

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2008 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 2008 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, 2007 information is included for your reference. You do not need to make any 2007 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 2007 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.

Hendershot, Burkhardt & Reed, CPAs
7525 Presidential Lane 559 Frost Avenue, Suite 100
Manassas, VA 20109 Warrenton, VA 20186
P: (703)361-1592 P: (540)349-0119
www.hbrcpas.com

2008 Tax Documents to Send to Preparer

Check items enclosed.

Gather the following documents to send to your preparer.

Form 1099-Q - Payments from Qualified Education Programs:

Form 1099-INT - Interest Income:

General Questions

ORG3

PERSONAL INFORMATION

	Yes	No
1 Did your marital status change during 2008? If yes , 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 no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: 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 2009?	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2008?	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2008 or 2009): Taxpayer: _____ Spouse: _____		
6 Were you or your spouse a member of the U.S. Armed Forces during 2008?	<input type="checkbox"/>	<input type="checkbox"/>
7a How much were you qualified to receive for the economic stimulus rebate in 2008? Please attach your IRS letter explaining your rebate amount.		
b Was part or all of your rebate kept for unpaid taxes due or other reasons? Please attach the specific details and any additional information necessary.	<input type="checkbox"/>	<input type="checkbox"/>
8 Were you or was any of your property located in a federally declared disaster area, such as those affected by the Midwest flooding or Hurricanes Gustav or Ike?	<input type="checkbox"/>	<input type="checkbox"/>

DEPENDENT INFORMATION

	Yes	No
9a Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want us to prepare the return(s)?	<input type="checkbox"/>	<input type="checkbox"/>
10a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1,800?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
11 Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you provide over half the support for any other person during 2008?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you incur adoption expenses during 2008?	<input type="checkbox"/>	<input type="checkbox"/>

IRA AND PENSION PLAN

	Yes	No
14 Did you receive payments from a pension or profit-sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
15 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"/>
16 Did you convert all or part of a regular IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>

ITEMS RELATED TO INCOME/LOSSES

	Yes	No
18 Did you receive any disability payments in 2008?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2008? Are you planning to purchase a home soon?	<input type="checkbox"/>	<input type="checkbox"/>
(Attach copies of any purchase or sale escrow statements. Form 1099-C or Form 1099-A.)		
21 Did you incur any casualty or theft losses during 2008?	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>

PRIOR YEAR TAX RETURNS

	Yes	No
23 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
24 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 25 Did you have foreign income or pay any foreign taxes in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 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"/> |
| If yes , enter the name of the foreign country: _____ | | |
| 27 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 28 Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 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"/> |
| 30 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"/> |
| 31 Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 32 Did you add energy efficient property to your home in 2008? This refers to solar energy, solar water heating, fuel cell, small wind energy or a geothermal heat pump | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you start paying mortgage insurance premiums in 2008? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 Did you purchase a motor vehicle or boat during 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , attach documentation showing sales tax paid. | | |
| 35 Did you purchase a hybrid vehicle in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , enter year, make, model, and date purchased: _____ | | |
| 36 Did you donate a vehicle in 2008? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 What was the sales tax rate in your locality in 2008? _____ % State ID | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you or your spouse make gifts of over \$12,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 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 yes , please attach details. | | |
| 41 Did you or your spouse participate in a medical savings account in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 42 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay any individual for domestic services in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did you, your spouse, or your dependents attend post-secondary school in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach information. | | |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

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

Caution: Review transferred information for accuracy.

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

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 2008? If yes , 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 2008?	<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 not 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 2008?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2008?	<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 2008?	<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: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient.		
13 Did you purchase special fuels for non-highway use?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , 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 2007 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 or age as of 1-1-2009 ...	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FILING STATUS

1 Single
 2 Married filing jointly
 3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year ▶
 Check this box if you are eligible to claim spouse's exemption ▶
 Check this box if your spouse itemizes deductions ▶

4 Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name Child's social security number

5 Qualifying widow(er)
 Check the box for the year the spouse died ▶ 2006 2007

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2008 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

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

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

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

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

TSJ	X*	Payer Name	2008 Box 1 Interest	Type of Interest**	2008 Box 3 US/Treasury Interest	2008 Box 8 Tax Exempt	State	2007 Box 1 or 3

X* Check if you did not receive income from this account in 2008.

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2008 Box 1a Ordinary Dividends	2008 Box 1b Qualified Dividends	2008 Box 2a Capital Gains	State	2007 Box 1a + 2a

X* Check if you did not receive income from this account in 2008.

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2008	2007
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5a Insurance reimbursement		
b Medical (MSA) or health (HSA) savings account distributions		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees		
9 Expenses for qualified long-term care		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12a Miles driven for medical purposes 1/1 - 6/30/08		
b Miles driven for medical purposes 7/1 - 12/31/08		
13 Ambulance fees and other medical transportation costs		
14 Lodging		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2008	2007
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle		
19 Other personal property taxes		
20 Other taxes:		
_____		
_____		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2008	2007
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2008
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2007 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

INVESTMENT INTEREST		
	2008	2007
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

Noncash Contributions

ORG14A

Copy 1

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

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

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

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

*** Methods of determining FMV:**

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

**** Type of Donated Property**

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

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

Miscellaneous Itemized Deductions

ORG15

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

Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

ORG18

for: ORG19

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:			
a Ending mileage reading			
b Beginning mileage reading			
c Total miles for the year (line 3a less line 3b)			
4a Business miles from 01/01/08 thru 06/30/08			
b Business miles from 07/01/08 thru 12/31/08			
5 Total commuting miles			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use Only)	<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 (Preparer Use Only)			
12 Depreciation (Preparer Use Only)			
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 (Preparer Use Only)			
20 Section 179 expense (Preparer Use Only)			
21 Kansas Disaster Zone? (Preparer 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
22 Qualified GO Zone Property (Preparer Use Only)	<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
23 Qualified Property for SDA? (Preparer Use)	<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
24 Elect OUT of SDA? (Preparer 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
25 Elect 30% in place of 50% SDA (Preparer 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
26 Date sold			
27 Date acquired, if different from line 2			
28 Sales price			
29 Expense of sale			
30 Gain/loss basis, if different (Preparer Use Only)			
31 AMT gain/loss basis, if different (Preparer Use Only)			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
32 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
33 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
34 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
35 Do you have evidence to support the business use claimed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
36 If yes , 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

3 Business address

4 Principal business/profession

5 Employer ID number

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

7 Was this business fully disposed of to an unrelated person during the year? 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 2008?

12 Did you start or acquire this business during 2008?

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 2007?

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?

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2008	2007
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	2008	2007
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	2008	2007
Business name _____		
26 Advertising		
27 Car and truck expenses (complete ORG18)		
28 Commissions and fees		
29 Contract labor		
30 Depletion		
31 Depreciation and Section 179 deduction (Preparer Use Only)		
32 Employee benefit programs		
33 Insurance (other than health)		
34 Self-employed health insurance attributable to this business		
35 Interest:		
a Mortgage (paid to banks, etc)		
b Other		
36 Legal and professional services		
37 Office expenses		
38 Pension and profit-sharing plans		
39 Rent or lease:		
a Machinery and equipment		
b Other business property		
40 Repairs and maintenance		
41 Supplies (not included in cost of goods sold)		
42 Taxes and licenses		
43 Travel, meals, and entertainment:		
a Travel		
b Meals and entertainment subject to 50% limit		
c Meals subject to 75% limit		
d Meals and entertainment not subject to limit		
44 Utilities		
45 Wages		
46 Other expenses:		

47 Expenses for business use of your home (Preparer Use Only)		
Complete ORG20 for Business Use of Home.		
48 Qualified pension plans start-up costs		

Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES			
Enter below the persons or organizations who provided the child and dependent care.			
Name	Address	ID Number	Amount Paid
1 _____	_____		
2 _____	_____		
3 _____	_____		
4 _____	_____		
EXPENSES		2008	2007
1 Total employment taxes paid on wages for child care expenses			
2 Total expenses paid in 2008 but not incurred in 2008			
3 Total expenses incurred in 2008 but not paid in 2008			
4 Medical expenses paid for qualifying persons unable to care for themselves			
STUDENT/DISABLED PERSON INFORMATION		Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled, answer the following questions:			
a Enter the number of months that taxpayer/spouse did not work and was a full-time student or disabled			
b Enter earned income if the taxpayer/spouse who was a student or disabled did work			

Education Information

ORG36

EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified education expense.			1. First/second year of post-secondary education? 2. At least 1/2 time? 3. Earning degree or other credential? 4. No drug offenses? <div style="display: flex; justify-content: space-around;"> Yes No </div>	
Student's Name		Student's Social Security Number		
First Name Last Name	Middle Initial Suffix	Student's Social Security Number		
-----	-----			
-----	-----			

EDUCATOR EXPENSES	2008	2007
1 a Taxpayer educator expenses		
b Spouse educator expenses		

STUDENT LOAN INTEREST PAID	2008	2007
2 Enter the total interest you paid in 2008 on qualified student loans		

FORM 1099-Q

State Code	Name of Payer or Program	Check if Spouse	Gross Distribution Box 1	Earnings Box 2	Type Box 5
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence		
2 Check the appropriate box if:	Taxpayer	Spouse
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

		Yes	No
8 Did you file a state return for 2007?	<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 2009 estimates	<input type="checkbox"/>
		c Apply to 2009 taxes	<input type="checkbox"/>
12 Additional state information: _____			

