



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2009 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2009 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2008 information is included for your reference. You do not need to make any 2008 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2008 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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# General Questions

ORG3

PERSONAL INFORMATION		Yes	No
1	Did your marital status change during 2009? ..... If <b>yes</b> , explain .....	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you want to allow your tax preparer to discuss this year's return with the IRS? ..... If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS. <b>Caution:</b> Review any transferred information for accuracy. Designee's Name .... ▶ _____ Phone Number ..... ▶ _____ Personal Identification Number (5 digit PIN) .... ▶ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Do you or your spouse plan to retire in 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
4	Were you or your spouse permanently and totally disabled in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
5	Enter date of death for taxpayer or spouse (if during 2009 or 2010): Taxpayer: _____ Spouse: _____		
6	Were you or your spouse a member of the U.S. Armed Forces during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT INFORMATION			
		Yes	No
7a	Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
b	If <b>yes</b> , do you want us to prepare the return(s)? .....	<input type="checkbox"/>	<input type="checkbox"/>
8a	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1,900? .....	<input type="checkbox"/>	<input type="checkbox"/>
b	If <b>yes</b> , do you want to include your child's income on your return? .....	<input type="checkbox"/>	<input type="checkbox"/>
9	Are any of your dependents <b>not</b> U.S. citizens or residents? .....	<input type="checkbox"/>	<input type="checkbox"/>
10	Did you provide over half the support for any other person during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
11	Did you incur adoption expenses during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
IRA AND PENSION PLAN			
		Yes	No
12	Did you receive payments from a pension or profit-sharing plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
13	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
14	Did you convert all or part of a regular IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
15	Did you contribute to a Coverdell Education Savings Account? .....	<input type="checkbox"/>	<input type="checkbox"/>
ITEMS RELATED TO INCOME/LOSSES			
		Yes	No
16	Did you receive any disability payments in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
17	Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
18a	Did you buy, sell, refinance, or abandon a principal residence or other real property in 2009? (Attach copies of any escrow statements or Forms 1099.) .....	<input type="checkbox"/>	<input type="checkbox"/>
b	Are you planning to purchase a home soon? .....	<input type="checkbox"/>	<input type="checkbox"/>
19	Did you incur any casualty or theft losses during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
20	Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>
PRIOR YEAR TAX RETURNS			
		Yes	No
21	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? ..... If <b>yes</b> , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
22	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? .....	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

**FOREIGN BANK ACCOUNTS AND TAXES**

- |                                                                                                                                                                                | Yes                      | No                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2009? .....                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 24a At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2009? If <b>yes</b> , report all interest income on Org 11 .....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....             | <input type="checkbox"/> | <input type="checkbox"/> |

**HEALTH AND LIFE INSURANCE**

- |                                                                                                                                               | Yes                      | No                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 26 Did you or your spouse have self-employed health insurance? .....                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....      | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....                                                  | <input type="checkbox"/> | <input type="checkbox"/> |

**MISCELLANEOUS**

- |                                                                                                                                                                                                                   | Yes                      | No                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 30 Did you receive an economic stimulus payment in 2009? .....                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received social security, railroad retirement, veterans disability compensation or some pension benefits you would probably have received an extra \$250 payment in 2009. Report the amount here ... _____ |                          |                          |
| 31 Did you add energy efficient property to your home in 2009? This refers to solar energy, solar water heating, fuel cell, small wind energy or a geothermal heat pump .....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you start paying mortgage insurance premiums in 2009? If <b>yes</b> , please attach details .....                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you purchase a motor vehicle or boat during 2009? .....                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , attach documentation showing sales tax paid.                                                                                                                                                      |                          |                          |
| 34 Did you purchase a hybrid vehicle in 2009? .....                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , enter year, make, model, and date purchased: _____                                                                                                                                                |                          |                          |
| 35 Did you donate a vehicle in 2009? If yes, attach Form 1098C .....                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 What was the sales tax rate in your locality in 2009? _____ % State ID .....                                                                                                                                   |                          |                          |
| 37 Did you or your spouse make gifts of over \$13,000 to an individual or contribute to a prepaid tuition plan? .....                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you make gifts to a trust? .....                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach details.                                                                                                                                                                            |                          |                          |
| 40 Did you or your spouse participate in a medical savings account in 2009? .....                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)                                                                                                        |                          |                          |
| 41 Did you make a loan at an interest rate below market rate? .....                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you pay any individual for domestic services in 2009? .....                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you, your spouse, or your dependents attend post-secondary school in 2009? .....                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did a lender cancel any of your debt in 2009? (Attach any Forms 1099-A or 1099-C) .....                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you receive any income not included in this Tax Organizer? .....                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach information.                                                                                                                                                                        |                          |                          |

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

- |                                                                                                                                                                  | Yes                      | No                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 47 If your tax return is eligible for Electronic Filing, would you like to file electronically? .....                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Caution:** Review transferred information for accuracy.

- 49 If **yes**, please provide the following information:
- a Name of your financial institution .....
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....
- c Account number .....
- d What type of account is this? .....
- Checking  Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

# Basic Taxpayer Information

ORG6

## PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name .....	_____	_____
First name .....	_____	_____
Middle initial and suffix .....	MI ..... _____ Suffix ..... _____	MI ..... _____ Suffix ..... _____
Social security number .....	_____	_____
Occupation .....	_____	_____
Work phone/extension .....	_____	_____
Cell phone .....	_____	_____
E-mail address .....	_____	_____
Birthdate <b>or</b> age as of 1-1-2010 ...	MM/DD/YYYY ..... _____	MM/DD/YYYY ..... _____
Blind .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Street address ... _____	Apartment number ..... _____
City ..... _____ State ..... _____	ZIP code ..... _____
Home phone ..... _____	Foreign country ..... _____
Fax ..... _____	Foreign phone ..... _____

## FILING STATUS

**1** Single  
 **2** Married filing jointly  
 **3** Married filing separately  
     Check this box if you **did not** live with spouse at any time during the year ..... ▶   
     Check this box if you are eligible to claim spouse's exemption ..... ▶   
     Check this box if your spouse itemizes deductions ..... ▶   
 **4** Head of household  
     If the qualifying person is a child but not your dependent, enter  
     Child's name ..... Child's social security number .....  
 **5** Qualifying widow(er)  
     Check the box for the year the spouse died ..... ▶ 2007  2008

## DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code +Months in U.S.	Date of Birth *Not Citizen	2009 Child Care Expense	2008 Child Care Expense

**\*\* For the Dependent Code, enter the following:**  
 L = dependent child who lived with you  
 N = dependent child who didn't live with you due to divorce or separation  
 O = other dependent  
 Q = not a dependent (but is a person who qualifies you for the earned income credit and/or the child tax credit and/or the credit for child and dependent care expenses)  
 + Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.  
 \* Check this box if dependent child is not a U.S. citizen or resident alien

**Social Security Benefits/Form 1099-G/Other Income**

ORG10

**SOCIAL SECURITY BENEFITS**

<input checked="" type="checkbox"/> <b>Attach all copies of SSA and RRB forms.</b>	<b>Taxpayer</b>	<b>Spouse</b>
1 Social Security Benefits from Form SSA-1099 .....		
2 Federal income tax withheld from Form SSA-1099 .....		
3 Medicare B premiums withheld from Form SSA-1099 .....		
4 Medicare D premiums withheld from Form SSA-1099 .....		
5 Railroad Retirement Benefits from Form RRB-1099 .....		
6 Federal income tax withheld from Form RRB-1099 .....		
7 Medicare premiums withheld from Form RRB-1099 .....		

**FORM 1099-G**

**Attach all copies of 1099-G forms.**

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name .....			
1	Unemployment compensation .....			
a	Unemployment benefits you repaid in 2009 .....			
2	State and local income tax refunds .....			
3	Enter the tax year from 1099-G box 3 .....			
a	If tax year is 2007 or prior, enter the taxable portion of the amount reported in box 2 .....			
4	Federal income tax withheld .....			
5	Alternative Trade Adjustment Assistance .....			
6	Taxable grants .....			
7	Agriculture payments .....			
8	Check if box 2 amount is from trade or business .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	State income tax withheld .....			
	Two-letter state abbreviation .....	_____	_____	_____
	Two or three-letter local abbreviation .....	_____	_____	_____
9	Market gain .....			

**OTHER INCOME**

Nature and Source	2009 Taxpayer	2009 Spouse	2008 Combined
1 Alimony received .....			
2 Scholarship/fellowship income not on Form W-2 .....			
3 Recovery of bad debts previously deducted .....			
4 Jury duty pay .....			
5 Bartering income not reported elsewhere .....			
6 Income from the rental of personal property .....			
7 Other miscellaneous income items: Description:			
_____			
_____			
_____			

# Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

## INTEREST INCOME

**Attach all copies of your Form 1099-INTs here.**

**\*\*Type of Interest**  
 blank = Regular taxable interest  
 ME1 = ME bond interest in federal income  
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest  
 NH1 = NH nontaxable interest — taxable federal  
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest  
 TN1 = TN nontaxable interest — taxable federal  
 WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2009 Box 1 Interest	Type of Interest**	2009 Box 3 US/Treasury Interest	2009 Box 8 Tax Exempt	State	2008 Box 1 + 3

X\* Check if you did not receive income from this account in 2009.

## DIVIDEND INCOME

**Attach all copies of your Form 1099-DIVs here.**

TSJ	X*	Payer Name	2009 Box 1a Ordinary Dividends	2009 Box 1b Qualified Dividends	2009 Box 2a Capital Gains	State	2008 Box 1a + 2a

X\* Check if you did not receive income from this account in 2009.

## Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2009	2008
1 Prescription medications .....		
2 Health insurance premiums (enter Medicare B on ORG10) .....		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums .....		
b Spouse's gross long-term care premiums .....		
c Dependent's gross long-term care premiums .....		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity .....		
5a Insurance reimbursement .....		
b Medical (MSA) or health (HSA) savings account distributions .....		
6 Doctors, dentists, etc .....		
7 Hospitals, clinics, etc .....		
8 Lab and X-ray fees .....		
9 Expenses for qualified long-term care .....		
10 Eyeglasses and contact lenses .....		
11 Medical equipment and supplies .....		
12 Miles driven for medical purposes .....		
13 Ambulance fees and other medical transportation costs .....		
14 Lodging .....		
15 Other medical and dental expenses:		
a _____ .....		
b _____ .....		
c _____ .....		
d _____ .....		
e _____ .....		
f _____ .....		
g _____ .....		
h _____ .....		
i _____ .....		
j _____ .....		
TAXES	2009	2008
Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>		
16 Real estate taxes paid on principal residence .....		
17 Real estate taxes paid on additional homes or land .....		
18 Auto registration fees based on the value of the vehicle .....		
19 Other personal property taxes .....		
20 Other taxes:		
_____ .....		
_____ .....		

## Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2009	2008
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2009
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
		-----
		-----

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2008 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

INVESTMENT INTEREST		
	2009	2008
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) .....		

**Interest Paid and Cash Contributions (continued)**

ORG14

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2009	2008
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven .....			
Parking fees, tolls, and local transportation .....			

# Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Amount
A _____	<input type="checkbox"/>		
B _____	<input type="checkbox"/>		
C _____	<input type="checkbox"/>		
D _____	<input type="checkbox"/>		
E _____	<input type="checkbox"/>		
F _____	<input type="checkbox"/>		
G _____	<input type="checkbox"/>		
H _____	<input type="checkbox"/>		
I _____	<input type="checkbox"/>		

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

* Method for Fair Market Value	Date of Contribution	Complete these columns <b>only</b> for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

**\* Methods of determining FMV:**

- |               |                          |                   |
|---------------|--------------------------|-------------------|
| Appraisal     | Capitalization of income | Present value     |
| Average share | Comparative sales        | Replacement cost  |
| Catalog       | Consignment shop         | Reproduction cost |

**\*\* Type of Donated Property**

- |                                 |                                   |                                        |
|---------------------------------|-----------------------------------|----------------------------------------|
| Household/clothing items        | Business equipment                | Intellectual property                  |
| Motor vehicle, boat or airplane | Business inventory                | Real property, conservation property   |
| Art, other than self-created    | Stock, publicly traded            | Real property, other than conservation |
| Art, self-created               | Stock, other than publicly traded | Other personal property                |
| Collectibles                    | Securities, other than stock      | Other intangible property              |

\*\*\*How Property was Acquired: Purchase, Gift, Inheritance, Exchange

## Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2009	2008
<b>Employee Business Expenses</b>		
<b>Note:</b> If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for <b>any</b> of your job-related expenses, complete <b>ORG17</b> for <b>all</b> your employee expenses.		
1 Union and professional dues .....		
2 Professional subscriptions .....		
3 Uniforms and protective clothing .....		
4 Job search costs .....		
5 Other unreimbursed employee expenses:		
a _____ .....		
b _____ .....		
c _____ .....		
d _____ .....		
e _____ .....		
<b>Other Expenses Subject to the 2% Limitation</b>		
Treat all MACRS assets for this activity as qualified Indian reservation property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this property located in a Qualified Disaster Area? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check to code assets as Investment Expense ..... <input type="checkbox"/>		
Use <b>ORG50</b> to record dispositions.		
Use <b>ORG51A</b> to enter additional assets.		
Use <b>ORG11a</b> for investment expenses related to interest income.		
Use <b>ORG11b</b> for investment interest related to dividend income.		
6 Tax return preparation fees .....		
7 Investment counsel and advisory fees .....		
8 Certain attorney and accounting fees .....		
9 Safe deposit box rental .....		
10 IRA custodial fees .....		
11 Other expenses (list):		
a _____ .....		
b _____ .....		
c _____ .....		
d _____ .....		
e _____ .....		
OTHER MISCELLANEOUS DEDUCTIONS	2009	2008
12 Amortizable bond premiums (acquired before 10/23/86) .....		
13 Gambling losses (to the extent of gambling income) .....		
14 Other miscellaneous deductions:		
a _____ .....		
b _____ .....		
c _____ .....		
d _____ .....		
e _____ .....		

# Business Income and Expenses

ORG19

## GENERAL INFORMATION

1 Check ownership .....  Taxpayer     Spouse     Joint

2 Business name .....

3a Business street address .....

    b 1 City, State and Zip Code, or .....

    2 Foreign country .....

4 Principal business/profession .....

5 Employer ID number .....

6 Business code (Preparer Use Only) .....

7 Was this business fully disposed of in a fully taxable transaction during 2009? ..... Yes  No

8 Accounting method:  
     Cash       Accrual       Other (specify)  .....

9 Method used to value closing inventory:  
     Cost       Lower of    
                             cost or  
                             market      Other (explain)  .....

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?  
     (If yes, attach explanation) ..... Yes  No

11 Did you materially participate in the operation of this business during 2009? ..... Yes  No

12 Did you start or acquire this business during 2009? ..... Yes  No

13 At-risk determination:

    a Is all of the investment in this activity at risk? ..... Yes  No

    b Is some of the investment in this activity not at risk? ..... Yes  No

14 Did you have unallowed passive losses in 2008? ..... Yes  No

15a Treat all MACRS assets for this activity as qualified Indian reservation property? ..... Yes  No

    b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... Regular  Extension  No

    c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... Yes  No

    d Was this business located in a Qualified Disaster Area? ..... Yes  No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2009	2008
16 Gross receipts or sales .....		
17 Returns and allowances .....		
18 Other income (include federal/state gas tax credit/refund) .....		

COST OF GOODS SOLD – IF APPLICABLE	2009	2008
19 Inventory at beginning of year .....		
20 Purchases .....		
21 Items withdrawn for personal use .....		
22 Cost of labor (do not include your salary) .....		
23 Materials and supplies .....		
24 Other costs .....		
25 Inventory at end of year .....		

## Business Income and Expenses (continued)

ORG19

EXPENSES	2009	2008
Business name _____		
<b>26</b> Advertising .....		
<b>27</b> Car and truck expenses (complete ORG18) .....		
<b>28</b> Commissions and fees .....		
<b>29</b> Contract labor .....		
<b>30</b> Depletion .....		
<b>31</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ) .....		
<b>32</b> Employee benefit programs .....		
<b>33</b> Insurance (other than health) .....		
<b>34</b> Self-employed health insurance attributable to this business .....		
<b>35</b> Interest:		
<b>a</b> Mortgage (paid to banks, etc) .....		
<b>b</b> Other .....		
<b>36</b> Legal and professional services .....		
<b>37</b> Office expenses .....		
<b>38</b> Pension and profit-sharing plans .....		
<b>39</b> Rent or lease:		
<b>a</b> Machinery and equipment (enter vehicle lease on ORG18) .....		
<b>b</b> Other business property .....		
<b>40</b> Repairs and maintenance .....		
<b>41</b> Supplies (not included in cost of goods sold) .....		
<b>42</b> Taxes and licenses .....		
<b>43</b> Travel, meals, and entertainment:		
<b>a</b> Travel .....		
<b>b</b> Meals and entertainment subject to 50% limit .....		
<b>c</b> Meals subject to 80% limit .....		
<b>d</b> Meals and entertainment not subject to limit .....		
<b>44</b> Utilities .....		
<b>45</b> Gross wages .....		
<b>46</b> Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>47</b> Expenses for business use of your home ( <b>Preparer Use Only</b> ) .....		
Complete ORG20 for Business Use of Home.		
<b>48</b> Qualified pension plan start-up costs .....		

# Rent and Royalty Income and Expenses

ORG25

## BASIC PROPERTY INFORMATION

Property type: \_\_\_\_\_  
 Location (street address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Foreign Country: \_\_\_\_\_

1 Check property owner  Taxpayer  Spouse  Joint Yes No

2 Enter the ownership percentage (if not 100%) \_\_\_\_\_  
 If not 100%, are you reporting 100% of the income and expenses?  Yes  No

3 Check this box if some of this investment was **not** at-risk  Yes  No

4 Is this a rental property? (If **yes**, answer questions 5 through 7; if **no**, skip to question 8.)  Yes  No

5 Did you have personal use of this rental property?  Yes  No  
 If **yes**, enter number of days: Rented \_\_\_\_\_ Personal use \_\_\_\_\_ Owned \_\_\_\_\_

6 Does this rental have multiple living units and you live in one of the units?  Yes  No  
 If **yes**, enter percentage of rental use \_\_\_\_\_

7 Did you actively participate in this property's management during 2009?  Yes  No

8 Did you materially participate in this property's management during 2009?  Yes  No

9 Do you want to treat this property as non-passive?  Yes  No

10 Did you dispose of this property in a fully taxable transaction?  Yes  No

11 Did this property have unallowed passive losses in 2008?  Yes  No

12 Do you want to treat this property as commercial property?  Yes  No

13a Treat all MACRS assets for this activity as qualified Indian reservation property?  Yes  No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?  Regular  Extension  No

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?  Yes  No

d Was this activity located in a Qualified Disaster Area?  Yes  No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

	2009	2008
<b>INCOME</b>		
14 Rents received		
15 Royalties received		
<b>EXPENSES</b>		
16 Advertising		
17a Automobile (complete ORG18 for autos)		
b Travel		
18 Cleaning and maintenance		
19 Commissions		
20a Mortgage insurance premiums — qualified		
b Other insurance		
21 Legal and professional fees		
22 Management fees		
23a Mortgage interest paid to banks — qualified		
b Mortgage interest paid to banks — other		
24 Other interest		
25 Repairs		
26 Supplies		
27a Real estate taxes		
b Other taxes		
28 Utilities		
29 Other expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
30a Depreciation and Section 179 deduction (Preparer Use Only)		
b Depletion (Preparer Use Only)		

