



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.

Hendershot, Burkhardt & Reed, CPAs
7525 Presidential Lane
Manassas, VA 20109
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ENGAGEMENT LETTER BETWEEN CLIENT AND HENDERSHOT, BURKHARDT, & REED, CPAs

This confirms our arrangements with you for income tax preparation service. The scope of our engagement is to only prepare your 2009 federal and state income tax returns. Our preparation will be from the information you provide. Our work will be performed in accordance with the Statements on Responsibilities in Tax Practice as promulgated by the American Institute of Certified Public Accountants. This letter will serve to document our discussions regarding the scope of the engagement and contains the entire understanding of the parties regarding the work to be performed. Our work will not guarantee detection of fraud or theft, and does not include business consulting or tax planning services. However, you may contract these services separately.

We will not conduct an audit or financial review of the data you submit to us even though we may ask you to clarify or send us additional documents. In order to avoid ambiguity and insure clarity, we request that any tax research questions be submitted in writing. We will provide a written response. You certify, by your signature, that you have disclosed all items of income and you have written records to support all deductible items, and that you have included or reviewed all income and deductible items on your organizer for completeness and accuracy.

You understand you have the final responsibility for your tax return. You should review your tax returns carefully before you sign and mail them. We welcome any questions you may have in connection with these terms.

Tax returns will be delivered upon payment. For your added convenience, we accept all major credit cards. If you supply additional information after the tax return is completed, an additional charge will be levied to recompile your return.

All tax returns are subject to review by the taxing authorities. We suggest that you notify us immediately if you receive any inquiry or communication concerning your tax returns so that we may advise you as to what course of action you should follow. If IRS or the State selects your return for audit, we can either advise you or represent you before the taxing authorities. Fees for requested level of representation are billed separately and are not related to the fees charged to prepare your tax return. We are available to help you during the year with other proposed financial transactions and tax planning at our normal professional rates.

In accordance with our company's current document retention policy, we will retain copies of the records we deem to be pertinent that you have supplied us along with our work papers for your engagement for a period of five years. All of your original records will be returned to you. After five years, our work papers and files will no longer be available. Physical deterioration or catastrophic events may shorten the time during which our records will be available. The working papers and files of our company are not a substitute for the original records, and you should not rely upon our records. A \$10.00 fee will be charged for copies of prior year's returns.

We may receive requests for information arising out of this engagement. The requests may come from governmental agencies, courts or other tribunals as well as from other sources. In certain situations, an accountant-client privilege may exist. You agree that we are not under any obligation to protect the release of information unless the accountant-client privilege does in fact exist. Unless we have been legally notified not to release information or the accountant-client privilege exists, we will release the information requested. Please read the privacy statement located on the reverse side.

I have read and accept the above contract for engagement.

Client's Signature

Date

Hendershot, Burkhardt & Reed, CPAs
7525 Presidential Lane, Manassas, VA 20109

Notice of Privacy Practices

To our clients: This notice describes how accounting information about you (as a client of this firm) may be used and disclosed, and how you can get access to your accounting information.

Our commitment to your privacy

Our firm is dedicated to maintaining the privacy of your accounting information. We are required by law to maintain the confidentiality of your accounting information.

We realize that these laws are complicated, but we must provide you with the following information:

Use and disclosure of your accounting information in certain special circumstances

The following circumstances may require us to use or disclose your accounting information:

1. To the Internal Revenue Service.
2. Lawsuits and similar proceedings in response to a court of administrative order.
3. If required to do so by a law enforcement official.
4. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
5. To federal officials for intelligence and national security activities authorized by law.
6. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

Your rights regarding your accounting information

1. Communications. You can request that our practice communicate with you about your accounting and financial related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. We will accommodate reasonable requests.
2. You may ask to amend your tax information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our firm. To request an amendment, your request must be made in writing and submitted to Hendershot, Burkhardt & Reed, CPAs. For further information please call Martha Kimble or Dave Burkhardt at 703-361-1592. You must provide us with a reason that supports your request for amendment.
3. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our front desk receptionist.
4. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice. To file a complaint with our firm, contact Richard L. Hendershot, CPA. For further information contact Martha Kimble at 703-361-1592. All complaints must be submitted in writing.
5. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for use and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our accounting information privacy policies, please contact Richard L. Hendershot, CPA.

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General Questions

ORG3

PERSONAL INFORMATION			Yes	No
1	Did your marital status change during 2009?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes , explain			
2	Do you want to allow your tax preparer to discuss this year's return with the IRS?		<input type="checkbox"/>	<input type="checkbox"/>
	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) ▶ _____			
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 yes , 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 yes , do you want to include your child's income on your return?		<input type="checkbox"/>	<input type="checkbox"/>
9	Are any of your dependents not 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 not 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?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes , enclose agent's report or notice of change.			
22	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?		<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS AND TAXES

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

HEALTH AND LIFE INSURANCE

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

MISCELLANEOUS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 30 Did you receive an economic stimulus payment in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received social security, railroad retirement, veterans disability compensation or some pension benefits you would probably have received an extra \$250 payment in 2009. Report the amount here ... _____ | | |
| 31 Did you add energy efficient property to your home in 2009? This refers to solar energy, solar water heating, fuel cell, small wind energy or a geothermal heat pump | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you start paying mortgage insurance premiums in 2009? If yes , please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you purchase a motor vehicle or boat during 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , attach documentation showing sales tax paid. | | |
| 34 Did you purchase a hybrid vehicle in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , enter year, make, model, and date purchased: _____ | | |
| 35 Did you donate a vehicle in 2009? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 What was the sales tax rate in your locality in 2009? _____ % State ID | | |
| 37 Did you or your spouse make gifts of over \$13,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach details. | | |
| 40 Did you or your spouse participate in a medical savings account in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 41 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Did you pay any individual for domestic services in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you, your spouse, or your dependents attend post-secondary school in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did a lender cancel any of your debt in 2009? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If 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 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 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 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 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 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: 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 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 or age as of 1-1-2010 ...	MM/DD/YYYY _____	MM/DD/YYYY _____
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

 Check this box if you **did not** live with spouse at any time during the year ▶

 Check this box if you are eligible to claim spouse's exemption ▶

 Check this box if your spouse itemizes deductions ▶

4 Head of household

 If the qualifying person is a child but not your dependent, enter

 Child's name _____ Child's social security number _____

5 Qualifying widow(er)

 Check the box for the year the spouse died ▶ 2007 2008

DEPENDENT INFORMATION

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

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

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

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

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

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

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2009	2008
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5a Insurance reimbursement		
b Medical (MSA) or health (HSA) savings account distributions		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees		
9 Expenses for qualified long-term care		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes		
13 Ambulance fees and other medical transportation costs		
14 Lodging		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2009	2008
Enter state and local income taxes on 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	2009	2008
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

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

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

Interest Paid and Cash Contributions (continued)

ORG14

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

Noncash Contributions

ORG14A

Copy 1

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

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

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

* Method for Fair Market Value	Date of Contribution	Complete these columns 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 |
| | | Thrift shop |

**** Type of Donated Property**

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

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

Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2009	2008
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 type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check to code assets as Investment Expense <input type="checkbox"/>		
Use 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	2009	2008
12 Amortizable bond premiums (acquired before 10/23/86)		
13 Gambling losses (to the extent of gambling income)		
14 Other miscellaneous deductions:		
a _____		
b _____		
c _____		
d _____		
e _____		

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)			
4 Business miles			
5 Total commuting miles			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (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
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)			
20 Section 179 expense (Preparer Use)			
21 Qualified Property for Economic Stimulus? (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 Property for Qualified Disaster Area? (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
23 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
24 Qualified GO Zone Property (Preparer Use)	<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? (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
26 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
27 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
28 Date sold			
29 Date acquired, if different from line 2			
30 Sales price			
31 Expense of sale			
32 Gain/loss basis, if different (Preparer Use)			
33 AMT gain/loss basis, if different (Preparer Use)			
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 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

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 _____		
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 (enter vehicle lease on ORG18)		
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 80% limit		
d Meals and entertainment not subject to limit		
44 Utilities		
45 Gross 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 plan start-up costs		

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

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

1 Check property owner Taxpayer Spouse Joint Yes No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

	2009	2008
INCOME		
14 Rents received		
15 Royalties received		
EXPENSES		
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)		

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 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: _____			

