2009	1040	US	Topical Index

2009	1040	US	Client Information	1

Friedman & Perry, CPA's
39560 Stevenson Place Suite 112
Fremont, CA 94539-3074
Telephone number: **(510) 794-7555**
Fax number: **(510)-794-4719**
E-mail address: **FandPCPAs@AOL.COM**

Tax Return Appointment

Date:
Time:
Location:

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

CLIENT INFORMATION

Filing Status	Filing status (table)	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying widow(er) (2007 or 2008)	
Taxpayer	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Spouse	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

1 = Single
2 = Married filing joint
3 = Married filing separate
4 = Head of household
5 = Qualifying widow(er)

2009	1040	US	Client Information (continued)	1 p2

Please add, change or delete information for 2009.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		**Daytime Phone**
	Work phone		1 = Work
	Work extension		2 = Home
	Daytime phone (table)		3 = Mobile
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		

Please add, change or delete information for 2009.

DEPENDENTS

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

Type of Dependent

1 = Child living w/taxpayer
2 = Child not living w/taxpayer
3 = Dependent other than child
4 = Head of household only, not a dependent
5 = Earned income credit only, not a dependent

Earned Income Credit

1 = When applicable (default)
2 = Student age 19 to 23
3 = Disabled
4 = Force
5 = Suppress

2009	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6

Please enter all pertinent 2009 information.

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

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

1=taxpayer received $250 economic recovery payment	350	
1=spouse received $250 economic recovery payment	351	
1=taxpayer received government pension not covered by social security	352	
1=spouse received government pension not covered by social security	353	
1=direct deposit of federal tax refund into bank account	18	
1=electronic payment of balance due	34	
1=electronic payment of estimated tax	36	

BANK INFORMATION

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

2009 ESTIMATED TAX / 1040-ES (6)

Federal

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

State

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

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

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

	Hash Total		3, 6

(t=taxpayer, s=spouse, blank=joint)

Please enter all pertinent 2009 information.

APPLICATION OF 2009 OVERPAYMENT (7.1)

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

Other (please explain): ________________________________

2010 ESTIMATED TAX INFORMATION

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

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

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

If "yes" explain any differences: ________________________________

2009	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2

Please enter all pertinent 2009 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)	1=spouse	Wages, Tips, Other Compensation (Box 1)	Tax Withheld Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	2008 Wages
	800	1	2	3	4	6	8	14	18	

PENSIONS, IRA DISTRIBUTIONS (13.1)

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

GAMBLING WINNINGS (W-2G) (13.2)

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

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

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

2009	1040	US	Interest & Dividend Income	11, 12

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

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2008 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller-Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		
	800 (801, 813, 802, 803)	1	2	3	4	19	5	18	

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2008 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		
	800	1	2	30	3	502	18	503	16	

2009	1040	US	Miscellaneous Income	14.1

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

MISCELLANEOUS INCOME

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

TAX WITHHELD (not entered elsewhere)

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

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

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

			2009 1099-G Amount
	Name of payer	800	
	1=spouse	1	
	Unemployment compensation:		
	Total received (Box 1)	2	
	2009 Overpayment repaid	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund	9	
	Tax year for box 2 if not 2008 (Box 3)	5	
	Federal income tax withheld (Box 4)	6	
No.	ATAA payments (Box 5)	25	
	Taxable grants:		
	Federal taxable amount (Box 6)	12	
	State taxable amount, if different	17	
	Farm amounts:		
	Agriculture payments (Box 7)	13	
	1=agriculture payments are from conservation reserve program	24	
	Market gain (Box 9)	26	
	Number of farm	15	
	1=box 2 is trade or business income (Box 8)	14	
	State income tax withheld	11	

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

2009	1040	US	Education Distributions (ESA's and QTP's)	14.3

Please enter all pertinent 2009 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

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

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

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

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

2009	1040	US	Business Income (Schedule C)	No.	16

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

GENERAL INFORMATION

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

Accounting method: 1=cash, 2=accrual	7	
Inventory method: 1=cost, 2=lower cost/market, 3=other	6	
1=change of inventory method	8	
1=spouse, 2=joint	10	
1=first Schedule C filed for this business	44	
1=W-2 earnings as statutory employee	13	
1=not subject to self-employment tax	39	
1=did not "materially participate"	22	
1=personal services is not a material income producing factor	220	
1=investment	37	
1=minister's Schedule C	302	
1=single member limited liability company	418	

INCOME

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

COST OF GOODS SOLD

		2009 Amount	2008 Amount
Inventory at beginning of the year	14		
Purchases	15		
Cost of items for personal use	16		
Cost of labor	17		
Materials and supplies	18		
Other costs:			
	19		
	19		
	19		
	19		
	19		
	19		
	19		
	19		
Inventory at end of the year	20		

2009	1040	US	Business Income (Schedule C) (cont.)	No.	16 p2

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

EXPENSES

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

Other expenses:

	90		
	90		
	90		
	90		
	90		
	90		

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

2009	1040	US	Capital Gains & Losses (Schedule D)	17

If you sold any stocks, bonds, or other investment property in 2009, please list the pertinent information for each sale below or provide a spreadsheet file with this information.
Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity (Box 5)	Description of Property (Box 7)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
	847	800	25	26	27	29	28	168

2009	1040	US	Installment Sales (Form 6252)	17 p2

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

PRIOR YEAR INSTALLMENT SALE

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

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

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

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

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

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

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

2009	1040	US	Sale of Home & Moving Expenses	17, 27

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

SALE OF HOME (17)

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

Adjusted Basis

Original cost		
Improvements:		
Adjusted basis	29	

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

Total expenses of sale	28	

Reduced Exclusion

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

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

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

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

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

2009	1040	US	Rental & Royalty Income (Schedule E)	No.	18

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

GENERAL INFORMATION

Kind of property	800	
Location of property	801	

Percentage of ownership if not 100% (.xxxx)	500	
Percentage of tenant occupancy if not 100% (.xxxx)	503	
1=spouse, 2=joint	33	
1=nonpassive activity, 2=passive royalty	39	
1=did not actively participate	38	
1=real estate professional	32	
1=rental other than real estate	71	
1=investment	48	
1=single member limited liability company	418	

INCOME

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

DIRECT EXPENSES

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

		2009 Amount	2008 Amount
Advertising	4		
Association dues	16		
Auto and travel (not entered elsewhere)	5		
Cleaning and maintenance	6		
Commissions	7		
Gardening	18		
Insurance	8		
Legal and professional fees	10		
Licenses and permits	23		
Management fees	19		
Miscellaneous	24		
Mortgage interest (paid to banks, etc.)	9		
Qualified mortgage insurance premiums	62		
Excess mortgage interest	67		
Other interest (not entered elsewhere)	29		
Painting and decorating	20		
Pest control	21		
Plumbing and electrical	17		
Repairs	11		
Supplies	12		
Taxes - real estate	13		
Taxes - other (not entered elsewhere)	25		
Telephone	22		
Utilities	14		
Wages and salaries	15		
Other:			
	27		
	27		
	27		
	27		

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

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

OIL AND GAS

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

VACATION HOME

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

INDIRECT EXPENSES

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

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

Other:

	227		
	227		
	227		
	227		
	227		
	227		
	227		
	227		
	227		

2009	1040	US	Partnership and S corporation Information	20.1,20.2

Please add, change or delete 2009 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
	800	801	802	161

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
	800	801	802	161

2009	1040	US	Estate or Trust and REMIC Information	20.3,20.4

Please add, change or delete 2009 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number
	800	801	802

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number
	800	801

2009	1040	US	Vehicle Expenses	No.	22 p3

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

GENERAL INFORMATION

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

AUTOMOBILE MILEAGE

		2009 Amount	2008 Amount
Total mileage (for the tax year)	36		
Business mileage	37		
Commuting mileage (for the tax year)	38		
Average daily round-trip commute	334		

ACTUAL EXPENSES

		2009 Amount	2008 Amount
Parking fees and tolls (business portion only)	335		
Gasoline, lube, oil	338		
Repairs	339		
Tires	340		
Insurance	341		
Miscellaneous	342		
Auto license (other than personal property taxes)	343		
Personal property taxes (based on car's value)	344		
Interest (car loan) (for Schedule C, E & F)	345		
Vehicle rent or lease payments	350		
Inclusion amount (enter as positive)	351		
Value of employer-provided vehicle on Form W-2 (2106)	346		

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

TRADITIONAL IRA CONTRIBUTIONS

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

ROTH IRA CONTRIBUTIONS

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

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)	10		60			
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)	11		61			
Defined benefit contributions you expect to make	13		63			
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)	12		62			
Plan contribution rate if not .25 (.xxxx)	501		551			
Individual 401k: SE elective deferrals (except Roth) (1=max.)	44		94			
Individual 401k: SE designated Roth contributions (1=max.)	144		194			
SIMPLE contributions:						
Self-employed SIMPLE contributions you made or expect to make (1=maximum)	22		72			
Employer matching rate if not .03 (.xxxx)	502		552			
1=nonelective contributions (2%)	24		74			
Contributions made to date	14		64			

ADJUSTMENTS TO INCOME

Self-employed health insurance:						
Total premiums (excluding long-term care)	16		66			
Long-term care premiums	26		76			
Student loan interest paid (1098-E, box 1)	23		73			
Educator expenses (kindergarten thru grade 12)	28		78			
Jury duty pay given to employer	43		93			
Expenses from rental of personal property	37		87			
Other adjustments to income:						
______________________	19		69			
______________________	19		69			
______________________	19		69			

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

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

MEDICAL AND DENTAL EXPENSES

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

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

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

		2009 Amount	TS	2008 Amount
State income taxes - 1/09 payment on 2008 state estimate	11			
State income taxes - paid with 2008 state extension	12			
State income taxes - paid with 2008 state return	13			
State income taxes - paid for prior years and/or to other state	14			
City/local income taxes - 1/09 payment on 2008 city/local estimate	211			
City/local income taxes - paid with 2008 city/local extension	212			
City/local income taxes - paid with 2008 city/local return	213			

SALES AND USE TAXES PAID

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

OTHER TAXES PAID

		2009 Amount	TS	2008 Amount
Real estate taxes - principal residence:				
	15			
	15			
	15			
Real estate taxes - property held for investment	16			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)	18			
Foreign income taxes	19			
Other taxes:				
	20			
	20			
	20			

* Attach information on additional vehicles if more than one was purchased between 2/17/09 - 12/31/09.

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

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:		2009 Amount	TS	2008 Amount
	21			
	21			
	21			
Home mortgage interest not reported on Form 1098:				
Payee's name	85.___			
Payee's SSN or FEIN	86.___			
Payee's street address	87.___			
Payee's city, state, ZIP	88.___			
Amount paid	22.___			
Points not reported on Form 1098:				
	23			
	23			
Mortgage insurance premiums on post 12/31/06 contracts (Box 4)	39			
Investment interest (interest on margin accounts):				
	24			
	24			
Passive interest	27			
Certain home mortgage interest included above (6251)	30			

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:		2009 Amount	TS	2008 Amount
	32			
	32			
	32			
	32			
	32			
Volunteer expenses (out-of-pocket)	31			
Number of charitable miles	53			

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

Contributions by cash or check:		2009 Amount	TS	2008 Amount
	41			
	41			
	41			
	41			
	41			
Volunteer expenses (out-of-pocket)	40			
Number of charitable miles	54			

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

NONCASH CONTRIBUTIONS

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

		2009 Amount	TS	2008 Amount
50% limitation (see above):				
	33			
	33			
	33			
	33			
30% limitation (see above):				
	34			
	34			
	34			
	34			
30% capital gain property (gifts of capital gain property to 50% limit orgs.):				
	35			
	35			
	35			
	35			
20% capital gain property (gifts of capital gain property to non-50% limit orgs.):				
	36			
	36			
	36			
	36			

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues	42			
Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):				
	43			
	43			
	43			
	43			
	43			
	43			
Investment expense:				
	44			
	44			
	44			
	44			
	44			
	44			
Tax return preparation fee	45			
Safe deposit box rental	46			
Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):				
	47			
	47			
	47			
	47			
	47			
	47			

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

OTHER MISCELLANEOUS DEDUCTIONS

		2009 Amount	TS	2008 Amount
Estate tax, section 691(c)	49			
Other miscellaneous deductions:				
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
	50			
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	50			

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

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

2. Total home acquisition debt exceeded $1,000,000 at any time during 2009 ($500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

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

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

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

LOAN INFORMATION

Loan #1

		2009 Amount	TS	2008 Amount
Lender's name	820			
Form (see table)	416			
Number of form	417			
1=taxpayer, 2=spouse, blank=joint	496			
Interest paid	401			
Points paid	402			
Total principal paid	404			
Lump sum principal payment (if paid off)	403			
Months outstanding (if not 12)	405			
Home acquistion debt balance - beginning of year	407			
Home acquisition debt borrowed in 2009	408			
Home equity debt balance - beginning of year	410			
Home equity debt borrowed in 2009	411			
Grandfather debt balance - beginning of year	413			

Loan #2

		2009 Amount	TS	2008 Amount
Lender's name	830			
Form (see table)	436			
Number of form	437			
1=taxpayer, 2=spouse, blank=joint	497			
Interest paid	421			
Points paid	422			
Total principal paid	424			
Lump sum principal payment (if paid off)	423			
Months outstanding (if not 12)	425			
Home acquistion debt balance - beginning of year	427			
Home acquisition debt borrowed in 2009	428			
Home equity debt balance - beginning of year	430			
Home equity debt borrowed in 2009	431			
Grandfather debt balance - beginning of year	433			

Form

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

2009	1040	US	Noncash Contributions (Form 8283)	26

If your total noncash contributions are in excess of $500 in 2009, please complete the information below for each donee using the following guidelines:

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than $500, attach Form 1099-C or other written acknowledgement received from the donee organization.
* A deduction for contributions of clothing or other household items that are not in good used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than $500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No.		Name of charitable organization (donee)	800	
		Street address	801	
		City, state, ZIP code	802	
		1=spouse, 2=joint	1	
		Property description (other than vehicle)	803	
	Vehicle	Year (yyyy)	14	
		Make and model	829	
		Condition and mileage	830	
		Date of contribution (m/d/y) *	5	
		Date acquired by donor (m/y) *	6	
		How acquired by donor (Table 1 or describe)	804	
		Donor's cost or basis	7	
		Fair market value	8	
		Method used to determine FMV (Table 2 or describe)	805	
No.		Name of charitable organization (donee)	800	
		Street address	801	
		City, state, ZIP code	802	
		1=spouse, 2=joint	1	
		Property description (other than vehicle)	803	
	Vehicle	Year (yyyy)	14	
		Make and model	829	
		Condition and mileage	830	
		Date of contribution (m/d/y) *	5	
		Date acquired by donor (m/y) *	6	
		How acquired by donor (Table 1 or describe)	804	
		Donor's cost or basis	7	
		Fair market value	8	
		Method used to determine FMV (Table 2 or describe)	805	
No.		Name of charitable organization (donee)	800	
		Street address	801	
		City, state, ZIP code	802	
		1=spouse, 2=joint	1	
		Property description (other than vehicle)	803	
	Vehicle	Year (yyyy)	14	
		Make and model	829	
		Condition and mileage	830	
		Date of contribution (m/d/y) *	5	
		Date acquired by donor (m/y) *	6	
		How acquired by donor (Table 1 or describe)	804	
		Donor's cost or basis	7	
		Fair market value	8	
		Method used to determine FMV (Table 2 or describe)	805	

1 How Property was Acquired

1 = Purchase
2 = Gift
3 = Inheritance
4 = Exchange

2 Method Used to Determine FMV

1 = Appraisal
2 = Thrift shop value
3 = Catalog
4 = Comparable sales

For other methods, see IRS Pub. 561.

* Negative date = various

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

BUSINESS USE OF HOME

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

INDIRECT EXPENSES

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

		2009 Amount	2008 Amount
Mortgage interest	11		
Real estate taxes	12		
Qualified mortgage insurance premiums	51		
Casualty losses	13		
Insurance	14		
Miscellaneous	15		
Rent	16		
Repairs and maintenance	17		
Utilities	18		
Excess mortgage interest	19		
Other indirect expenses:			
	20		
	20		
	20		
	20		

DIRECT EXPENSES

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

		2009 Amount	2008 Amount
Mortgage interest	21		
Real estate taxes	22		
Qualified mortgage insurance premiums	52		
Casualty losses	23		
Insurance	24		
Miscellaneous	25		
Rent	26		
Repairs and maintenance	27		
Utilities	28		
Excess mortgage interest	29		
Excess casualty losses	30		
Allowable casualty losses	31		
Other direct expenses:			
	32		
	32		
	32		
	32		

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

GENERAL INFORMATION

Occupation, if different from Form 1040	800	

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

EMPLOYEE BUSINESS EXPENSES

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

2009	1040	US	Vehicle Expenses (Form 2106) (cont.)	No.	30 p2

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

VEHICLE INFORMATION

		2009 Amount	2008 Amount
1=vehicle used primarily by more than 5% owner	11		
1=vehicle is available for off-duty personal use	4		
1=no other vehicle is available for personal use	2		
1=no evidence to support your deduction	5		
1=no written evidence to support your deduction	6		

VEHICLE 1

		2009 Amount	2008 Amount
Description of vehicle	801		
Date placed in service (m/d/y)	15		
Total mileage (for the tax year)	16		
Business mileage	17		
Commuting mileage (for the tax year)	19		
Average daily round-trip commute	18		
Number of months of vehicle business use (if not 12)	80		
Parking fees and tolls (business portion only)	70		
Actual expenses:			
Gasoline, lube, oil	51		
Repairs	52		
Tires	53		
Insurance	54		
Miscellaneous	22		
Auto license (other than personal property taxes)	55		
Personal property taxes (based on car's value)	56		
Interest (car loan) (for Schedule C, E & F)	57		
Vehicle rent or lease payments	23		
Inclusion amount (enter as positive)	20		
Value of employer-provided vehicle on Form W-2 (2106)	24		

VEHICLE 2

		2009 Amount	2008 Amount
Description of vehicle	802		
Date placed in service (m/d/y)	29		
Total mileage (for the tax year)	30		
Business mileage	31		
Commuting mileage (for the tax year)	33		
Average daily round-trip commute	32		
Number of months of vehicle business use (if not 12)	112		
Parking fees and tolls (business portion only)	71		
Actual expenses:			
Gasoline, lube, oil	61		
Repairs	62		
Tires	63		
Insurance	64		
Miscellaneous	36		
Auto license (other than personal property taxes)	65		
Personal property taxes (based on car's value)	66		
Interest (car loan) (for Schedule C, E and F)	67		
Vehicle rent or lease payments	37		
Inclusion amount (enter as positive)	34		
Value of employer-provided vehicle on Form W-2 (2106)	38		

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

HSA CONTRIBUTIONS

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

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

HSA DISTRIBUTIONS

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

2009	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2

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

DEPENDENT CARE EXPENSES (33.1)

	2009 Amount				2008 Amount	
		Taxpayer		Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2009	3		53			
Employer-provided benefits forfeited in 2009	6		56			

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No.	First name	17		
	Last name	18		
	Date of birth (m/d/y)	22		
	Social security number	19		
	Qualified dependent care expenses incurred and paid in 2009	20		2008 amt:
	1=disabled	23		
	1=spouse, 2=joint	21		

No.	First name	17		
	Last name	18		
	Date of birth (m/d/y)	22		
	Social security number	19		
	Qualified dependent care expenses incurred and paid in 2009	20		2008 amt:
	1=disabled	23		
	1=spouse, 2=joint	21		

No.	First name	17		
	Last name	18		
	Date of birth (m/d/y)	22		
	Social security number	19		
	Qualified dependent care expenses incurred and paid in 2009	20		2008 amt:
	1=disabled	23		
	1=spouse, 2=joint	21		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No.	Name of provider	10		
	Street address	11		
	City, state, ZIP code	12		
	Identification number (SSN or EIN)	13		
	Amount paid to care provider in 2009	14		2008 amt:
	1=spouse, 2=joint	15		

No.	Name of provider	10		
	Street address	11		
	City, state, ZIP code	12		
	Identification number (SSN or EIN)	13		
	Amount paid to care provider in 2009	14		2008 amt:
	1=spouse, 2=joint	15		

2009	1040	US	Qualified Adoption Expenses (Form 8839)	37

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

ELIGIBLE CHILDREN

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

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

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

2009	1040	US	Education Credits / Tuition Deduction	38

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

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

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

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

No.				2009 Amount	2008 Amount
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	Course related materials required to be purchased from institution		27		
	Course related materials not entered above		28		
	Reasonable cost of room and board (midwestern disaster only)		29		
	Expenses of a special needs student (midwestern disaster only)		30		
	Amount of prior year refund or assistance*		20		

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

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

HOUSEHOLD EMPLOYMENT TAXES

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

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

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

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

2009	1040	US	Parent's Election to Report Child's Inc.	No.	44

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

CHILD'S INFORMATION

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

INTEREST INCOME (Form 1099-INT)

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

DIVIDEND INCOME (Form 1099-DIV)

		2009 Amount	2008 Amount
Total ordinary dividends (Box 1a):			
	11		
	11		
Qualified dividends (Box 1b)	29		
Total capital gain distributions (Box 2a):			
	13		
	13		
Unrecaptured section 1250 gain (Box 2b)	24		
Section 1202 gain (Box 2c)	2		
Collectibles (28%) gain (Box 2d)	23		
Nontaxable distributions (Box 3)	12		
Tax-exempt interest:			
Total municipal bonds	15		
In-state municipal bonds	21		
Nominee distributions:			
Ordinary dividends	14		
Qualified dividends	31		
Capital gain distributions	25		
Alaska permanent fund dividends included above	27		