

2009
TAXPAYER ORGANIZER

This easy-to-use organizer has been prepared to assist you in collecting information for your 2009 Individual Income Tax Return. For returning clients, information from your prior year tax return has been listed to serve as a guide in assembling this year's tax data.

Enter this year's information in the area provided on the attached pages. If you need more space, please use the back of the pages. Line through any preprinted data that does not apply to the current year. If necessary, attach additional sheets with pertinent facts that may not have been requested in this organizer.

If you have any questions, please make note of them within the booklet so that we can discuss them when we prepare your tax return.

Please provide all records and necessary information requested, including:

- prior year federal and state return (new client only)
- W-2s for wages, salaries, tips, and pensions
- 1098s for mortgage interest paid to financial institutions
- 1099s for interest, dividends, state tax refunds, and other payments
- K-1s from partnerships, S corporations, estates, and trusts
- additional correspondence from tax agencies, if any

Using this organizer will assist you in compiling complete and accurate tax data that will make it possible to take full advantage of all allowable deductions.

Please contact us as soon as possible to schedule an appointment to review your organizer booklet and prepare your 2009 tax return. We appreciate the opportunity to serve you.

Courtesy of
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(360)747-7826

2009
TAX INFORMATION QUESTIONNAIRE

The following questions help us understand your current year tax situation. If you are filing jointly, each question also applies to your spouse. Please answer each question by circling yes (Y) or no (N). **For every question you answered yes, please provide details in the blank lines at the end of this questionnaire.** If a question does not pertain to you, please circle no. If you require help answering any of these questions, please contact us.

- Y N 1. Would you like to have your tax return filed electronically?
- Y N 2. Would you like to have an electronic copy of your tax return (PDF file)?
- Y N 3. Would you like to have a paper copy of your tax return?
- Y N 4. Did you receive an Economic Recovery Payment in 2009? You may have received this payment if you received social security benefits, supplemental social security income, railroad retirement benefits, or veterans disability compensation or pension benefits. If yes, provide the amount received.
- Y N 5. Did your marital status change during the year?
- Y N 6. Were you a resident of, or did you have income in, more than one state during the year?
- Y N 7. Do you wish to have \$3 (or \$6 on a joint return) of your taxes applied to the Presidential Campaign Fund (this will not affect the amount of refund or balance due on your tax return).
- Y N 8. On your state tax return, do you wish to make any political contributions or other type of contribution?
- Y N 9. Do you have any dependents living with you or are you supporting anyone not living with you? If yes, provide details if there were any changes to any dependents in your household (marriages, deaths, etc.).
- Y N 10. Did any of your dependent children under age 18 (24 if a college student) have any income (wages, interest, etc.)?
- Y N 11. Are you or any dependents blind and/or disabled? Please provide details including any disability income received.
- Y N 12. Did you incur child care or dependent care expenses?
- Y N 13. Did you cash any series EE or I U.S. Bonds that were issued after 1989 and paid qualified higher education expenses?
- Y N 14. Did you or any member of your household pay educational expenses for post secondary education?
- Y N 15. Did you buy, sell, or trade any assets?
- Y N 16. Outside of W-2 contributions (401k, 403b, etc.) did you contribute to or receive a distribution from any retirement plan or did you convert any retirement funds to Roth funds?
- Y N 17. Did you receive or pay any alimony or separate maintenance payments?
- Y N 18. Did you have any moving expenses?
- Y N 19. If you are self-employed, did you pay any health or long-term care insurance premiums? If yes, were either you or your spouse eligible to participate in an employer-sponsored health or long-term care insurance plan?
- Y N 20. Did you contribute to or receive a distribution from a Health Savings Account?
- Y N 21. Did you receive any COBRA health insurance premium assistance during 2009?
- Y N 22. Did you make cash or noncash charitable contributions?
- Y N 23. Did you make any large purchases or home improvements? (e.g. purchase airplane or vehicles). If yes, provide details of each purchase including the date of purchase, amount of purchase and amount of sales tax paid. If you purchased a *new* vehicle in 2009 then please indicate such.
- Y N 24. Did you have any casualty or theft losses?
- Y N 25. Did you have purchasing, selling, refinancing, financing, or foreclosing transactions on your personal residence or any other real estate? If yes, provide the settlement document (HUD-1), Form 1099-S, Form 1099-C or other related documentation if applicable.
- Y N 26. Did you have any debt that was cancelled in 2009? (i.e. debt that you owed to a creditor that you are

Privacy Policy
of
John F Howes CPA

CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

Types of Nonpublic Personal Information We Collect

We collect nonpublic personal information about you that is provided to us by you or obtained by us with your authorization.

Parties to Whom We Disclose Information

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

PERSONAL DATA

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.

	TAXPAYER		SPOUSE	
First Name				
Last Name				
Title				
Salutation				
SSN				
Occupation				
Birthdate				
Blind	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
Permanently and totally disabled ..	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
Death Date				
Over age 65	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
E-mail address				
	Telephone Numbers		Telephone Numbers	
	Day or Evening		Day or Evening	
Home phone				
Work phone				
Cell phone				
Fax				
President Elect Fd	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
Education expense				
Credit Type				

Address

City

County

School District Name

If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside

Apt No

State

County / municipal code

School District number

ZIP Code

Foreign address

City

Country

State or Province

Postal Code

FILING STATUS

Enter the number that corresponds with the filing status chosen: (1 - 2 - 3 - 4 - 5)

1 = Single

- Claimed as a dependent on someone else's return.
- Taxpayer claimed as dependent of someone else but qualifies for Education Credit

2 = Married Filing Jointly

- Spouse is claimed as a dependent on someone else's return

3 = Married Filing Separately

- Dual status alien
- Itemizing required for Schedule A
- Taking standard deduction
- Claiming spouse as a dependent
- Didn't live with spouse entire year

4 = Head of Household

Qualifying person's name, social security number, and relationship should be listed on the Dependent Information sheet.

5 = Qualifying Widow(er) with Dependent Child Year spouse died (2007 or 2008) _____

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL			
Bank name	Routing number	Type of account C / S	Account number

2009 ORGANIZER

The following items were on your 2008 tax return. Please look for them or their replacements in preparation for your tax appointment.	Comments, Corrections, or Questions

DEPENDENT INFORMATION

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name & Initial				
Last Name if Diff				
Birthdate				
Soc Sec Number				
Relationship				
Ownership Code	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
# Months in Home				
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Tuition and Fees				
AOC Expenses				
** Type of Educ Cr				
AOC Prior Years				
*** Status Code (See Codes below)				

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
9 Is child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or descendant of any of them? (Yes / No)				
10 Is either of the following true? (1) Child is unmarried or (2) Child is married and can be claimed as taxpayer's dependent? (Yes / No)				
11 Did child live with taxpayer in U.S. for over half the year? (Yes / No)				
13a Could any other person check Yes on lines 9 through 11 for the child? (Yes / No)				
b What is the child's relationship to the other person(s)?				
c If tie-breaker rules apply, would this child be treated as the taxpayer's qualifying child? (Yes / No)				
14 Does the child have an SSN that allows him/her to work or is valid for EIC purposes? A qualifying child must have a valid SSN for employment. If "Not Valid for Employment" is printed on the card and the number was printed solely to apply for or receive a federally funded benefit, the child is not eligible for EIC. (Yes / No)				

Number of children listed above who lived at home (default)

Number of children listed above who did not live at home due to divorce or separation

Number of other dependents listed above

* An entry in this box disallows Child Tax Credit for this child.

** Type of Education Credit: AOC (can only be taken first four years), Lifetime, Tuition & Fees deduction

*** Status Codes: 0 = Claimed
 1 = Not claiming child this year
 2 = Not claimed but child qualifies for EIC
 3 = Not claimed but qualifying child for Head of Household
 4 = Not claimed but qualifies for Depn Care Benefits (DCB)
 5 = Not claimed but qualifies for both EIC and HOH
 6 = Not claimed but qualifies for both EIC and DCB
 7 = Not claimed but qualifies for HOH and DCB
 8 = Not claimed but qualifies for all three
 9 = Claimed but ineligible for EIC

NOTES:

PLEASE ENTER ALL PERTINENT 2009 INFORMATION.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

W-2#

WAGE AND TAX STATEMENT							
Taxpayer or spouse?		Employer identification no.		Foreign address		Yes	
Employer name		State		ZIP code			
Employer street address							
Employer city							
Control number							
				2008 AMOUNTS			
1	Wages, tips, other compensation			12a	Code	Amt	
2	Federal income tax withheld			b	Code	Amt	
3	Social security wages			c	Code	Amt	
4	Social security tax withheld			d	Code	Amt	
5	Medicare wages and tips			13 Statutory empl to Sch C # . . .			
6	Medicare tax withheld			Retirement plan? <input type="checkbox"/> 8226 <input type="checkbox"/> Yes <input type="checkbox"/>			
7	Social security tips			Third-party sick pay?			
8	Allocated tips			14 Other <input type="checkbox"/> Yes <input type="checkbox"/>			
9	Advance EIC payments			Other		Amt	
10	Dependent care benefits			Other		Amt	
11	Non-qualified plans			Other		Amt	
		15	16	17	18	19	20
	State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name
1		////////////////////			////////////////////	////////////////////	////////////////////
2							
Corrected Form W-2?		<input type="checkbox"/> Yes		Clergy Form W-2		<input type="checkbox"/> Yes	
Non-standard indicator?		<input type="checkbox"/> Yes		Suppress Clergy self-employment tax		<input type="checkbox"/> Yes	

W-2 #

WAGE AND TAX STATEMENT							
Taxpayer or spouse?		Employer identification no.		Foreign address		Yes	
Employer name		State		ZIP code			
Employer street address							
Employer city							
Control number							
				2008 AMOUNTS			
1	Wages, tips, other compensation			12a	Code	Amt	
2	Federal income tax withheld			b	Code	Amt	
3	Social security wages			c	Code	Amt	
4	Social security tax withheld			d	Code	Amt	
5	Medicare wages and tips			13 Statutory empl to Sch C # . . .			
6	Medicare tax withheld			Retirement plan? <input type="checkbox"/> Yes <input type="checkbox"/>			
7	Social security tips			Third-party sick pay?			
8	Allocated tips			14 Other <input type="checkbox"/> Yes <input type="checkbox"/>			
9	Advance EIC payments			Other		Amt	
10	Dependent care benefits			Other		Amt	
11	Non-qualified plans			Other		Amt	
		15	16	17	18	19	20
	State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name
1		////////////////////			////////////////////	////////////////////	////////////////////
2							
Corrected Form W-2?		<input type="checkbox"/> Yes		Clergy Form W-2		<input type="checkbox"/> Yes	
Non-standard indicator?		<input type="checkbox"/> Yes		Suppress Clergy self-employment tax		<input type="checkbox"/> Yes	

Attach additional W-2's

B

INTEREST AND ORDINARY DIVIDEND INCOME

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

INTEREST FROM BANKS, SAVINGS, ETC.					
Description	T or S	Ordinary Interest (Box 1)	U.S. Gov't Obligations (Box 3)	Municipal Bonds	2008 TOTAL AMOUNTS
Total Federal withholding from all Form 1099-INT (Box 4)			2402		

SELLER-FINANCED MORTGAGE INTEREST			2009 AMOUNTS	2008 AMOUNTS
Name				
Address				
ID Number	SSN	FEIN		
Name				
Address				
ID Number	SSN	FEIN		
Name				
Address				
ID Number	SSN	FEIN		

ORDINARY DIVIDENDS							
Description	T or S	Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	U.S. Gov't Obligations	Municipal Bonds	Total Capital Gains (Box 2a)	Nontaxable Federal (Box 3)
Total Federal withholding from all Form 1099-DIV (Box 4)					2276		

Foreign account

Name of country

Foreign trust

EF ONLY: Accrued market discount

2009 AMOUNTS	2008 AMOUNTS
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	NEW

INSTALLMENT SALE INCOME

CLIENT _____

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PRIOR YEAR INSTALLMENT SALE			
1	Description of property		
	Ownership Code (Taxpayer, Spouse, Joint) ..		Two-letter state code
2	Date acquired	(MM-DD-YYYY)	
	Date sold	(MM-DD-YYYY)	
3	Property was sold to a related party after May 14, 1980		<input type="checkbox"/> Yes
4	Property sold to a related party was a marketable security		<input type="checkbox"/> Yes

	2009 AMOUNTS	2008 AMOUNTS
19	%	
21		
23		
25		
26		

PRIOR YEAR INSTALLMENT SALE			
1	Description of property		
	Ownership Code (Taxpayer, Spouse, Joint) ..		Two-letter state code
2	Date acquired	(MM-DD-YYYY)	
	Date sold	(MM-DD-YYYY)	
3	Property was sold to a related party after May 14, 1980		<input type="checkbox"/> Yes
4	Property sold to a related party was a marketable security		<input type="checkbox"/> Yes

	2009 AMOUNTS	2008 AMOUNTS
19	%	
21		
23		
25		
26		

PRIOR YEAR INSTALLMENT SALE			
1	Description of property		
	Ownership Code (Taxpayer, Spouse, Joint) ..		Two-letter state code
2	Date acquired	(MM-DD-YYYY)	
	Date sold	(MM-DD-YYYY)	
3	Property was sold to a related party after May 14, 1980		<input type="checkbox"/> Yes
4	Property sold to a related party was a marketable security		<input type="checkbox"/> Yes

	2009 AMOUNTS	2008 AMOUNTS
19	%	
21		
23		
25		
26		

NOTES OR QUESTIONS:

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LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.											
Taxpayer or Spouse		Payer's federal identification no.									
Payer's name											
Payer's street address											
Payer's city		State			ZIP code						
Account number											
		2008 AMOUNTS			7 Distribution code						
					IRA/SEP/SIMPLE		Yes				
1 Gross distribution					Distrib rolled over 1 = IRA, 2 = Roth						
2a Taxable amount					8 Other						
2b Tax amount not determined		Yes		Percent of other							
Total distribution?		Yes		9a Percent of total distribution							
Qualified Charitable Dist (QCD)					9b Total employee contrib ..						
Qual health svgs acct funding ..					10 Name of state ..						
Insurance premium - retired public safety officer					State tax withheld						
3 Capital gain (included in box 2a)					11 Payer's state I.D. number:						
4 Federal income tax withheld ...					12 State distribution						
5 Employee contrib or ins prem ..					13 Local tax withheld						
6 Net unrealized appreciation ...					14 Name of locality						
					15 Local distribution						
Disability is earned income?		Yes									
SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)											
Cost in plan at starting date					Amount recd tax-free after 1986						
Age at starting date					# mos payments made this year						
Annuity starting date					Using Table 1 or Table 2						

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.											
Taxpayer or Spouse		Payer's federal identification no.									
Payer's name											
Payer's street address											
Payer's city		State			ZIP code						
Account number											
		2008 AMOUNTS			7 Distribution code						
					IRA/SEP/SIMPLE		Yes				
1 Gross distribution					Distrib rolled over 1 = IRA, 2 = Roth						
2a Taxable amount					8 Other						
2b Tax amount not determined		Yes		Percent of other							
Total distribution?		Yes		9a Percent of total distribution							
Qualified Charitable Dist (QCD)					9b Total employee contrib ..						
Qual health svgs acct funding ..					10 Name of state ..						
Insurance premium - retired public safety officer					State tax withheld						
3 Capital gain (included in box 2a)					11 Payer's state I.D. number:						
4 Federal income tax withheld ...					12 State distribution						
5 Employee contrib or ins prem ..					13 Local tax withheld						
6 Net unrealized appreciation ...					14 Name of locality						
					15 Local distribution						
Disability is earned income?		Yes									
SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)											
Cost in plan at starting date					Amount recd tax-free after 1986						
Age at starting date					# mos payments made this year						
Annuity starting date					Using Table 1 or Table 2						

ATTACH ANY ADDITIONAL 1099-R'S

NONDEDUCTIBLE IRAs

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

NONDEDUCTIBLE CONTRIBUTIONS TO TRADITIONAL IRAs and DISTRIBUTIONS FROM TRADITIONAL, SEP, AND SIMPLE IRAs				
	TAXPAYER		SPOUSE	
	2009 AMOUNTS	2008 AMOUNTS	2009 AMOUNTS	2008 AMOUNTS
1 Nondeductible traditional IRA contributions for 2009 . . .				
2 Total traditional IRA basis for 2008 and prior years				
4 IRA contributions made from 01-01-2010 to 04-15-2010				
6 Total value of ALL traditional, SEP, and SIMPLE IRAs as of 12-31-2009				
Outstanding rollovers				
7 Total distributions received from traditional, SEP, and SIMPLE IRAs during 2009				

2008 CONVERSIONS FROM TRADITIONAL, SEP, OR SIMPLE IRAs TO ROTH IRAs				
	2009 AMOUNTS	2008 AMOUNTS	2009 AMOUNTS	2008 AMOUNTS
8 Total amount converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs during 2009				
Recharacterizations (amounts, if any, reconverted to traditional, SEP, or SIMPLE IRAs)				
17 Basis of Roth IRAs after recharacterizations				

DISTRIBUTIONS FROM ROTH IRAs				
	2009 AMOUNTS	2008 AMOUNTS	2009 AMOUNTS	2008 AMOUNTS
19 Total Roth IRA distributions received in 2009 including first-time homebuyer distributions				
20 Qualified first-time homebuyer expenses				
22 Basis in Roth IRA contributions				
24 Basis in Roth IRA conversions				

NOTES OR QUESTIONS:

E1 _____

INCOME OR LOSS FROM RENTAL REAL ESTATE

CLIENT _____

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 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	DESCRIPTION OF PROPERTY	LOCATION OF PROPERTY
1	Property description . . .	

	2009 AMOUNTS	2008 AMOUNTS
Ownership code (T = Taxpayer; S = Spouse; J = Joint)		
Two-letter state code		
Real estate professional	<input type="checkbox"/> Yes	<input type="checkbox"/>
Qualifies for \$25,000 limitation	<input type="checkbox"/> Yes	<input type="checkbox"/>
Passive activity	<input type="checkbox"/> Yes	<input type="checkbox"/>
Property is exempt from passive limitation	<input type="checkbox"/> Yes	<input type="checkbox"/>
Rental is part of personal residence	<input type="checkbox"/> Yes	<input type="checkbox"/>
Percent of ownership		
Percent of personal use		
2 Personally used for 14 days or 10% of total rental days	<input type="checkbox"/> Yes	<input type="checkbox"/>

	INCOME	2009 AMOUNTS	2008 AMOUNTS
3	Rents received		
4	Royalties received		

	EXPENSES	2009 AMOUNTS	2008 AMOUNTS
5	Advertising		
6	Auto expense (see vehicle depreciation organizer)		
	Travel expenses		
7	Cleaning and maintenance		
8	Commissions		
9	Insurance		
10	Legal and other professional fees		
11	Management fees		
12	Mortgage interest paid to banks, etc		
13	Other interest		
14	Repairs		
15	Supplies		
16	Taxes		
17	Utilities		
18	Other expenses:		

	Amortization (see depreciation organizer)		
	Oil and gas deduction		
20	Depreciation expense (see depreciation organizer)		
	Depletion (see depreciation organizer)		

ADDITIONAL EXPENSES

E1 _____

INCOME OR LOSS FROM RENTAL REAL ESTATE (cont.)

CLIENT _____

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 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PRIOR YEAR UNALLOWED LOSSES		2009 AMOUNTS	2008 AMOUNTS
Prior year unallowed loss		()	
Alternative minimum prior year unallowed losses		()	
State	← Prior year loss (if different)	()	
	← Depreciation (if different)	()	

VACATION HOME CARRYOVERS ONLY

Operating expense carryover		
Depreciation carryover		
Alternative minimum depreciation carryover		

E2

INCOME (LOSS) FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS	2009 AMOUNTS	2008 AMOUNTS
Name		
Ownership code (T = Taxpayer; S = Spouse; J = Joint)		
Employer identification number		
Excess inclusion from Schedules Q (Form 1066), line 2c		
Taxable income (net loss) from Schedules Q (Form 1066), line 1b		
Income from Schedules Q (Form 1066), line 3b		

SUMMARY	2009 AMOUNTS	2008 AMOUNTS
Gross farming and fishing income		
Reconciliation for Real Estate Professionals:		
Net income or (loss) reported anywhere on tax return from material participation under passive activity loss rules		

MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MISCELLANEOUS INCOME	2009 AMOUNTS		2008 AMOUNTS	
	TAXPAYER	SPOUSE	TAXPAYER	SPOUSE
7 Taxable scholarship / fellowship income				
10 IF YOU ITEMIZED LAST YEAR	Deducted 2008 state/local sales tax <input type="checkbox"/> Yes <input type="checkbox"/> No			
	State tax refund <input type="checkbox"/> Yes <input type="checkbox"/> No			
	2008 state and local taxes			
	2008 itemized deductions			
11 Alimony received				
19 Unemployment compensation received (1099-G)				
Repaid unemployment compensation				
20 SOCIAL SECURITY BENEFITS	Social security benefits received <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Medicare premiums withheld <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Tier 1 Railroad retirement received <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Federal withholding			
21 Net operating loss carryover				
Other income:	SE? <input type="checkbox"/>	T/S <input type="checkbox"/>		

ADJUSTMENTS TO INCOME	2009 AMOUNTS		2008 AMOUNTS	
	TAXPAYER	SPOUSE	TAXPAYER	SPOUSE
23 Educator expenses				
25 Health savings account deduction				
26 Moving expenses				
28 Self-employed SEP, SIMPLE, and qualified plans.				
29 Self-employed health insurance				
Health insurance premium from S Corp				
30 Penalty on early withdrawal of savings				
31 Alimony paid				
Recipient's Name	SSN			
32 Payments to your IRA (see 8606 organizer)				
Covered by employer's retirement plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33 Student loan interest deduction				
34 Jury duty pay given to employer				
Tuition and fees deduction				
35 Domestic production activities				
36 Other adjustments:	T/S <input type="checkbox"/>			

NOTES OR QUESTIONS:

A

ITEMIZED DEDUCTIONS

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MEDICAL AND DENTAL EXPENSES	2009 AMOUNTS		2008 AMOUNTS	
	TAXPAYER	SPOUSE		
1 Prescription medicines and drugs				
Medical insurance premiums (Medicare premiums are entered with Social Security)				
Medical miles driven in 2009	MI	MI		
LONG TERM CARE PREMIUMS <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">←</div> <div style="border-left: 1px solid black; padding-left: 5px;"> Taxpayer's amount</div></div>				
	Spouse's amount			
	Dependent's amount			
	Dependent's birth date: _____			
Doctors, dentists, nurses, and hospitals:				

TAXES PAID	2009 AMOUNTS		2008 AMOUNTS
5 Additional state and local income taxes			
General sales tax from saved receipts			
Gen sales tax specified items (motor veh, boats, other large items)			
6 Real estate taxes (not land held for investment)			
7 Personal property taxes (includes DMV tax based on value)			
8 Foreign income taxes paid			
Other taxes:			

INTEREST PAID	2009 AMOUNTS		2008 AMOUNTS	
10 Home mortgage interest and points reported on Form 1098				
11 HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098 <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 5px;">←</div> <div style="border-left: 1px solid black; padding-left: 5px;"> First name</div></div>		T, S, J		
	Address	<input type="checkbox"/>		
	SSN	State		
	FEIN	Amount	_____	
	Second name ..		T, S, J	
	Address	<input type="checkbox"/>		
	SSN	State		
	FEIN	Amount	_____	
	Third name		T, S, J	
	Address	<input type="checkbox"/>		
	SSN	State		
	FEIN	Amount	_____	
12 Points not reported on Form 1098				
13 Qualified mortgage insurance premiums				
14 Deductible investment interest				

NOTES OR QUESTIONS: (For points, please give details on refinance, terms, and dates.)

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ITEMIZED DEDUCTIONS (cont.)

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2009.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

CONTRIBUTIONS	2009 AMOUNTS		2008 AMOUNTS
16 Gifts made by cash or check:	TAXPAYER	SPOUSE	
Total charitable mileage at 14 cents per mile	MI	MI	
Capital gain contributions limited to 30%			
Contributions limited to 30% of AGI			
Contributions limited to 20% of AGI			
17 Contributions made other than by cash or check: (provide details)			
18 Contribution carryover from prior year			

CASUALTY AND THEFT	2009 AMOUNTS		2008 AMOUNTS
20 Net loss before applying 10% of AGI			
Details: _____			

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION	2009 AMOUNTS		2008 AMOUNTS
21 Union and professional dues			
Job education			
Form 2106 or Form 2106-EZ			
Other unreimbursed expenses:			
22 Tax return preparation fees			
23 Investment fees			
Safe deposit box			
Other limited miscellaneous deductions:			

OTHER MISCELLANEOUS DEDUCTIONS	2009 AMOUNTS		2008 AMOUNTS
28 Gambling losses			
Other miscellaneous deductions:			