

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.

# Table of Contents

ORG1

Description	Page
Cover Sheet .....	ORG0
Topic Index .....	ORG2
General Questions .....	ORG3
Business/Investment Questions .....	ORG4
Additional Information .....	ORG5
Basic Taxpayer Information .....	ORG6
W-2, W-2G, 1099-R Income .....	ORG7
1099-MISC Income .....	ORG8
Social Security Benefits/Form 1099-G/Other Income .....	ORG10
Interest and Dividend Income .....	ORG11
Seller Financed Interest/Child's Interest and Dividends .....	ORG12
Medical and Tax Expenses .....	ORG13
Interest Paid and Cash Contributions .....	ORG14
Non-Cash Charitable Contributions .....	ORG14A
Miscellaneous Itemized Deductions .....	ORG15
Moving Expenses .....	ORG16
Employee Business Expenses .....	ORG17
Employee Home Office Expense .....	ORG17A
Car and Truck Expenses .....	ORG18
Business Income and Expenses .....	ORG19
Business Use of Home .....	ORG20
Sales of Stocks and Securities .....	ORG21
Sale of Your Home .....	ORG22
Installment Sales Income .....	ORG23
Sales of Business Property .....	ORG24
Rental and Royalty Income and Expenses .....	ORG25
Farm Rental Income and Expenses .....	ORG26
Farm Income and Expenses .....	ORG27
Adjustments to Income .....	ORG28
Dependent Care Expenses .....	ORG35
Education .....	ORG36
Tax Payments .....	ORG40
Household Employment Taxes .....	ORG41
K-1 Partnership – Partner's Questions .....	ORG45
K-1 S-Corporation – Shareholder's Questions .....	ORG46
K-1 Estate & Trust – Beneficiary's Questions .....	ORG47
K-1 Supplemental Business Expense .....	ORG48
Transferred Assets .....	ORG50
Additional Assets .....	ORG51
State Information Worksheet .....	ORG60

## Topic Index

ORG2

Alimony paid .....	ORG28	Keogh plan contributions .....	ORG28
Alimony received .....	ORG10	Medical and dental expenses .....	ORG13
Annuity payments received .....	ORG7	Miscellaneous income reported on 1099-MISC .....	ORG8
Business income and expenses .....	ORG19	Miscellaneous income not from 1099-MISC .....	ORG10
Car and truck expenses .....	ORG18	Miscellaneous itemized deductions .....	ORG15
Casualties and thefts .....	ORG3	Moving expenses .....	ORG16
Charitable contributions .....	ORG14	Office in home expenses .....	ORG20
Child and dependent care expenses .....	ORG35	Partnership income .....	ORG45
Dependent information .....	ORG6	Pension payments received .....	ORG7
Depreciable property — additions .....	ORG51	Personal information .....	ORG6
Depreciable property — deletions .....	ORG50	Railroad retirement benefits .....	ORG10
Dividend income .....	ORG11	Rental income and expenses .....	ORG25
Education .....	ORG36	Royalty income and expenses .....	ORG25
Employee business expense .....	ORG17	S corporation income .....	ORG46
Estate income .....	ORG47	Sale of home .....	ORG22
Estimated and other tax payments .....	ORG40	Sales of business property .....	ORG24
Farm income and expenses .....	ORG27	Sales of stock, securities .....	ORG21
Farm rental income and expenses .....	ORG26	Self-employed health insurance .....	ORG19
Gambling and lottery winnings .....	ORG7	SEP plan contributions .....	ORG28
Household employees .....	ORG41	SIMPLE plan contributions .....	ORG28
Installment sales .....	ORG23	Social security benefits .....	ORG10
Interest income .....	ORG11	State and local tax refunds .....	ORG10
Interest paid (mortgage, etc) .....	ORG14	Taxes paid .....	ORG13
Investment interest expense .....	ORG14	Trust income .....	ORG47
IRA contributions .....	ORG28	Unemployment compensation .....	ORG10
IRA distributions and rollovers .....	ORG7	Wages and salaries .....	ORG7

## 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 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                       |
|---|--------------------------|--------------------------|
| <b>23</b> Did you have foreign income or pay any foreign taxes in 2009? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>24a</b> 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>b</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"/> |
| <b>25</b> 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                       |
|--|--------------------------|--------------------------|
| <b>26</b> Did you or your spouse have self-employed health insurance? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>27</b> 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"/> |
| <b>28</b> 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"/> |
| <b>29</b> Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**MISCELLANEOUS**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| <b>30</b> 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 .. _____ |                          |                          |
| <b>31</b> 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"/> |
| <b>32</b> Did you start paying mortgage insurance premiums in 2009? If <b>yes</b> , please attach details .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>33</b> 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.   |                          |                          |
| <b>34</b> 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: _____   |                          |                          |
| <b>35</b> Did you donate a vehicle in 2009? If yes, attach Form 1098C .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>36</b> What was the sales tax rate in your locality in 2009? _____ % State ID .....   |                          |                          |
| <b>37</b> 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"/> |
| <b>38</b> Did you make gifts to a trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>39</b> 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.   |                          |                          |
| <b>40</b> 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.)   |                          |                          |
| <b>41</b> Did you make a loan at an interest rate below market rate? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>42</b> Did you pay any individual for domestic services in 2009? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>43</b> Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>44</b> Did you, your spouse, or your dependents attend post-secondary school in 2009? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>45</b> Did a lender cancel any of your debt in 2009? (Attach any Forms 1099-A or 1099-C) .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>46</b> 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                       |
|---|--------------------------|--------------------------|
| <b>47</b> If your tax return is eligible for Electronic Filing, would you like to file electronically? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>48</b> 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.

# Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? ..... (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2009? ..... If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and <b>6</b> Business relationship of recipient.		
13 Did you purchase special fuels for non-highway use? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2008 federal income tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>



# 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 .....
Home phone .....	Foreign country .....
Fax .....	Foreign phone .....
	ZIP code .....

## 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	Date of Birth	2009 Child Care Expense	
				+Months in U.S.	*Not Citizen

**\*\* 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

**Car And Truck Expenses**  
(Employees use ORG17 – Employee Business Expenses)

ORG18

for:

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle .....			
2 Date placed in service .....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
<b>a</b> Ending mileage reading .....			
<b>b</b> Beginning mileage reading .....			
<b>c Total miles</b> for the year (line 3a less line 3b) .....			
4 Business miles .....			
5 Total commuting miles .....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc .....			
9 Vehicle registration fee (excluding property tax) .....			
10 Vehicle lease or rental fee .....			
11 Inclusion amount <b>(Preparer Use Only)</b> .....			
12 Depreciation <b>(Preparer Use Only)</b> .....			
13 Parking fees, tolls, and local transportation .....			
14 Portion of vehicle registration fee based on value .....			
15 Interest on vehicle .....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis .....			
17 Is this an electric vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle <b>(Preparer Use)</b> .....			
20 Section 179 expense <b>(Preparer Use)</b> .....			
21 Qualified Property for Economic Stimulus? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property <b>(Preparer Use)</b> .....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Qualified Property for SDA? <b>(Preparer Use)</b> .....	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold .....			
29 Date acquired, if different from line 2 .....			
30 Sales price .....			
31 Expense of sale .....			
32 Gain/loss basis, if different <b>(Preparer Use)</b> .....			
33 AMT gain/loss basis, if different <b>(Preparer Use)</b> .....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle available during off duty hours? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Was vehicle used primarily by a greater than 5% owner or related person? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Do you have evidence to support the business use claimed? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If <b>yes</b> , is the evidence written? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

# 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       Other (explain)  .....

Yes    No

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?  
     (If yes, attach explanation) .....

11 Did you materially participate in the operation of this business during 2009? .....

12 Did you start or acquire this business during 2009? .....

13 At-risk determination:

    a Is all of the investment in this activity at risk? .....

    b Is some of the investment in this activity not at risk? .....

14 Did you have unallowed passive losses in 2008? .....

15a Treat all MACRS assets for this activity as qualified Indian reservation property? .....

    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? .....

    d Was this business located in a Qualified Disaster Area? .....

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 .....		

# Business Use of Home

ORG20

for:  
copy:

GENERAL INFORMATION	2009	2008
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) .....		
2 Area used only partly for day care (square footage) .....		
3 Total area of home (square footage) .....		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year .....		
b Number of days used for day care each week .....		
c Number of days closed for holidays, vacations, etc .....		
d Number of hours used for daycare each day .....		
5 If part of your income is from a place of business other than this home, enter % of gross income from business use of this home .....		
6 Gain from business use of home shown on Schedule D or Form 4797 <b>(Preparer Use Only)</b> ..		
7 Any losses from this business shown on Schedule D or Form 4797 <b>(Preparer Use Only)</b> .....		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2009		2008	
	Direct	Indirect	Direct	Indirect
8 Casualty losses <b>(Preparer Use Only)</b> .....				
9 Total mortgage interest/points .....				
10 Mortgage interest/points on Form 1098 .....				
11 Interest <b>not</b> on Form 1098 .....				
12 Points <b>not</b> of Form 1098 .....				
13 Real estate taxes .....				
14 Excess mortgage interest <b>(Preparer Use)</b> .....				
15 Qualified mortgage insurance .....				
16 Other insurance .....				
17 Rent .....				
18 Repairs and maintenance .....				
19 Utilities .....				
20 Other expenses (e.g., rent) .....				
21 Carryover of operating expenses .....				
22 Excess casualty losses <b>(Preparer Use Only)</b> .....				
23 Depreciation of your home <b>(Preparer Use Only)</b> .....				
24 Carryover of excess casualty losses and depreciation .....				

## DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

25	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
26	Enter the land value included in cost for residence .....			

# 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.

INCOME	2009	2008
14 Rents received		
15 Royalties received		

EXPENSES	2009	2008
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)		

# Tax Payments

ORG40

## 2009 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/15/09								
2 Qtr 2 due by 06/15/09								
3 Qtr 3 due by 09/15/09								
4 Qtr 4 due by 01/15/10								
5a Additional payments ..								
b Additional payments ..								
c Additional payments ..								
d Additional payments ..								

## OTHER TAX PAYMENTS

	Federal	State	Local
6 2008 overpayment applied to 2009 .....			
7 Balance due paid with 2008 return .....			
8a 2008 Quarter 4 payments paid in 2009 .....			
b 2008 extension payments paid in 2009 .....			
9 Other taxes paid in 2009 for prior years (include explanation) .....			

## 2010 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2010, please enter the increase or decrease below.

### Income

<b>10</b> Wages .....	Taxpayer .....	
	Spouse .....	
<b>11</b> Self-Employment Income .....	Taxpayer .....	
	Spouse .....	
<b>12</b> Capital Gains (sale of stock, real estate, etc) .....		
<b>13</b> Other Income:		
Description .....		

### Deductions

<b>14</b> Allowable Itemized Deductions .....	
<b>15</b> Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description .....	
<b>16</b> Federal Withholding .....	
<b>17</b> Number of personal exemptions expected for 2010 .....	

## ADDITIONAL INFORMATION

<b>18</b> Check to use your 2009 tax amount for your 2010 estimate .....	<input type="checkbox"/>
<b>19</b> If you have an overpayment of 2009 taxes, check the box to indicate how you want your overpayment applied.	
<b>a</b> Apply entire overpayment to next year and refund excess .....	<input type="checkbox"/>
<b>b</b> Apply entire overpayment to first quarter and refund excess .....	<input type="checkbox"/>
<b>20</b> Amount to apply if not entire overpayment .....	
<b>21</b> Number of installments for estimated tax (1 - 4) .....	

# State Information Worksheet

ORG60

## GENERAL INFORMATION

	<b>Taxpayer</b>	<b>Spouse</b>
1 Enter your state of residence .....		
2 Check the appropriate box if:	<b>Taxpayer</b>	<b>Spouse</b>
a Full year resident .....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident .....	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident .....	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____ School district: _____ School district number: _____		
5 Check if disabled .....	<input type="checkbox"/>	<input type="checkbox"/>

## STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## MISCELLANEOUS QUESTIONS

		<b>Yes</b>	<b>No</b>
8 Did you file a state return for 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded .....	<input type="checkbox"/>	b Apply to 2010 estimates .....	<input type="checkbox"/>
		c Apply to 2010 taxes .....	<input type="checkbox"/>
12 Additional state information: _____			
_____			
_____			