General Information

	Taxpayer	Spouse
First Name		
Middle Initial		
Last Name		
Suffix		
Social Security Number		
Date of Birth		

Check ("X") which phone number to list on return.

	Taxpayer	Spouse
Home Phone		
Work Phone		
Cell Phone		
Fax Number		
Legally Blind		
Totally Disabled		
Claimed as a Dependent		
Presidential Election Fund ($3)		
Occupation		
E-mail address		
State of Residence as of 12/31		
County of Residence as of 12/31		
School District as of 12/31		
If Part Year, Period of Residency	____ to ____	____ to ____

Filing Status

Status on 2008 return :

Status as of 12/31/2009 :
Enter ("X") in the box

1 Single
2 Married filing joint
3 Married filing separately
(Enter spouse's name and SSN above)
4 Head of Household Non-dependent name: ____
Non-dependent SSN: ____
5 Qualifying widow(er) with minor child Year spouse died ____

Address

Street ____ Apt/Suite : ____

City ____ State ____ Zip Code ____

Name ____________________ SSN ____________________

Questions

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Basic Information

Yes	No		
		1	Did your marital status change since last year?
		2	Are there any changes in your dependents from last year?
		3	Did you have any children under 19 (or 24 if a full time student) who received more than $950 in investment income?
		4	Are all your dependents either US residents or citizens?
		5	Did you provide over half of the support for someone you aren't claiming as a dependent?
		6	Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
		7	Were either you or your spouse in the military or National Guard?
		8	Did you purchase or sell your principal residence?
		9	Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
		10	Were there any changes to a prior year's income, deductions, or credits?
		11	Did you make gifts of more than $13,000 to any one person?
		12	Did you file Form 8839, Adoption Credit, in a previous year?
		13	Did your purchase any special fuels for non-highway use?
		14	Do you want to e-file your return?
		15	If you have a refund, do you want direct deposit, bank product, or applied to next year's taxes?

If you are due a refund, how do you want to receive it?

- ☐ Direct deposit (please provide a voided blank check)
- ☐ Check sent to you in the mail
- ☐ Instant refund (IRAL)
- ☐ Other quick refund via a bank product
- ☐ Apply to next year's estimates

If you owe taxes, how do you want to pay them?

- ☐ Paper check sent with my return
- ☐ Direct debit from my bank account (please provide a voided blank check)
- ☐ Credit card

Income

Yes	No		
		16	Did you have an interest in or signature authority over a financial account in a foreign country?
		17	Were you the grantor of or transferor to a foreign trust?
		18	Did you receive income from a foreign source or pay taxes to a foreign government?
		19	Did you barter your services for goods or services from someone else?
		20	Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
		21	Did you make a loan to someone at an interest rate below market rate?
		22	Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
		23	Did you cash in any U.S. savings bonds?
		24	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
		25	Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized, in 2009? (If yes, attach Form 1099-G)
		26	Did you receive disability income?
		27	Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
		28	Did you receive any unemployment benefits?
		29	During 2009, did you receive payments from a Long-Term Care insurance contract?
		30	Did you receive employer-provided adoption benefits for a previous year?
		31	Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
		32	Did you "rollover" a retirement plan distribution into another plan?
		33	Did you receive Social Security benefits?

Name ____________________ SSN ____________________

Questions (Cont.)

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Yes	No		
☐	☐	**34**	Did you convert a traditional IRA to a Roth IRA?
☐	☐	**35**	Did you exchange any securities or investments for something other than cash?
☐	☐	**36**	Do you have any short sales, commodity sales, or straddles?
☐	☐	**37**	Did you receive Form 2439?
☐	☐	**38**	Did you buy or sell any bonds?
☐	☐	**39**	Did you receive stock from a stock bonus plan with your employer?
☐	☐	**40**	Did you sell any other personal assets at a gain?
☐	☐	**41**	Did you sell any real estate (other than your home) during the year?
☐	☐	**42**	Did you sell any assets using the installment method?
☐	☐	**43**	Did you receive proceeds from a prior year installment sale?
☐	☐	**44**	Did you purchase a rental property?
☐	☐	**45**	Did you exchange any property for other property?
☐	☐	**46**	Did you receive any income not reported in this Organizer?

Business and Rental Property Income

Yes	No		
☐	☐	**47**	If you own rental property, do you qualify as a Real Estate Professional?
☐	☐	**48**	Did you start or acquire a new business?
☐	☐	**49**	Did you sell any part of an existing business, or sell business assets?
☐	☐	**50**	Did you cease operating any business or rental property?
☐	☐	**51**	Did you remove any of your business assets for personal use?

Business and Rental Property Deductions

Yes	No		
☐	☐	**52**	Did you use part of your home for business purposes?
☐	☐	**53**	Did you make any contributions to a Keogh or a self-employed SEP plan for 2009?
☐	☐	**54**	Do you pay for any health or long term care insurance through your business?
☐	☐	**55**	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
☐	☐	**56**	Did you purchase any furniture or equipment for your business?

Other Deductions

Yes	No		
☐	☐	**57**	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2009?
☐	☐	**58**	Did you make any contributions to HSA (Health Savings Account) in 2009?
☐	☐	**59**	Did you use your car on the job (other than to and from work)?
☐	☐	**60**	Did you work out of town for part of the year?
☐	☐	**61**	Did you incur any travel and entertainment expenses for business purposes?
☐	☐	**62**	Did you pay expenses for the care of your child or other dependent so you could work?
☐	☐	**63**	Did you lose property or have damage to a property due to a casualty, theft, or condemnation?
☐	☐	**64**	Did any security become worthless during 2009?
☐	☐	**65**	Did any debts become uncollectible during 2009?
☐	☐	**66**	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2009?
☐	☐	**67**	Did you contribute less than an entire interest in any property to charity?
☐	☐	**68**	Did you refinance a mortgage or take out a home equity loan during 2009?
☐	☐	**69**	Did you incur moving expenses during the year due to a change of employment?
☐	☐	**70**	Did you pay any educational tuition or fees for you or a dependent?
☐	☐	**71**	Did you pay any student loan interest?
☐	☐	**72**	Did you make any federal or state estimated payments?
☐	☐	**73**	Did you make any energy efficient improvements to your main home in 2009?
☐	☐	**74**	Did you purchase a new motor vehicle after Feb 16, 2009 and before Jan 1, 2010?

Name ____________________ SSN ____________________

Comments

Name ______________________ SSN ______________

Federal, State and Local Estimated Taxes Paid

Federal Estimates

Enter Payment Information	Filer and/or Joint Payments Date Paid	Filer and/or Joint Payments Amount		Spouse Only Payments Date Paid	Spouse Only Payments Amount
1 Overpayment from last year			1		
2 First quarter payment			2		
3 Second quarter payment			3		
4 Third quarter payment			4		
5 Fourth quarter payment			5		
6 ______			6		
7 ______			7		

State Estimates

Enter two-letter state abbreviation — State ____ State ____ State ____ State ____

Enter Payment Information		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year	1								
2 First quarter payment	2								
3 Second quarter payment	3								
4 Third quarter payment	4								
5 Fourth quarter payment	5								
6 ______	6								
7 ______	7								
8 ______	8								

Local Estimates

Enter locality name — Locality ____ Locality ____ Locality ____ Locality ____

Enter Payment Information		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year	1								
2 First quarter payment	2								
3 Second quarter payment	3								
4 Third quarter payment	4								
5 Fourth quarter payment	5								
6 ______	6								
7 ______	7								
8 ______	8								

Name ______________________________ SSN ________________

Dependent Information

Enter "X" if applicable

First name	Last name	With You In 2009	Relationship	Date of Birth	SSN	Amount Paid for Dependent Care for 2441	US Citizen	Full- time Student or Disabled	Paid Education Expenses	Not a dependent this year

Name ______________________________ SSN ____________________

Wages and Retirement Income

W-2 Information

Enter "X" if spouse W-2		Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					

1099-R Information

		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 12a State Distribution	Box 10a State Income Tax Withheld
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					

Name ______________________ SSN ______________________

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Payer		Taxable Interest Income Current Year Amount	Taxable Interest Income Prior Year Amount	Tax Exempt Interest Current Year Amount	Tax Exempt Interest Prior Year Amount	Specified Priv Act Interest Current Year Amount	Specified Priv Act Interest Prior Year Amount
	1		1						
	2		2						
	3		3						
	4		4						
	5		5						
	6		6						
	7		7						
	8		8						
	9		9						
	10		10						
	11		11						
	12		12						
	13		13						
	14		14						
	15		15						
	16		16						
	17		17						
	18		18						
	19		19						
	20		20						

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Payer		Ordinary Dividends Current Year Amount	Ordinary Dividends Prior Year Amount	Qualified Dividends Current Year Amount	Qualified Dividends Prior Year Amount	Capital Gains Current Year Amount	Capital Gains Prior Year Amount
	1		1						
	2		2						
	3		3						
	4		4						
	5		5						
	6		6						
	7		7						
	8		8						
	9		9						
	10		10						
	11		11						
	12		12						
	13		13						
	14		14						
	15		15						
	16		16						
	17		17						
	18		18						
	19		19						
	20		20						

Name ______________________ SSN ______________

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Payer		Current Year Amount	Prior Year Amount
	1		1		
	2		2		
	3		3		
	4		4		
	5		5		
	6		6		
	7		7		
	8		8		
	9		9		

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Recipient's Name	Recipient's SSN		Current Year Amount	Prior Year Amount
	1			1		
	2			2		
	3			3		
	4			4		
	5			5		
	6			6		
	7			7		
	8			8		
	9			9		

Name ______________________ SSN ______________

Real Estate Rentals and Royalties

Kind of Property ______________________

Address ______________________

City ______________ State ______ Zip ______

		Current Year Info	Prior Year Info
1 Owner of property (Enter Filer, Spouse, or Joint)	1		
2 Enter "X" If you actively participated?	2	☐	☐
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	3	☐	☐
3a If entered ("X"), enter the number of days of personal use?	3a		
3b If entered ("X"), enter the number of days rented?	3b		

Income

		Current Year Amounts	Prior Year Amounts
4 Royalty received	4		
5 Rent received	5		
5a If rental real estate, enter the percent of ownership if less than 100%	5a		
5b Rental use percentage for property used partially for personal use only	5b		

Property Expense

		Current Year Amounts	Prior Year Amounts
6 Advertising	6		
7 Cleaning and maintenance	7		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11		
12 a Qualified mortgage interest paid to banks, etc.	12a		
b Other mortgage interest paid to banks, etc.	12b		
13 Other interest	13		
14 Repairs	14		
15 Supplies	15		
16 a Real estate taxes	16a		
b Other Taxes	16b		
17 Utilities	17		

Assets Placed in Service This Year

Description:		Date Placed In Service	Purchase Amount
A	A		
B	B		
C	C		
D	D		
E	E		
F	F		
G	G		

Name ______________________________ SSN ______________

Property ______________________________

Other Expenses (Schedule E)

Other Expense

			Current Year	Prior Year
18		18		
19		19		
20		20		
21		21		
22		22		
23		23		
24		24		
25		25		

Travel Expenses

			Current Year	Prior Year
26		26		
27		27		
28		28		
29		29		
30		30		
31		31		
32		32		
33		33		

Meals and Entertainment Expense

			Current Year	Prior Year
34		34		
35		35		
36		36		
37		37		
38		38		
39		39		
40		40		
41		41		

Name ______________________________ SSN ______________________

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Entity Name	Enter "S" if K1 (1120S) Enter "P" if K1 (1065) Enter "E" if K1 (1041)		Unreimbursed Partnership Exp. Current Year
	1			1	
	2			2	
	3			3	
	4			4	
	5			5	
	6			6	
	7			7	
	8			8	
	9			9	
	10			10	
	11			11	
	12			12	
	13			13	
	14			14	
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	16			16	
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	26			26	
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	34			34	
	35			35	
	36			36	
	37			37	
	38			38	
	39			39	
	40			40	
	41			41	
	42			42	
	43			43	
	44			44	
	45			45	
	46			46	
	47			47	
	48			48	
	49			49	
	50			50	

Name ______________________________ SSN ____________________

Miscellaneous Income

		Filer			Spouse	
		Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1	Refund from state			1		
2	Unemployment compensation			2		
3	Prizes and awards			3		
4	Scholarships and fellowships			4		
5	Bartering income			5		
6	Fees received for jury duty			6		
7	Income from rental of personal property, if not in the business of renting such property			7		
8	Precinct election board duty			8		
9	Alaska Permanent Fund Dividends			9		
10				10		
11				11		
12				12		
13	Other income not provided for in this Organizer			13		

Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
	1	Educator expenses	1		
	2	Student loan interest	2		
	3	Health Savings account deduction	3		
	4	Moving expenses	4		
	5	Self-employed SEP, SIMPLE, or other qualified plans	5		
	6	Penalty on early withdrawal of savings	6		
	7	Tuition and fees deduction	7		

Miscellaneous Deductions

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
	1	Performing-arts-related expenses	1		
	2	Foreign housing deduction	2		
	3	Jury duty pay given to your employer	3		
	4	Reforestation amortization	4		
	5	Repayment of sub-pay under the Trade Act of 1974	5		
	6	Contributions to Section 501(c)(18) pension plans	6		
	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions.	7		
	8	Employee business expenses of fee-basis state or local government officials	8		
	9	Expenses from the rental of personal property but were not in the business of renting such property	9		
	10	Contributions by chaplains to section 403(b) plans	10		
	11	Archer MSA deduction	11		
	12		12		
	13		13		

Name ______________________________ SSN ____________________

IRA Contribution Information

Traditional IRA Contributions

			Current Year Amount	Prior Year Amount
Filer				
1	Enter total traditional IRA contributions made for 2009	**1**		
2	Enter contributions, on line 1, made after 12/31/2009 and before 04/15/2010	**2**		
3	Enter value of all traditional IRAs as of 12/31/2009	**3**		
Spouse				
4	Enter total traditional IRA contributions made for 2009	**4**		
5	Enter contributions, on line 4, made after 12/31/2009 and before 04/15/2010	**5**		
6	Enter value of all traditional IRAs on 12/31/2009	**6**		

Roth Contributions

			Current Year Amount	Prior Year Amount
Filer				
1	Enter 2009 Roth IRA contributions	**1**		
2	Enter value of all Roth IRAs on 12/31/2009	**2**		
Spouse				
3	Enter 2009 Roth IRA contributions	**3**		
4	Enter value of all Roth IRAs on 12/31/2009	**4**		

SIMPLE IRA

			Current Year Amount	Prior Year Amount
Filer				
1	Enter value of all SIMPLE IRAs on 12/31/2009	**1**		
Spouse				
2	Enter value of all SIMPLE IRAs on 12/31/2009	**2**		

Education IRA (Coverdell ESA)

			Current Year Amount	Prior Year Amount
Filer				
1	Enter 2009 Coverdell ESA contributions	**1**		
2	Enter value of the Coverdell ESA on 12/31/2009	**2**		
Spouse				
3	Enter 2009 Coverdell ESA contributions	**3**		
4	Enter value of the Coverdell ESA on 12/31/2009	**4**		

Name ______________________________ SSN ______________________

Medical and Dental - Itemized Deductions

			Current Year Amount	Prior Year Amount
1	Health/Dental/Other ins. premiums (do not include self-employed plans)	1		
2	Health insurance premiums - coverage established under your business (1)	2		
3	Health insurance premiums - coverage established under your business (2)	3		
4	Long Term Care insurance premiums - coverage est. under your business (1)	4		
5	Long Term Care insurance premiums - coverage est. under your business (2)	5		
6	Long Term Care insurance premiums (taxpayer)	6		
7	Long Term Care insurance premiums (spouse)	7		
8	Prescription medications	8		
9	Fees for doctors, dentists, etc.	9		
10	Fees for hospitals, clinics, etc.	10		
11	Lab and X-ray fees	11		
12	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	12		
13	Medical equipment and supplies	13		
14	Lodging for medical purposes (up to $50 per night per person)	14		
15	Expenses to stop smoking	15		
16	Medical mileage (number of miles driven)	16		
17	Medical parking, tolls and local transportation	17		
18		18		
19		19		
20		20		
21		21		
22	Insurance reimbursement for any medical and dental expense listed above	22		

Name ______________________ SSN ______________

Taxes - Itemized Deductions

			Current Year Amount	Prior Year Amount
	Real Estate Taxes			
22	Principal residence	**22**		
	Real Estate Not Held For Investment			
23		**23**		
24		**24**		
25		**25**		
26		**26**		
27		**27**		
	Real Estate Held For Investment			
28		**28**		
29		**29**		
30		**30**		
31		**31**		
32		**32**		
33	Personal property taxes	**33**		
	Other Taxes			
34		**34**		
35		**35**		
36		**36**		

Name ______________________________ SSN ______________

Interest - Itemized Deductions

			Current Year Amount	Prior Year Amount
	Home Mortgage Interest and Points Reported on Form 1098			
37	Lender	**37**		
38	Lender	**38**		
39	Lender	**39**		
40	Lender	**40**		
	Home Mortgage Interest Not Reported on Form 1098			
41	Name:	**41**		
	Address:			
	SSN:			
42	Mortgage insurance paid on 2009 acquisition indebtedness for principal residence	**42**		
	Refinancing Points			
43	Description	**43**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2009			
44	Description	**44**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2009			
45	Description	**45**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2009			
46	Investment interest paid	**46**		

Name ______________________________ SSN ____________________

Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

			Current Year Amount	Prior Year Amount
47	Union dues	47		
48	Professional journals and subscriptions	48		
49	Uniform and protective clothing costs and cleaning	49		
50	Job search costs (resumes, travel, postage, etc.)	50		
51		51		
52		52		
53		53		
54		54		
55		55		
56		56		
57		57		

Other Miscellaneous Expenses - Itemized Deductions

		If investment related enter "X"		Current Year Amount	Prior Year Amount
58	Certain attorney and accounting fees		58		
59	Safe deposit box rental		59		
60	IRA Custodial fees		60		
61	Investment counsel and advisory fees		61		
62			62		
63			63		
64			64		
65			65		
66			66		
67			67		
68			68		
69			69		
70			70		
71			71		
72			72		
73			73		

Other Miscellaneous Deductions

			Current Year Amount	Prior Year Amount
74	Tax preparation fees	74		
75	Gambling losses (if gambling income)	75		
76	Amortizable bond premiums on bonds acquired before 10/23/86	76		
77	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction	77		
78		78		
79		79		
80		80		
81		81		
82		82		
83		83		
84		84		

Name ______________________________ SSN ______________

Charity - Itemized Deductions

* Total contributions $500 or less. See Non-Cash Charity if over $500.

			Current Year Amount	Prior Year Amount
1	Gifts To Charity Other Than By Cash or Check*	1		
2	Total Miles driven for charitable activities	2		
3	Parking fees, tolls and local transportation for charitable activities	3		

Gifts To Charity By Cash or Check

1		1		
2		2		
3		3		
4		4		
5		5		
6		6		
7		7		
8		8		
9		9		
10		10		
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46		46		
47		47		

Name ________________________ SSN ________________

Noncash Charitable Contributions (Total of Contributions more than $500)

Information on Donated Property

	(a) Name and Address of the Donee Organization	(b) Description of Donated Property
1	Name Address	
2	Name Address	
3	Name Address	
4	Name Address	
5	Name Address	

Note: If the fair market value for an item is $500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name ______________________ SSN ______________

Child and Dependent Care Expenses

1	Amount of dependent care benefits forfeited	1	
2	Amount of dependent care expenses incurred in 2008 and paid in 2009	2	

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2009
3					
4					
5					

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2009
6	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
7	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
8	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
9	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
10	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	