
Food	_____ [31]
Clothing	_____ [32]
Medical care	_____ [33]
Transportation	_____ [34]

NOTES/QUESTIONS:

County of residence _____ [1]
School district name _____ [2]

Final return _____ [3] **Taxpayer** _____ [4] **Spouse**

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Wild Resource Conservation Fund	_____ [5]	_____ [6]
Military Family Relief Assistance	_____ [7]	_____ [8]
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	_____ [9]	_____ [10]
Juvenile (Type 1) Diabetes Cure Research Fund	_____ [11]	_____ [12]
Breast and Cervical Cancer	_____ [13]	_____ [14]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [15]	_____ [17]
To	_____ [16]	_____ [18]

NOTES/QUESTIONS:

Mark if tax forms, instructions and booklet are not needed _____ [1]
 Enter city or town of legal residence if different from that entered on Organizer Form ID:1040 _____ [2]

Use Tax

Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State
_____	_____ [3]	_____ [4]
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) _____ [5]
 If you wish for a for a portion of your electoral contribution to be paid to a political party, enter name of party _____ [6]

Charitable Contributions

Drug Program Account _____ [7]
 Mark if you wish to make an Olympic Contribution _____ [8]
 Organ Transplant Fund _____ [9]
 Council on the Arts _____ [10]
 Nongame Wildlife Fund _____ [11]
 Childhood Disease Victims' Fund _____ [12]
 Military Family Relief Fund _____ [13]

Part-year Resident Information

Part-year residency dates:
 From _____ [14]
 To _____ [15]

Property Tax Relief Claim

Mark if disabled and received social security disability payments during the tax year _____ [16]
 Live in household or rent dwelling subject to property tax? (1 = Yes, 2 = No) _____ [17]
 Current for property taxes and rent due in prior years? (1 = Yes, 2 = No) _____ [18]
 Current for this year's property tax or rent and will pay unpaid installments? (1 = Yes, 2 = No) _____ [19]

Rent paid (Enter 100%) _____ [20]
 If renting, name, address, and phone number of landlord: _____ [21]
 _____ [22]
 _____ [23] _____ [24] _____ [25]
 _____ [26]

NOTES/QUESTIONS:

South Carolina General Information

County code number, if known _____ [1]
 Authorize discussion with Department of Revenue (1 = Yes, 2 = No) _____ [2]
 Purchases subject to use tax _____ [3]

Additions and Subtractions

Expenses related to reserve income _____ [4]
 National guard reserve pay _____ [5]
 Law enforcement subsistence (Number of days) _____ [6]
 Are you or your spouse a volunteer firefighter? (T = Taxpayer, S = Spouse, B = Both) _____ [7]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in South Carolina

Part-year residency dates:

From _____ [8]
 To _____ [9]

Contributions

Amount of contributions you wish to make to:

Endangered Wildlife Fund	_____ [10]
Children's Trust Fund	_____ [11]
Eldercare Trust Fund	_____ [12]
Veterans' Trust Fund	_____ [13]
Donate Life South Carolina	_____ [14]
First Steps to School Readiness Fund	_____ [15]
War Between States Heritage Trust Fund	_____ [16]
Litter Control Enforcement Program	_____ [17]
Law Enforcement Assistance Program	_____ [18]
K-12 Public Education Fund	_____ [19]
State Parks Fund	_____ [20]
Military Family Relief Fund	_____ [21]
Conservation Bank Trust Fund	_____ [22]
Financial Literacy Trust Fund	_____ [23]

NOTES/QUESTIONS:

Tennessee General Information

County _____ [1]
City _____ [2]
Account number _____ [3]
Taxpayer Spouse
Mark if quadriplegic ___ [4] ___ [5]

NOTES/QUESTIONS:

Utah General Information

If you were a part-year resident during the tax year, enter the dates you lived in Utah

Part-year residency dates:

From _____ [1]

To _____ [2]

State of residency (Nonresidents) _____ [3]

Use Tax

County/City _____ Purchases _____ [4]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Election campaign fund

Taxpayer _____ [5] Spouse _____ [6]

Enter the appropriate code for the political party from the list below:

Political Party	
C = Constitution	R = Republican
D = Democratic	N = No Contribution
L = Libertarian	

Making a selection from this list will designate \$2 to the part of your choice. Your refund or amount of tax due will not be affected

Charitable Contributions

Utah Nongame Wildlife Fund _____ [7]

Pamela Atkinson Homeless Trust Fund _____ [8]

Kurt Oscarson Children's Organ Transplant Fund _____ [9]

School district code _____ [10]

Nonprofit school district foundation _____ [11]

School district code

01 = Alpine	07 = Davis	13 = Iron	19 = Morgan	25 = Park City	31 = Sevier	37 = Wasatch
02 = Beaver	08 = Duchesne	14 = Jordan	20 = Murray	26 = Piute	32 = S. Sanpete	38 = Washington
03 = Box Elder	09 = Emery	15 = Juab	21 = Nebo	27 = Provo	33 = S. Summit	39 = Wayne
04 = Cache	10 = Garfield	16 = Kane	22 = North Sanpete	28 = Rich	34 = Tintic	40 = Weber
05 = Carbon	11 = Grand	17 = Logan	23 = North Summit	29 = Salt Lake City	35 = Tooele	41 = Utah Assistive Technology
06 = Daggett	12 = Granite	18 = Millard	24 = Ogden	30 = San Juan	36 = Uintah	

Cat and Dog Community Spay and Neuter Program _____ [12]

NOTES/QUESTIONS:

Vermont General Information

School district name _____ [1]

School district code _____ [2]

Contributions and Use Tax**Use Tax**

Total out-of-state purchases _____ [3]

Amount of political and charitable contributions you wish to make to:

Political Contribution

Vermont Campaign fund _____ [4]

Charitable Contributions

Nongame Wildlife Fund _____ [5]

Children's Trust Fund _____ [6]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Vermont

Part-year residency dates:

From _____ [7]

To _____ [8]

Other state(s) of residency _____ [9] _____ [10] _____ [11] _____ [12]

Property Tax Information**Homeowners**

Anticipate selling Vermont housesite on or before April 1 _____ [13] Housesite municipal tax _____ [17]

SPAN number form 2008/2009 property tax bill _____ [14] Total parcel acres _____ [18]

Housesite value _____ [15] Ownership percentage of property _____ [19]

Housesite education tax _____ [16] Mobile home lot rent _____ [20]

Renters

Rent paid _____ [21]

NOTES/QUESTIONS:

Virginia General Information

Virginia city or county of residence on January 1, 2009; last lived in or business location _____ [1]
 Mark to indicate name has changed from last year (Resident and nonresident only) _____ [2]
 Mark to indicate filing status has changed from last year _____ [3]
 Mark to indicate address has changed from last year _____ [4]
 Mark to indicate that a Virginia return was not filed last year _____ [5]

Use Tax

Consumer's Use Tax _____ [6]

Contributions

Amount of contributions you wish to make to: Political Contributions

Virginia Democratic Party _____ [7] Virginia Republican Party _____ [8]

Charitable Contributions

If you contributed to a public school foundation, provide the supporting information to your accountant

Virginia Nongame Wildlife Fund	_____ [9]	Spay and Neuter Fund	_____ [21]
US Olympic Committee	_____ [10]	Cancer Centers in the Commonwealth	_____ [22]
Virginia Housing Program	_____ [11]	Brown v. BOE Scholarship Program Fund	_____ [23]
Elderly and Disabled Transportation Fund	_____ [12]	Martin Luther King, Jr. Fund	_____ [24]
Community Policing Fund	_____ [13]	Virginia Caregivers Grant Fund	_____ [25]
Virginia Arts Foundation	_____ [14]	Chesapeake Bay Restoration Fund	_____ [26]
Open Space Recreation and Conservation	_____ [15]	Family and Children's Trust Fund (FACT)	_____ [27]
Historic Resources Fund	_____ [16]	Virginia State Forests Fund	_____ [28]
Children of America Finding Hope	_____ [17]	Virginia Uninsured Medical Catastrophe Fund	_____ [29]
Virginia War Memorial and National D-Day Memorial	_____ [18]	Home Energy Assistance	_____ [30]
Virginia Federation of Humane Societies	_____ [19]	Virginia Military Family Relief Fund	_____ [31]
Tuition Assistance Grant Fund	_____ [20]		

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Virginia

	Spouse	Taxpayer
Part-year residency dates:		
From	_____ [32]	_____ [34]
To	_____ [33]	_____ [35]

Nonresident Information

	Spouse	Taxpayer
Mark if you were a resident of Kentucky, Maryland, North Carolina, or West Virginia	_____ [36]	_____ [37]
State of residence (Nonresidents only)		_____ [38]

NOTES/QUESTIONS:

West Virginia General Information

County of residence _____ [1]

Contributions**Amount of contributions you wish to make to:**

West Virginia Children's Trust Fund _____ [2]

Part-year Resident and Nonresident Information

Part-year residency status _____ [3]

1 = Moved into West Virginia

2 = Moved out of West Virginia with West Virginia source income during period of nonresidency

3 = Moved out of West Virginia with no West Virginia source income during period of nonresidency

If you were a part-year resident during the tax year, enter the dates you lived in West Virginia

Part-year residency dates:

From _____ [4]

To _____ [5]

State of residence _____ [6]

If state of residence is Virginia or Pennsylvania, enter number of days in West Virginia (Nonresidents only) _____ [7]

NOTES/QUESTIONS:

City of residence _____ [1]
 Village of residence _____ [2]
 Town of residence _____ [3]
 County of residence _____ [4]
 School district _____ [5]
 Mark if divorce decree _____ [6]
 Enter rent paid:
 Heat included _____ [7]
 Heat not included _____ [8]
 Farm property taxes (Farmland tax relief credit) _____ [9]

Use Tax

	County	Purchases
Sales and use tax on out-of-state purchases	_____	_____ [10]
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contribution

	Taxpayer	Spouse
State election campaign fund	____ [11]	____ [12]

Charitable Contributions

Breast cancer research _____ [13]	Packers football stadium _____ [17]
Endangered resources _____ [14]	Prostate cancer research _____ [18]
Fire fighters memorial _____ [15]	Veterans trust fund _____ [19]
Multiple sclerosis _____ [16]	

Part-year Resident and Nonresident Information

Residency code _____ [20]

Residency code	
Blank = Both spouses have the same residency status (Default) 1 = Taxpayer nonresident, spouse resident 2 = Taxpayer resident, spouse nonresident 3 = Taxpayer part-year, spouse nonresident	4 = Taxpayer nonresident, spouse part-year 5 = Taxpayer resident, spouse part-year 6 = Taxpayer part-year, spouse resident

If you were a part-year resident during the tax year, enter the dates you lived in Wisconsin

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [21]	_____ [23]
To	_____ [22]	_____ [24]
State of residency (Nonresidents only)	_____ [25]	_____ [26]
Nonresident aliens:		
Mark if not a full-year US citizen	____ [27]	____ [29]
Mark if not a full-year US resident	____ [28]	____ [30]

Resident of: IL ____ [31] IN ____ [32] KY ____ [33] MI ____ [34] MN ____ [35]

NOTES/QUESTIONS: