

<b>2009</b>	<b>1040</b>	<b>US/CA</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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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		

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		
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Certain home mortgage interest included above (6251) .....

_____	30		
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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		
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Number of charitable miles .....

_____	53		
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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		
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Number of charitable miles .....

_____	54		
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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			
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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			
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Safe deposit box rental .....

46			
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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.  
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	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