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2009	1040	US	Client Information	1
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 E-mail address: **mark@markyoungcpa.com**

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2009 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)		<p align="center">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse		
	Year spouse died, if qualifying widow(er) (2007 or 2008)		
Taxpayer	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Spouse	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Address	In care of		
	Street address		
	Apartment number		
	City		
	State		
Foreign Address	Region		
	Postal code		
	Country		

Please add, change or delete information for 2009.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Pager number.....		
	Fax number.....		
	E-mail address.....		
Spouse Contact Information	Home phone.....		RDP Filing Status 1 = Not applicable 2 = Joint 3 = Separate
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Pager number.....		
	Fax number.....		
	E-mail address.....		
CA State Information	Registered domestic partner filing status (see table).....		
	1=PMB no. in address.....		
NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information.			

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Please add, change or delete information for 2009.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	<p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p>
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES

NO

PERSONAL INFORMATION

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2009?

DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2009?

Did you have any children under age 19 or full-time students under age 24 at the end of 2009, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?

INCOME

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2009?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you buy a main home before May 1, 2010 and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase?

Did you buy a main home after November 6, 2009 and before May 1, 2010, which replaced a main home that you (and your spouse) maintained for 5 consecutive years during the 8-year period before this latest purchase?

Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements?

Did you purchase a new motor vehicle in 2009?

Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?

Did you have any debts cancelled or forgiven?

Did anyone owe you money which had become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES

NO

RETIREMENT PLANS

- Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you transfer or rollover any amount from one retirement plan to another retirement plan?
- Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?

EDUCATION

- Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

- Did you incur a loss because of damaged or stolen property?
- Did you work out of town for part of the year?
- Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

- Did you apply an overpayment of 2008 taxes to your 2009 estimated tax (instead of being refunded)?
- If you have an overpayment of 2009 taxes, do you want the excess applied to your 2010 estimated tax (instead of being refunded)?
- Do you expect your 2010 taxable income and withholdings to be different from 2009?

MISCELLANEOUS

- Do you want to electronically file your tax return?
- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?
- Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

- | YES | NO | MISCELLANEOUS (continued) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you or was any of your property located in a federally declared disaster area? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your spouse receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and December 31, 2009 as a result of an involuntary termination? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your spouse elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and December 31, 2009 as a result of an involuntary termination? |

Please enter all pertinent 2009 information.

ECONOMIC RECOVERY PAYMENT / DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

NOTE: You may have received an economic recovery payment if you received social security benefits, supplemental security benefits, railroad retirement benefits, or veterans disability compensation or pension benefits.

1=taxpayer received \$250 economic recovery payment	350		
1=spouse received \$250 economic recovery payment	351		
1=taxpayer received government pension not covered by social security ..	352		
1=spouse received government pension not covered by social security ..	353		
1=direct deposit of federal tax refund into bank account	18		
1=electronic payment of balance due	34		
1=electronic payment of estimated tax	36		
1=direct deposit CA refund to one account, 2=split deposit between two accounts ..	103		
1=electronic payment of CA state tax balance due	876		
1=electronic payment of CA estimated tax	982		

BANK INFORMATION

	Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)
19		24	20	21	22	71
44		45	47	48	49	72
50		51	67	68	69	73

2009 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008	1			
1st quarter payment (due 4/15/09)	2	3		13
2nd quarter payment (due 6/15/09)	4	5		14
3rd quarter payment (due 9/15/09)	6	7		15
4th quarter payment (due 1/15/10)	8	9		16
Additional Estimated Tax Payments	38	39		
	40	41		
	42	43		
	44	45		
Paid with extension (not later than 4/15/10)	10	11		

State

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008	101			
1st quarter payment (due 4/15/09)	102	103		113
2nd quarter payment (due 6/15/09)	104	105		114
3rd quarter payment (due 9/15/09)	106	107		115
4th quarter payment (due 1/15/10)	108	109		116
Additional Estimated Tax Payments	138	139		
	140	141		
	142	143		
	144	145		
Paid with extension (not later than 4/15/10)	110	111		

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default) 6 = Coverdell savings account (ESA)
 2 = Taxpayer's IRA (next year limits) 7 = Other
 3 = Spouse's IRA (next year limits) 8 = Taxpayer's IRA (current year limits)
 4 = Health savings account (HSA) 9 = Spouse's IRA (current year limits)
 5 = Archer MSA 10 = Series 1 treasury bonds

2009	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2009 information.

APPLICATION OF 2009 OVERPAYMENT (7.1)

If you have an overpayment of 2009 taxes, do you want the excess refunded? or applied to 2010 estimate? ...

Other (please explain): _____

2010 ESTIMATED TAX INFORMATION

Do you expect your 2010 taxable income to be different from 2009? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2010 withholding to be different from 2009? Yes No

If "yes" explain any differences: _____

			Hash Total	7.1
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2009	1040	US/CA	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2009 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2008 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	SDI (Box 14)	
	800	1	2	3	4	6	8	14	15	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2				Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/09	2008 Distribution
		Distribution code #1						Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE									
		1=spouse									
	800	1	2	810	196	3	4	6	9	34	

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2008 Winnings
				Federal (Box 2)	State (Box 14)	
	800	1	3	6	9	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2009 Amount	TS	2008 Amount
Total gambling losses	12		
Winnings not reported on Form W-2G	10		

10, 13.1, 13.2

Please enter all pertinent 2009 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)	2	52		
Medicare premiums paid (SSA-1099)	13	63		
Tier 1 RR retirement benefits (RRB-1099, box 5) ..	3	53		
1=lump-sum election for SS benefits	12	62		
Alimony received	5	55		
Taxable scholarships and fellowships	8	58		
Jury duty pay	28	78		
Household employee income not on W-2	9	59		
Excess minister's allowance	24	74		
Alaska permanent fund dividends	21	71		
Income from rental of personal property	23	73		
Income subject to S/E tax:				
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
Other income (1099-MISC, box 3)				
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld	14	64		
State income tax withheld	15	65		
Local income tax withheld	16	66		

Please add, change or delete 2009 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2009 1099-G Amount

No. <input type="text"/>	Name of payer	800	
	1=spouse	1	
	Unemployment compensation:		
	Total received (Box 1)	2	
	2009 Overpayment repaid	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund	9	
	Tax year for box 2 if not 2008 (Box 3)	5	
	Federal income tax withheld (Box 4)	6	
	ATAA payments (Box 5)	25	
	Taxable grants:		
	Federal taxable amount (Box 6)	12	
	State taxable amount, if different	17	
	Farm amounts:		
	Agriculture payments (Box 7)	13	
	1=agriculture payments are from conservation reserve program	24	
Market gain (Box 9)	26		
Number of farm	15		
1=box 2 is trade or business income (Box 8)	14		
State income tax withheld	11		

No. <input type="text"/>	Name of payer	800	
	1=spouse	1	
	Unemployment compensation:		
	Total received (Box 1)	2	
	2009 Overpayment repaid	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund	9	
	Tax year for box 2 if not 2008 (Box 3)	5	
	Federal income tax withheld (Box 4)	6	
	ATAA payments (Box 5)	25	
	Taxable grants:		
	Federal taxable amount (Box 6)	12	
	State taxable amount, if different	17	
	Farm amounts:		
	Agriculture payments (Box 7)	13	
	1=agriculture payments are from conservation reserve program	24	
Market gain (Box 9)	26		
Number of farm	15		
1=box 2 is trade or business income (Box 8)	14		
State income tax withheld	11		

2009	1040	US	Education Distributions (ESA's and QTP's)	14.3
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Please enter all pertinent 2009 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

ESA'S AND QTP'S (Form 1099-Q)

		2009 Amount	2008 Amount
No. <input style="width:40px;" type="text"/>	Name of payer	800	
	1=spouse	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits)	143	
	Elementary & secondary education (net of nontaxable benefits)	307	
	Form 1099-Q:		
	Gross distributions (Box 1)	301	
	Earnings (Box 2)	302	
	Basis (Box 3)	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4)	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2009 contributions to this ESA	142	
	Value of this account at 12/31/09 (plus outstanding rollovers) ..	144	
Basis in this ESA as of 12/31/08	165		

No. <input style="width:40px;" type="text"/>	Name of payer	800	
	1=spouse	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits)	143	
	Elementary & secondary education (net of nontaxable benefits)	307	
	Form 1099-Q:		
	Gross distributions (Box 1)	301	
	Earnings (Box 2)	302	
	Basis (Box 3)	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4)	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2009 contributions to this ESA	142	
	Value of this account at 12/31/09 (plus outstanding rollovers) ..	144	
Basis in this ESA as of 12/31/08	165		

No. <input style="width:40px;" type="text"/>	Name of payer	800	
	1=spouse	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits)	143	
	Elementary & secondary education (net of nontaxable benefits)	307	
	Form 1099-Q:		
	Gross distributions (Box 1)	301	
	Earnings (Box 2)	302	
	Basis (Box 3)	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4)	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2009 contributions to this ESA	142	
	Value of this account at 12/31/09 (plus outstanding rollovers) ..	144	
Basis in this ESA as of 12/31/08	165		

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	800	
Principal business code.....	801	
Business name, if different from Form 1040.....	802	
Business address, if different from Form 1040....	803	
City, state, ZIP code, if different from Form 1040	804	
Employer identification number.....	805	
Other accounting method.....	806	

Accounting method: 1=cash, 2=accrual.....	7		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....	6		
1=change of inventory method.....	8		
1=spouse, 2=joint.....	10		
1=first Schedule C filed for this business.....	44		
1=W-2 earnings as statutory employee.....	13		
1=not subject to self-employment tax.....	39		
1=did not "materially participate".....	22		
1=personal services is not a material income producing factor.....	220		
1=investment.....	37		
1=minister's Schedule C.....	302		
1=single member limited liability company.....	418		
CA FTB Form 3805V:			
1=eligible small business.....	114		
Qualified new business year: 1=1st, 2=2nd, 3=3rd.....	117		
Principle business code (SIC 1987).....	826		

INCOME

	2009 Amount	2008 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....	51	
Returns and allowances.....	52	
Other income:		
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	

COST OF GOODS SOLD

Inventory at beginning of the year.....	14	
Purchases.....	15	
Cost of items for personal use.....	16	
Cost of labor.....	17	
Materials and supplies.....	18	
Other costs:		
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
Inventory at end of the year.....	20	

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2009 Amount	2008 Amount
Accounting	201	
Advertising	56	
Answering service	202	
Bad debts from sales or service	57	
Bank charges	203	
Car and truck expenses (not entered elsewhere)	59	
Commissions	60	
Contract labor	87	
Delivery and freight	204	
Dues and subscriptions	205	
Employee benefit programs	64	
Insurance (other than health)	66	
Mortgage interest (paid to banks, etc.)	12	
Other interest (not entered elsewhere)	67	
Janitorial	206	
Laundry and cleaning	207	
Legal and professional	69	
Miscellaneous	208	
Office expense	70	
Outside services	209	
Parking and tolls	210	
Pension and profit sharing plans - contributions	71	
Pension and profit sharing plans - admin. and education costs	53	
Postage	211	
Printing	212	
Rent - vehicles, machinery, & equipment (not entered elsewhere)	58	
Rent - other	72	
Repairs	73	
Security	213	
Supplies	74	
Taxes - real estate	45	
Taxes - payroll	41	
Taxes - sales tax included in gross receipts	43	
Taxes - other (not entered elsewhere)	75	
Telephone	214	
Tools	215	
Travel	76	
Total meals and entertainment in full (50%)	81	
Department of Transportation meals in full (80%)	86	
Uniforms	216	
Utilities	77	
Wages	78	

Other expenses:

_____	90	
_____	90	
_____	90	
_____	90	
_____	90	
_____	90	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2009 Amount		2008 Amount	
No. <input type="text"/>	Description of property	800			
	Date acquired (m/d/y)	25			
	Date sold (m/d/y)	26			
	Gross profit ratio (.xxxx)	500			
	Current year principal payments (-1 if none)	36			

No. <input type="text"/>	Description of property	800			
	Date acquired (m/d/y)	25			
	Date sold (m/d/y)	26			
	Gross profit ratio (.xxxx)	500			
	Current year principal payments (-1 if none)	36			

No. <input type="text"/>	Description of property	800			
	Date acquired (m/d/y)	25			
	Date sold (m/d/y)	26			
	Gross profit ratio (.xxxx)	500			
	Current year principal payments (-1 if none)	36			

No. <input type="text"/>	Description of property	800			
	Date acquired (m/d/y)	25			
	Date sold (m/d/y)	26			
	Gross profit ratio (.xxxx)	500			
	Current year principal payments (-1 if none)	36			

No. <input type="text"/>	Description of property	800			
	Date acquired (m/d/y)	25			
	Date sold (m/d/y)	26			
	Gross profit ratio (.xxxx)	500			
	Current year principal payments (-1 if none)	36			

No. <input type="text"/>	Description of property	800			
	Date acquired (m/d/y)	25			
	Date sold (m/d/y)	26			
	Gross profit ratio (.xxxx)	500			
	Current year principal payments (-1 if none)	36			

No. <input type="text"/>	Description of property	800			
	Date acquired (m/d/y)	25			
	Date sold (m/d/y)	26			
	Gross profit ratio (.xxxx)	500			
	Current year principal payments (-1 if none)	36			

**If you sold your home or moved in 2009, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from
the purchase and sale of your home.**

SALE OF HOME (17)

Description of property (Box 3).....	800	
Date acquired (m/d/y).....	25	
Date sold (m/d/y) (Box 1).....	26	
Sales price (Box 2).....	27	
1=sale of home.....	46	
1=owned and used property as main home for at least 2 of 5 years before sale.....	145	
1=first-time homebuyer credit was previously taken on this home.....	366	
1=business use in year of sale.....	167	
Number of days after December 31, 2008 that home was not used as principal residence.....	367	

Adjusted Basis

Original cost.....	
Improvements:	

Adjusted basis.....	29

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale.....	28

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
a) Did not meet the ownership and use tests *, or **b) Excluded gain on the sale of another home after May 6, 1997.**

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	152	
1=sale due to change in health, employment or unforeseen circumstances.....	161	
Days used as main home - taxpayer.....	148	
Days used as main home - spouse.....	149	
Days property owned - taxpayer.....	150	
Days property owned - spouse.....	151	

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint.....	1	
1=armed forces move due to permanent change of station.....	14	
Miles from old home to new work place.....	2	
Miles from old home to old work place.....	3	
Expenses for transportation and storage of household goods and personal effects.....	4	
Lodging and travel (excluding meals):		
Lodging and travel (excluding automobile).....	5	
Parking fees and tolls.....	15	
Gas and oil.....	16	
Miles driven to new home.....	17	

(* owned and used property as main home for at least 2 of 5 years before sale)

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property	800	
Location of property	801	

Percentage of ownership if not 100% (.xxxx)	500	
Percentage of tenant occupancy if not 100% (.xxxx)	503	
1=spouse, 2=joint	33	
1=nonpassive activity, 2=passive royalty	39	
1=did not actively participate	38	
1=real estate professional	32	
1=rental other than real estate	71	
1=investment	48	
1=single member limited liability company	418	
CA FTB Form 3805V:		
1=eligible small business	105	
Qualified new business year: 1, 2 or 3	107	
Principle business code (SIC 1987)	826	

INCOME

	2009 Amount	2008 Amount
Rents received (Form 1099-MISC, box 1)	2	
Royalties received (form 1099-MISC, box 2)	3	

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising	4	
Association dues	16	
Auto and travel (not entered elsewhere)	5	
Cleaning and maintenance	6	
Commissions	7	
Gardening	18	
Insurance	8	
Legal and professional fees	10	
Licenses and permits	23	
Management fees	19	
Miscellaneous	24	
Mortgage interest (paid to banks, etc.)	9	
Qualified mortgage insurance premiums	62	
Excess mortgage interest	67	
Other interest (not entered elsewhere)	29	
Painting and decorating	20	
Pest control	21	
Plumbing and electrical	17	
Repairs	11	
Supplies	12	
Taxes - real estate	13	
Taxes - other (not entered elsewhere)	25	
Telephone	22	
Utilities	14	
Wages and salaries	15	
Other:		
_____	27	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2009 Amount	2008 Amount
Production type (preparer use only).....	42	
Cost depletion.....	43	
Percentage depletion rate or amount.....	502	
State cost depletion, if different (-1 if none).....	76	
State % depletion rate or amount, if different (-1 if none).....	506	

VACATION HOME

Number of days rented at fair market value.....	34	
Number of days personal use.....	35	
Number of days owned (if optional method elected).....	53	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising.....	204	
Association dues.....	216	
Auto and travel (not entered elsewhere).....	205	
Cleaning and maintenance.....	206	
Commissions.....	207	
Gardening.....	218	
Insurance.....	208	
Legal and professional fees.....	210	
Licenses and permits.....	223	
Management fees.....	219	
Miscellaneous.....	224	
Mortgage interest (paid to banks, etc.).....	209	
Qualified mortgage insurance premiums.....	262	
Excess mortgage interest.....	267	
Other interest (not entered elsewhere).....	229	
Painting and decorating.....	220	
Pest control.....	221	
Plumbing and electrical.....	217	
Repairs.....	211	
Supplies.....	212	
Taxes - real estate.....	213	
Taxes - other (not entered elsewhere).....	225	
Telephone.....	222	
Utilities.....	214	
Wages and salaries.....	215	

Other:

_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product	800	
Employer ID number	801	

Agricultural activity code	1	
Accounting method: 1=cash, 2=accrual	2	
1=spouse, 2=joint	5	
1=farm rental (Form 4835)	84	
1=crop insurance proceeds election	64	
1=did not "materially participate" (Schedule F only)	65	
1=did not actively participate (Form 4835 only)	85	
1=real estate professional (Form 4835 only)	3	
1=single member limited liability company	418	
% of ownership if not 100% (.xxxx) (Form 4835 only)	504	
CA FTB Form 3805V:		
1=eligible small business	113	
Qualified new business year: 1=1st, 2=2nd, 3=3rd	103	
Principle business code (SIC 1987)	826	

FARM INCOME

	2009 Amount	2008 Amount
Cash method:		
Sales of livestock, etc. bought for resale	6	
Cost or basis of livestock, etc. bought for resale	7	
Sales of livestock, etc. you raised	8	
Accrual method:		
Sales of livestock, produce, grains, etc.	17	
Inventory of livestock, etc. at beginning of year	23	
Cost of livestock, etc. purchased	24	
Inventory of livestock, etc. at end of year	25	
Other farm income:		
Total cooperative distributions	9	
Taxable cooperative distributions	10	
Total agricultural program payments (other than CRP)	11	
Taxable agricultural program payments (other than CRP)	12	
Total conservation reserve program payments	141	
Taxable conservation reserve program payments	142	
Commodity credit loans reported under election	13	
Total commodity credit loans forfeited or repaid	73	
Taxable commodity credit loans forfeited or repaid	74	
Total crop insurance proceeds received in 2009	14	
Taxable crop insurance proceeds received in 2009	75	
Taxable crop insurance proceeds deferred from 2008	76	
Custom hire (machine work) income	15	
Other income:		
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2009 Amount	2008 Amount
Description of vehicle.....	800	
1=no evidence to support your deduction.....	30	
1=no written evidence to support your deduction.....	31	
1=vehicle is available for off-duty personal use.....	39	
1=no other vehicle is available for personal use.....	40	
1=vehicle used primarily by more than 5% owner.....	41	
Number of months your job required a vehicle (if not 12 months).....	333	

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....	36	
Business mileage.....	37	
Commuting mileage (for the tax year).....	38	
Average daily round-trip commute.....	334	

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....	335	
Gasoline, lube, oil.....	338	
Repairs.....	339	
Tires.....	340	
Insurance.....	341	
Miscellaneous.....	342	
Auto license (other than personal property taxes).....	343	
Personal property taxes (based on car's value).....	344	
Interest (car loan) (for Schedule C, E & F).....	345	
Vehicle rent or lease payments.....	350	
Inclusion amount (enter as positive).....	351	
Value of employer-provided vehicle on Form W-2 (2106).....	346	

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....	1	51		
Contributions made to date	3	53		
1=covered by plan, 2=not covered.....	5	55		
2009 payments from 1/1/10 to 4/15/10.....	8	58		

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....	27	77		
Contributions made to date	30	80		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum).....	10	60		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum).....	11	61		
Defined benefit contributions you expect to make.....	13	63		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum).....	12	62		
Plan contribution rate if not .25 (.xxxx).....	501	551		
Individual 401k: SE elective deferrals (except Roth) (1=max.).....	44	94		
Individual 401k: SE designated Roth contributions (1=max.).....	144	194		

SIMPLE contributions:

Self-employed SIMPLE contributions you made or expect to make (1=maximum).....	22	72		
Employer matching rate if not .03 (.xxxx).....	502	552		
1=nonelective contributions (2%).....	24	74		
Contributions made to date	14	64		

ADJUSTMENTS TO INCOME

Self-employed health insurance:

Total premiums (excluding long-term care).....	16	66		
Long-term care premiums.....	26	76		
Student loan interest paid (1098-E, box 1).....	23	73		
Educator expenses (kindergarten thru grade 12).....	28	78		
Jury duty pay given to employer.....	43	93		
Expenses from rental of personal property.....	37	87		

Other adjustments to income:

_____	19	69		
_____	19	69		
_____	19	69		

Alimony paid:

	Taxpayer		Spouse	
Recipient's first name.....	39.____		89.____	
Recipient's last name.....	40.____		90.____	
Recipient's SSN.....	41.____		91.____	
Amount paid.....	18.____	2008 amt:	68.____	2008 amt:

Please enter all pertinent 2009 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2009 Amount	TS	2008 Amount
Prescription medicines and drugs	4		
Doctors, dentists and nurses	5		
Hospitals and nursing homes	6		
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..	7		
Long-term care premiums - taxpayer	17		
Long-term care premiums - spouse	58		
Insurance reimbursement (enter as a positive number)	8		
Lodging and transportation:			
Out-of-pocket expenses	9		
Medical miles driven	52		
Other medical and dental expenses:			
_____	10		
_____	10		
_____	10		

TAXES PAID (State and local withholding and 2009 estimates are automatic.)

State income taxes - 1/09 payment on 2008 state estimate	11		
State income taxes - paid with 2008 state extension	12		
State income taxes - paid with 2008 state return	13		
State income taxes - paid for prior years and/or to other state	14		
City/local income taxes - 1/09 payment on 2008 city/local estimate	211		
City/local income taxes - paid with 2008 city/local extension	212		
City/local income taxes - paid with 2008 city/local return	213		

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)	91		
Use taxes paid on 2009 purchases	92		
Use taxes paid with 2008 state return	96		
New passenger auto's, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 *			
Vehicle #1 description	801.____		
Vehicle #1 purchase price	348.____		
Vehicle #1 sales tax paid	347.____		
Vehicle #1 other qualified taxes/fees	350.____		
Sales tax on auto's not included above	349		
Sales tax on boats, aircraft, other special items	93		

OTHER TAXES PAID

Real estate taxes - principal residence:			
_____	15		
_____	15		
_____	15		
Real estate taxes - property held for investment	16		
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..	18		
Foreign income taxes	19		
Other taxes:			
_____	20		
_____	20		
_____	20		

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

	2009 Amount	TS	2008 Amount
_____	21		
_____	21		
_____	21		

Home mortgage interest not reported on Form 1098:

Payee's name	85.____		
Payee's SSN or FEIN ..	86.____		
Payee's street address ..	87.____		
Payee's city, state, ZIP ..	88.____		
Amount paid	22.____		

Points not reported on Form 1098:

_____	23		
_____	23		
Mortgage insurance premiums on post 12/31/06 contracts (Box 4)	39		

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Investment interest (Interest on margin accounts):

_____	24		
_____	24		

Passive interest

_____	27		
-------	----	--	--

Certain home mortgage interest included above (6251)

_____	30		
-------	----	--	--

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

_____	32		
_____	32		
_____	32		
_____	32		
_____	32		

Volunteer expenses (out-of-pocket)

_____	31		
-------	----	--	--

Number of charitable miles

_____	53		
-------	----	--	--

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

_____	41		
_____	41		
_____	41		
_____	41		
_____	41		

Volunteer expenses (out-of-pocket)

_____	40		
-------	----	--	--

Number of charitable miles

_____	54		
-------	----	--	--

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

	2009 Amount	TS	2008 Amount
33			
33			
33			
33			

30% limitation (see above):

34			
34			
34			
34			

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

35			
35			
35			
35			

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

36			
36			
36			
36			

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

42			
----	--	--	--

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

43			
43			
43			
43			

Investment expense:

44			
44			
44			
44			

Tax return preparation fee

45			
----	--	--	--

Safe deposit box rental

46			
----	--	--	--

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

47			
47			
47			
47			

Federal only:

109			
109			

State only:

110			
110			

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2009 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
2. Total home acquisition debt exceeded \$1,000,000 at any time during 2009 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2009 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

	2009 Amount	TS	2008 Amount
Fair market value of the property on the date that the last debt was secured	493		
Home acquisition and grandfather debt on the date that the last debt was secured	494		

LOAN INFORMATION

Loan #1

Lender's name	820		
Form (see table)	416		
Number of form	417		
1=taxpayer, 2=spouse, blank=joint	496		
Interest paid	401		
Points paid	402		
Total principal paid	404		
Lump sum principal payment (if paid off)	403		
Months outstanding (if not 12)	405		
Home acquisition debt balance - beginning of year	407		
Home acquisition debt borrowed in 2009	408		
Home equity debt balance - beginning of year	410		
Home equity debt borrowed in 2009	411		
Grandfather debt balance - beginning of year	413		

Loan #2

Lender's name	830		
Form (see table)	436		
Number of form	437		
1=taxpayer, 2=spouse, blank=joint	497		
Interest paid	421		
Points paid	422		
Total principal paid	424		
Lump sum principal payment (if paid off)	423		
Months outstanding (if not 12)	425		
Home acquisition debt balance - beginning of year	427		
Home acquisition debt borrowed in 2009	428		
Home equity debt balance - beginning of year	430		
Home equity debt borrowed in 2009	431		
Grandfather debt balance - beginning of year	433		

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

Please enter 2009 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2009 Amount	2008 Amount
Form	45	
Number of form (e.g., enter 2 for Schedule C number 2)	46	
Business use area (square footage)	2	
Total area of home (square footage)	1	
Total hours facility used (for daycare facilities only)	3	
Total hours available (if not 8,760)	9	
% (.xx) or amount of gross income from home if not 100% (-1 if none)	502	
% (.xx) or amount of expenses from home if not 100% (-1 if none)	503	

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest	11	
Real estate taxes	12	
Qualified mortgage insurance premiums	51	
Casualty losses	13	
Insurance	14	
Miscellaneous	15	
Rent	16	
Repairs and maintenance	17	
Utilities	18	
Excess mortgage interest	19	
Other indirect expenses:		
_____	20	
_____	20	
_____	20	
_____	20	

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest	21	
Real estate taxes	22	
Qualified mortgage insurance premiums	52	
Casualty losses	23	
Insurance	24	
Miscellaneous	25	
Rent	26	
Repairs and maintenance	27	
Utilities	28	
Excess mortgage interest	29	
Excess casualty losses	30	
Allowable casualty losses	31	
Other direct expenses:		
_____	32	
_____	32	
_____	32	
_____	32	

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....	800	
Form	13	
Number of form (1=first Schedule C, 2=second, etc.)	14	
1=spouse	1	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	8	

EMPLOYEE BUSINESS EXPENSES

	2009 Amount	2008 Amount
Meal and entertainment expenses	44	
Reimbursements for meals and entertainment not on W-2, box 1	45	
1=Department of Transportation (80% meal allowance)	50	
Local transportation (bus, taxi, train, etc.)	7	
Travel expenses while away from home overnight	9	
Reimbursements not included on Form W-2, box 1	12	
Other business expenses:		
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

- 1=vehicle used primarily by more than 5% owner.....
- 1=vehicle is available for off-duty personal use.....
- 1=no other vehicle is available for personal use.....
- 1=no evidence to support your deduction.....
- 1=no written evidence to support your deduction.....

	2009 Amount	2008 Amount
11		
4		
2		
5		
6		

VEHICLE 1

- Description of vehicle.....
- Date placed in service (m/d/y).....
- Total mileage (for the tax year).....
- Business mileage.....
- Commuting mileage (for the tax year).....
- Average daily round-trip commute.....
- Number of months of vehicle business use (if not 12).....
- Parking fees and tolls (business portion only).....

801		
15		
16		
17		
19		
18		
80		
70		

Actual expenses:

- Gasoline, lube, oil.....
- Repairs.....
- Tires.....
- Insurance.....
- Miscellaneous.....
- Auto license (other than personal property taxes).....
- Personal property taxes (based on car's value).....
- Interest (car loan) (for Schedule C, E & F).....
- Vehicle rent or lease payments.....
- Inclusion amount (enter as positive).....
- Value of employer-provided vehicle on Form W-2 (2106).....

51		
52		
53		
54		
22		
55		
56		
57		
23		
20		
24		

VEHICLE 2

- Description of vehicle.....
- Date placed in service (m/d/y).....
- Total mileage (for the tax year).....
- Business mileage.....
- Commuting mileage (for the tax year).....
- Average daily round-trip commute.....
- Number of months of vehicle business use (if not 12).....
- Parking fees and tolls (business portion only).....

802		
29		
30		
31		
33		
32		
112		
71		

Actual expenses:

- Gasoline, lube, oil.....
- Repairs.....
- Tires.....
- Insurance.....
- Miscellaneous.....
- Auto license (other than personal property taxes).....
- Personal property taxes (based on car's value).....
- Interest (car loan) (for Schedule C, E and F).....
- Vehicle rent or lease payments.....
- Inclusion amount (enter as positive).....
- Value of employer-provided vehicle on Form W-2 (2106).....

61		
62		
63		
64		
36		
65		
66		
67		
37		
34		
38		

Please enter all pertinent 2009 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2009, a high deductible health plan is one with an annual deductible that is not less than \$1,150 for self-only coverage or \$2,300 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,800 for self-only coverage or \$11,600 for family coverage.

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage.....	3	53		
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....	5	55		
Contributions included above that were made after you became eligible for Medicare.....	32	82		
Contributions made to date	39	89		

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ..	15	65		
Distributions included above that were rolled over to another HSA	16	66		
Total unreimbursed qualified medical expenses ...	17	67		

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2009 . . .	3	53		
Employer-provided benefits forfeited in 2009	6	56		

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name	17	
	Last name	18	
	Date of birth (m/d/y)	22	
	Social security number	19	
	Qualified dependent care expenses incurred and paid in 2009	20	2008 amt:
	1=disabled	23	
	1=spouse, 2=joint	21	

No. <input style="width:40px;" type="text"/>	First name	17	
	Last name	18	
	Date of birth (m/d/y)	22	
	Social security number	19	
	Qualified dependent care expenses incurred and paid in 2009	20	2008 amt:
	1=disabled	23	
	1=spouse, 2=joint	21	

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider	10		
	Street address	11		
	City, state, ZIP code	12		
	Address where care provided (if different):			
	Street address	107		
	City, state, ZIP code	108		
	Telephone number	103		
	Identification number (SSN or EIN)	13		
	1=organization is tax-exempt	104		
	1=care provider is a person	106		
	Amount paid to care provider in 2009	14	2008 amt:	
	1=spouse, 2=joint	15		
	No. <input style="width:40px;" type="text"/>	Name of provider	10	
		Street address	11	
		City, state, ZIP code	12	
Address where care provided (if different):				
Street address		107		
City, state, ZIP code		108		
Telephone number		103		
Identification number (SSN or EIN)		13		
1=organization is tax-exempt		104		
1=care provider is a person		106		
Amount paid to care provider in 2009		14	2008 amt:	
1=spouse, 2=joint		15		

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

		2009 Amount	2008 Amount	
No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 1992 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption was not final in 2009.....	22		
	Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009.....	23	
		1997-2001 for adoption of foreign child finalized in 2009.....	26	
		2008 and 2009 for adoption finalized in 2009.....	20	
		2009 for adoption finalized before 2009.....	24	
	1=spouse, 2=joint.....	21		
No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 1992 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption was not final in 2009.....	22		
	Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009.....	23	
		1997-2001 for adoption of foreign child finalized in 2009.....	26	
		2008 and 2009 for adoption finalized in 2009.....	20	
		2009 for adoption finalized before 2009.....	24	
	1=spouse, 2=joint.....	21		
No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 1992 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption was not final in 2009.....	22		
	Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009.....	23	
		1997-2001 for adoption of foreign child finalized in 2009.....	26	
		2008 and 2009 for adoption finalized in 2009.....	20	
		2009 for adoption finalized before 2009.....	24	
	1=spouse, 2=joint.....	21		

Please complete the information below if you paid qualified education expenses in 2009 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.
Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

		2009 Amount	2008 Amount	
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	17	
		First name	12	
		Last name	13	
		Social security number	14	
	1=American opportunity/hope credit, 2=lifetime learning credit ..	15		
	Number of years hope credit claimed	23		
	Student completed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no ..	32		
	1=student attended educational institution in midwest disaster area.	25		
	Qualified tuition and fees paid in 2009 (net of refund or assistance and not entered elsewhere)	16		
	Course related materials required to be purchased from institution.	27		
	Course related materials not entered above	28		
	Reasonable cost of room and board (midwestern disaster only) ..	29		
	Expenses of a special needs student (midwestern disaster only)	30		
	Amount of prior year refund or assistance*	20		

No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	17	
		First name	12	
		Last name	13	
		Social security number	14	
	1=American opportunity/hope credit, 2=lifetime learning credit ..	15		
	Number of years hope credit claimed	23		
	Student completed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no ..	32		
	1=student attended educational institution in midwest disaster area.	25		
	Qualified tuition and fees paid in 2009 (net of refund or assistance and not entered elsewhere)	16		
	Course related materials required to be purchased from institution.	27		
	Course related materials not entered above	28		
	Reasonable cost of room and board (midwestern disaster only) ..	29		
	Expenses of a special needs student (midwestern disaster only)	30		
	Amount of prior year refund or assistance*	20		

No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	17	
		First name	12	
		Last name	13	
		Social security number	14	
	1=American opportunity/hope credit, 2=lifetime learning credit ..	15		
	Number of years hope credit claimed	23		
	Student completed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no ..	32		
	1=student attended educational institution in midwest disaster area.	25		
	Qualified tuition and fees paid in 2009 (net of refund or assistance and not entered elsewhere)	16		
	Course related materials required to be purchased from institution.	27		
	Course related materials not entered above	28		
	Reasonable cost of room and board (midwestern disaster only) ..	29		
	Expenses of a special needs student (midwestern disaster only)	30		
	Amount of prior year refund or assistance*	20		

*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of \$1,700 or more in 2009; withheld federal income tax during 2009 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009 to household employees, please complete the following:

Employer identification number	1	
1=spouse, 2=joint	2	

Social security, Medicare and income taxes:	2009 Amount	2008 Amount
1=paid any one employee cash wages of \$1,700 or more.....	4	
1=withheld federal income tax for household employee.....	5	
Total cash wages subject to social security taxes	6	
Total cash wages subject to Medicare taxes	7	
Federal income tax withheld.....	8	
Advance earned income credit payments.....	9	
Taxes withheld from state disability payments	33	

Federal unemployment tax:	2009 Amount	2008 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009	10	
Total cash wages subject to FUTA tax.....	11	
1=paid unemployment contributions to only one state	12	
1=paid all state unemployment contributions by 4/15/10	13	
1=all wages taxable for FUTA were also taxable for state unemployment	14	
Name of state	15	
State reporting number	16	
Contributions paid to state unemployment fund	17	

Please enter all pertinent 2009 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name	800	
Last name	803	
Social security number.....	801	
Date of birth (m/d/y).....	26	
1=nontaxable to federal.....	19	
1=nontaxable to state.....	18	

INTEREST INCOME (Form 1099-INT)

	2009 Amount	2008 Amount
Banks, credit unions, etc. (Box 1):		
_____	3	
_____	3	
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):		
_____	17	
_____	17	
Tax-exempt interest:		
Total municipal bonds.....	16	
In-state municipal bonds.....	4	
Adjustments:		
Nominee distribution.....	5	
Accrued interest.....	6	
Tax-exempt interest (1099-INT in error).....	22	
OID adjustment.....	7	
ABP adjustment.....	8	
Foreign:		
1=interest in or authority over foreign account.....	9	
Name of foreign country.....	802	
1=grantor/transferor or received distribution from foreign trust.....	10	
Post 8/7/86 private activity bond interest (included above) (6251).....	20	

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a):		
_____	11	
_____	11	
Qualified dividends (Box 1b).....	29	
Total capital gain distributions (Box 2a):		
_____	13	
_____	13	
Unrecaptured section 1250 gain (Box 2b).....	24	
Section 1202 gain (Box 2c).....	2	
Collectibles (28%) gain (Box 2d).....	23	
Nontaxable distributions (Box 3).....	12	
Tax-exempt interest:		
Total municipal bonds.....	15	
In-state municipal bonds.....	21	
Nominee distributions:		
Ordinary dividends.....	14	
Qualified dividends.....	31	
Capital gain distributions.....	25	
Alaska permanent fund dividends included above	27	