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Subject: 2009 Income Tax Preparation

This Client Organizer is designed to help you gather the tax information needed to prepare your 2009 personal income tax return.

The Client Questionnaire asks pertinent tax questions necessary for preparing the most accurate return possible. Please answer all applicable questions and **attach statements when necessary for additional information not provided in the Client Organizer.**

We will also need the following information (we prefer to have the original documents – not copies or faxes):

- Please confirm all personal and dependent information, including dates of birth, telephone numbers, e-mail addresses and current mailing address in the organizer.
- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, miscellaneous income, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1's showing income from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest and taxes.
- Closing statements (if any) for real estate sales, purchases and refinancing.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.
- Due to 2009 tax law changes, don't let children 18-23 years old file their return without consulting us.

As in years past, we anticipate a very busy tax season and would like to receive your information as soon as possible. If your information is substantially complete (possibly missing only a few items) please forward it to us. The majority of your return can then be prepared and the remaining information can be entered when we receive it. ***It is essential that we receive your tax information no later than March 15, 2010 in order to assure completion by the April 15, 2010 deadline. If we do not receive your information by this date it may be necessary to file an extension. All extensions must be accompanied by a payment for an estimate of your tax liability.***

We wish you a safe, healthy and prosperous New Year and we look forward to working with you in the years ahead. Thank you for the opportunity to serve you.

Sincerely,

Weber & Deegan, Ltd.

ENGAGEMENT LETTER FOR INCOME TAX PREPARATION

Dear Client:

This letter is to confirm our understanding of the terms and objectives of our engagement and to clarify the nature and limitations of our services.

We will prepare your 2009 Federal and State Individual Income Tax Returns. We have provided you with the attached organizer to guide you in collecting the necessary information. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge. We will not verify the information you give us, however, we may ask for clarification of certain information.

Our fees for these services will be billed at our standard hourly rates for the time spent plus out-of-pocket expenses. Hourly rates vary and are determined based on the billing rate of the individual providing the service. Our bills are due upon receipt. A finance charge of 1.5% per month will be assessed on any unpaid balance (after deduction of current payments, credits and allowances made) after 30 days from the date of billing. This is an annual percentage rate of 18%.

Your returns are subject to examination by the taxing authorities. In event of an audit, you may be requested to produce the document, records or other evidence to substantiate the items of income and/or deduction shown on your tax return. If an examination is made, we will represent you if you so desire. Also, we will be available to consult with you throughout the year regarding tax planning or other issues, at your request. Such additional services are not included in our fee for the preparation of your returns.

If the services and terms outlined above are in accordance with your understanding, please sign this letter in the space provided below and return it to us along with the attached organizer and other relevant tax information.

We appreciate this opportunity to serve you.

Very truly yours,

Weber & Deegan, Ltd.

The services described in the foregoing are in accordance with my understanding. The terms described in this letter are acceptable and are hereby agreed to.

AGREED AND ACCEPTED

By: _____

Date: _____

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	—	—
If yes, explain: _____		
Did your address change from last year?	—	—
Can you be claimed as a dependent by another taxpayer?	—	—
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	—	—
	Yes	No
Dependent Information		
Were there any changes in dependents from the prior year?	—	—
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1,900?	—	—
Do you have dependents who must file a tax return?	—	—
Did you provide over half the support for any other person(s) during the year?	—	—
Did you pay for child care while you worked or looked for work?	—	—
Did you pay any expenses related to the adoption of a child during the year?	—	—
	Yes	No
Purchases, Sales, and Debt Information		
Did you start a new business or purchase rental property during the year?	—	—
Did you acquire a new or additional interest in a partnership or S corporation?	—	—
Did you sell, exchange, or purchase any real estate during the year?	—	—
Did you purchase or sell a principal residence during the year?	—	—
Did you foreclose or abandon a principal residence or real property during the year?	—	—
Did you acquire or dispose of any stock during the year?	—	—
Did you take out a home equity loan this year?	—	—
Did you refinance a principal residence or second home this year?	—	—
Did you sell an existing business, rental, or other property this year?	—	—
Did you incur any non-business bad debts this year?	—	—
Did you have any debts canceled or forgiven this year?	—	—
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	—	—
Did you pay any student loan interest this year?	—	—
	Yes	No
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	—	—
Did you receive any income from property sold prior to this year?	—	—
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	—	—
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, SEP, or other qualified retirement plan?	—	—
Did you make any withdrawals/contributions from/to a retirement plan (including IRA) due to Midwestern Disaster area relief?	—	—
Did you make any withdrawals from an education savings or 529 Plan account?	—	—
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	—	—
Did you receive any disability income during the year?	—	—
Did you receive any Social Security benefits during the year?	—	—
Did you receive any unemployment benefits during the year?	—	—
Did you receive tip income not reported to your employer this year?	—	—
Did any of your life insurance policies mature, or did you surrender any policies?	—	—
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	—	—
	Yes	No
Itemized Deduction Information		
Did you incur a casualty or theft loss during the year?	—	—
Do you have evidence to substantiate charitable contributions?	—	—
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	—	—
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.	—	—
Did you have an expense account or allowance during the year?	—	—
Did you use your car on the job, for other than commuting?	—	—
Did you work out of town for part of the year?	—	—

Please check the appropriate box and include all necessary details and documentation.

Yes No

Itemized Deduction Information, Continued

Did you have any expenses related to seeking a new job during the year?

— —

Did you make any major purchases during the year (cars, boats, etc.)?

— —

Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?

— —

Yes No

Miscellaneous Information

Did you make gifts of more than \$13,000 to any individual?

— —

Did you have any educational expenses during the year?

— —

Did you make any contributions to an education savings or 529 Plan account?

— —

Did you make any contributions to a Health savings account (HSA) or Archer MSA?

— —

Did you pay long-term health care premiums for yourself or your family?

— —

Did you pay any COBRA health care coverage continuation premiums?

— —

Did you engage in any bartering transactions?

— —

Are you an active participant in a pension or retirement plan?

— —

Did you retire or change jobs this year?

— —

Did you incur moving costs because of a job change?

— —

Did you, your spouse, or your dependents attend a post-secondary school during the year?

— —

Did you pay any individual as a household employee during the year?

— —

Did you make energy efficient improvements to your main home this year?

— —

Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?

— —

Did you receive correspondence from the State or Internal Revenue Service?

— —

If yes, explain: _____

Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

— —

Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.

— —

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Topic	Page	Topic	Page
Advance earned income credit payments	9	Fuel tax credit	72, 73, 74
Adoption expenses	71	Gambling winnings	7, 17, 19
Alaska Permanent Fund dividends	17, 65	Gambling losses	50
Alimony paid	44	Health savings account (HSA)	40, 41
Alimony received	17	Household employee taxes	66
Annuity payments received	7, 15, 22	Installment sales	34, 35
Automobile information -		Interest income	8, 10
Business or profession	61	Interest paid	49
Employee business expense	53	Investment expenses	50
Farm	61	Investment interest expenses	49
Farm rental	61	IRA contributions	39
Rent and royalty	61	IRA distributions	7, 15
Bank account information	2	Like-kind exchange of property	36
Business income and expenses	23, 24	Long-term care services and contracts (LTC)	41
Business use of home	60	Medical and dental expenses	48
Cancellation of debt	18	Medical savings account (MSA)	40, 41
Casualty and theft losses, business	56, 58	Minister earnings and expenses	9, 23, 52, 63
Casualty and theft losses, personal	57, 59	Miscellaneous income	17, 17a
Child and dependent care expenses	67	Miscellaneous adjustments	44
Children's interest and dividend	65	Miscellaneous itemized deductions	50
Charitable contributions	50, 54, 55	Mortgage interest expense	49, 51
Contracts and straddles	21	Moving expenses	42
Dependent care benefits received	9	Partnership income	7, 31
Dependent information	1, 5	Payments from Qualified Education Programs (1099-Q)	7, 47
Depreciable asset acquisitions and dispositions -		Pension distributions	7, 15, 22
Business or profession	79, 80	Personal property taxes paid	48
Employee business expense	79, 80	Railroad retirement benefits	16
Farm	79, 80	Real estate taxes	48
Farm rental	79, 80	REMIC's	13
Rent and royalty	79, 80	Rent and royalty income and expenses	25
Direct deposit information	2	Residential energy credit	69
Disability income	15, 69	Roth IRA contributions	39
Dividend income	8, 11	S corporation income	7, 20, 31
Early withdrawal penalty	10	Sale of business property	34, 35
Economic recovery payment (ARRA)	17	Sale of personal residence	33
Education Credits and tuition and fees deduction	46	Sale of stock, securities, and other capital assets	14, 14a
Education Savings Account & Qualified Tuition Programs	47	Self-employed health insurance premiums	23, 27, 44
Electronic filing	4	Self-employed Keogh and SEP plan contributions	43
Email address	2	Seller-financed mortgage interest received	12
Employee business expenses	52	Social security benefits received	16
Estate income	7, 32	State and local income tax refunds	17
Farm income and expenses	27, 28	State & local estimate payments	6
Farm rental income and expenses	29, 30	State & local withholding	9, 15, 19
Federal estimate payments	5	Statutory employee	9, 23
Federal withholding	9, 15, 16, 19	Student loan interest paid	46
First-time homebuyer	70	Taxes paid	48
Foreign dividend income	11	Trust income	32
Foreign earned income	37, 38	Unemployment compensation	17
Foreign housing deduction	37, 38	Unreported tip or unreported wage income	62
Foreign interest income	10	U.S. savings bonds educational exclusion	45
Foreign taxes paid	75	Wages and salaries	7, 9

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter the following information:

Primary account:

Financial institution routing transit number _____ [1]
 Name of financial institution _____ [2]
 Your account number _____ [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) _____ [4]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [5]

Secondary account #1:

Financial institution routing transit number _____ [8]
 Name of financial institution _____ [9]
 Your account number _____ [10]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) _____ [11]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [12]

Secondary account #2:

Financial institution routing transit number _____ [15]
 Name of financial institution _____ [16]
 Your account number _____ [17]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) _____ [18]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [19]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Client Contact Information**Preparer - Enter on Screen Contact**

Taxpayer email address _____ [6]
 Spouse email address _____ [7]

	Taxpayer	Spouse
Car telephone number	_____ [8]	_____ [15]
Fax telephone number	_____ [9]	_____ [16]
Mobile telephone number	_____ [10]	_____ [17]
Pager number	_____ [11]	_____ [18]
Other:	_____ [12]	_____ [19]
Telephone number	_____ [13]	_____ [20]
Extension	_____ [14]	_____ [21]

NOTES/QUESTIONS:

Individuals may claim an additional exemption deduction of \$500 for providing at least 60 days of temporary rent-free housing in your main home to a person dislocated by the midwestern disasters. Enter only those individuals who meet the 60 consecutive days within the 2009 tax year. The additional exemption is per person and limited to a maximum of \$2,000 (\$1,000 if married filing separately). The additional exemption amount available for 2009 will be reduced by any additional exemptions taken in 2008.

1st displaced individual information:

Taxpayer/Spouse (T, S) _____ [1]
 Social security number _____ [2]
 First name/Last name _____ [3] _____ [4]
 Former address in disaster area:
 Street Address/Apartment number _____ [5] _____ [6]
 City/State/Zip code _____ [7] ____ [8] _____ [9]
 Number of consecutive days housed in taxpayer's main home _____ [10]

2nd displaced individual information:

Taxpayer/Spouse (T, S) _____ [11]
 Social security number _____ [12]
 First name/Last name _____ [13] _____ [14]
 Former address in disaster area:
 Street Address/Apartment number _____ [15] _____ [16]
 City/State/Zip code _____ [17] ____ [18] _____ [19]
 Number of consecutive days housed in taxpayer's main home _____ [20]

3rd displaced individual information:

Taxpayer/Spouse (T, S) _____ [21]
 Social security number _____ [22]
 First name/Last name _____ [23] _____ [24]
 Former address in disaster area:
 Street Address/Apartment number _____ [25] _____ [26]
 City/State/Zip code _____ [27] ____ [28] _____ [29]
 Number of consecutive days housed in taxpayer's main home _____ [30]

4th displaced individual information:

Taxpayer/Spouse (T, S) _____ [31]
 Social security number _____ [32]
 First name/Last name _____ [33] _____ [34]
 Former address in disaster area:
 Street Address/Apartment number _____ [35] _____ [36]
 City/State/Zip code _____ [37] ____ [38] _____ [39]
 Number of consecutive days housed in taxpayer's main home _____ [40]

Form 8914 Additional Exemptions Claimed in 2008

Taxpayer/Spouse (T, S)	Social security number	First name	Last name
____ [41]	_____ [42]	_____ [43]	_____ [44]
____ [45]	_____ [46]	_____ [47]	_____ [48]
____ [49]	_____ [50]	_____ [51]	_____ [52]
____ [53]	_____ [54]	_____ [55]	_____ [56]

Total additional Midwestern Displaced Individual exemptions claimed in 2008 _____ [57]

NOTES/QUESTIONS:

Please note that not all returns qualify for electronic filing under IRS rules

If you qualify for electronic filing, mark if you would like to file the return electronically with the IRS [1]

Mark if you would like your return prepared and filed electronically only if you receive a refund [4]

Mark if you would like your return prepared and filed electronically if your refund is greater than a certain amount [5]

Enter the minimum refund amount here _____ [6]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account [7]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____ [2]

Spouse self-selected Personal Identification Number (PIN) _____ [3]

NOTES/QUESTIONS:

If you have an overpayment of 2009 taxes, do you want the excess:

Refunded _____ [43]

Applied to 2010 estimated tax liability _____ [44]

Do you expect a considerable change in your 2010 income? (Y, N) _____ [45]

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

Do you expect a considerable change in your deductions for 2010? (Y, N) _____ [50]

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

Do you expect a considerable change in the amount of your 2010 withholding? (Y, N) _____ [55]

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

Do you expect a change in the number of dependents claimed for 2010? (Y, N) _____ [60]

If yes, please explain any differences:

_____ [61]

_____ [62]

_____ [63]

_____ [64]

2009 Federal Estimated Tax Payments

2008 overpayment applied to 2009 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/09	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/09	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/09	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/15/10	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

2009 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
State postal code _____ [2]

Amount paid with 2008 return + _____ [3]
 2008 overpayment applied to '09 estimates + _____ [4]
 Treat calculated amounts as paid _____ [8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]	_____ _____ _____ _____
2nd quarter payment	_____ [11]	+	_____ [12]	
3rd quarter payment	_____ [13]	+	_____ [14]	
4th quarter payment	_____ [15]	+	_____ [16]	
Additional payment	_____ [17]	+	_____ [18]	

2009 City Estimated Tax Payments

City #1	City #2
City name _____ [28]	City name _____ [50]
Amount paid with 2008 return + _____ [31]	Amount paid with 2008 return + _____ [53]
2008 overpayment applied to '09 estimates + _____ [32]	2008 overpayment applied to '09 estimates + _____ [54]
Treat calculated amounts as paid _____ [36]	Treat calculated amounts as paid _____ [58]

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [37]	+	_____ [38]	1st quarter payment	_____ [59]	+	_____ [60]
2nd quarter payment	_____ [39]	+	_____ [40]	2nd quarter payment	_____ [61]	+	_____ [62]
3rd quarter payment	_____ [41]	+	_____ [42]	3rd quarter payment	_____ [63]	+	_____ [64]
4th quarter payment	_____ [43]	+	_____ [44]	4th quarter payment	_____ [65]	+	_____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3	City #4
City name _____ [72]	City name _____ [94]
Amount paid with 2008 return + _____ [75]	Amount paid with 2008 return + _____ [97]
2008 overpayment applied to '09 estimates + _____ [76]	2008 overpayment applied to '09 estimates + _____ [98]
Treat calculated amounts as paid _____ [80]	Treat calculated amounts as paid _____ [102]

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [81]	+	_____ [82]	1st quarter payment	_____ [103]	+	_____ [104]
2nd quarter payment	_____ [83]	+	_____ [84]	2nd quarter payment	_____ [105]	+	_____ [106]
3rd quarter payment	_____ [85]	+	_____ [86]	3rd quarter payment	_____ [107]	+	_____ [108]
4th quarter payment	_____ [87]	+	_____ [88]	4th quarter payment	_____ [109]	+	_____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T/S/J	Type Code (*See codes below)	Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

*Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.
Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T S Type J Code	(*See codes below)	Ordinary [1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
1	Payer											
	Amounts +											
2	Payer											
	Amounts +											
3	Payer											
	Amounts +											
4	Payer											
	Amounts +											
5	Payer											
	Amounts +											
6	Payer											
	Amounts +											
7	Payer											
	Amounts +											
8	Payer											
	Amounts +											
9	Payer											
	Amounts +											
10	Payer											
	Amounts +											

*Dividend Codes	
Blank = Other	3 = Nominee

Seller Financed Mortgage Interest Income

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

2009 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____ —
 Payer's name _____
 Payer's address _____
 Payer's social security number _____
 Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____ —
 Payer's name _____
 Payer's address _____
 Payer's social security number _____
 Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____ —
 Payer's name _____
 Payer's address _____
 Payer's social security number _____
 Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____ —
 Payer's name _____
 Payer's address _____
 Payer's social security number _____
 Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____ —
 Payer's name _____
 Payer's address _____
 Payer's social security number _____
 Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____ —
 Payer's name _____
 Payer's address _____
 Payer's social security number _____
 Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____ —
 Payer's name _____
 Payer's address _____
 Payer's social security number _____
 Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____ —
 Payer's name _____
 Payer's address _____
 Payer's social security number _____
 Interest income amount received in 2009 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____ —
 Payer's name _____
 Payer's address _____
 Payer's social security number _____
 Interest income amount received in 2009 + _____ [1]

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [13]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [14]
 State withholding (Box 10) + _____ [15]
 Local withholding (Box 13) + _____ [17]
 Amount of rollover + _____ [19]
 Mark if distribution was due to a pre-retirement age disability _____ [21]
 Mark if distribution was from an inherited IRA _____ [22]

Control Totals +

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [13]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [14]
 State withholding (Box 10) + _____ [15]
 Local withholding (Box 13) + _____ [17]
 Amount of rollover + _____ [19]
 Mark if distribution was due to a pre-retirement age disability _____ [21]
 Mark if distribution was from an inherited IRA _____ [22]

Control Totals +

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [13]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [14]
 State withholding (Box 10) + _____ [15]
 Local withholding (Box 13) + _____ [17]
 Amount of rollover + _____ [19]
 Mark if distribution was due to a pre-retirement age disability _____ [21]
 Mark if distribution was from an inherited IRA _____ [22]

Control Totals +

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [2]

Social Security Benefits

	2009 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2009 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2009 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Portion of Tier 1 Paid in 2009 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2009 or receive any prior year benefits in 2009. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[36]
	[37]
	[38]
	[39]
	[40]

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

If the miscellaneous income on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Name of payer	_____		[3]
State postal code		_____	[4]
Form 1099-MISC activity (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835)		_____	[7]
Rents (Box 1)		+ _____	[9]
Royalties (Box 2)		+ _____	[11]
Other income (Box 3)		+ _____	[13]
Federal income tax withheld (Box 4)		+ _____	[15]
Fishing boat proceeds (Box 5)		+ _____	[17]
Medical and health care payments (Box 6)		+ _____	[19]
Nonemployee compensation (Box 7)		+ _____	[21]
Substitute payments in lieu of dividends or interest (Box 8)		+ _____	[23]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)			[25]
Crop Insurance proceeds (Box 10)		+ _____	[27]
Excess golden parachute payments (Box 13)		+ _____	[29]
Gross proceeds paid to an attorney (Box 14)		+ _____	[31]
Section 409A deferrals (Box 15a)		+ _____	[33]
Section 409A income (Box 15b)		+ _____	[35]
State tax withheld (Box 16)		+ _____	[37]
State/Payer's state no. (Box 17)			[39]
State income (Box 18)		+ _____	[40]

	Control Totals +	
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Miscellaneous Income #2

Please provide all Forms 1099-MISC

If the miscellaneous income on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Name of payer	_____		[3]
State postal code		_____	[4]
Form 1099-MISC activity (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835)		_____	[7]
Rents (Box 1)		+ _____	[9]
Royalties (Box 2)		+ _____	[11]
Other income (Box 3)		+ _____	[13]
Federal income tax withheld (Box 4)		+ _____	[15]
Fishing boat proceeds (Box 5)		+ _____	[17]
Medical and health care payments (Box 6)		+ _____	[19]
Nonemployee compensation (Box 7)		+ _____	[21]
Substitute payments in lieu of dividends or interest (Box 8)		+ _____	[23]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)			[25]
Crop Insurance proceeds (Box 10)		+ _____	[27]
Excess golden parachute payments (Box 13)		+ _____	[29]
Gross proceeds paid to an attorney (Box 14)		+ _____	[31]
Section 409A deferrals (Box 15a)		+ _____	[33]
Section 409A income (Box 15b)		+ _____	[35]
State tax withheld (Box 16)		+ _____	[37]
State/Payer's state no. (Box 17)			[39]
State income (Box 18)		+ _____	[40]

	Control Totals +	
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Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [64]

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [3]
 Name of creditor/lender _____ [4]
 Activity identification (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835) _____ [7]

Form 1099-C Cancellation of Debt

Date canceled (Box 1) _____ [9]
 Amount of debt canceled (Box 2) + _____ [10]
 Interest if included in box 2 (Box 3) + _____ [11]
 Personally liable for repayment of the debt? (Box 5) Yes ___ [12] No ___ [13]
 Bankruptcy (if checked) (Box 6) _____ [14]
 Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]
 Balance of principal outstanding (Box 2) + _____ [17]
 Fair market value of property (Box 4) + _____ [18]
 Personally liable for repayment of the debt? (Box 5) Yes ___ [19] No ___ [20]

	Control Totals +	
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Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [64]

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [3]
 Name of creditor _____ [4]
 Activity identification (C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835) _____ [7]

Form 1099-C Cancellation of Debt

Date canceled (Box 1) _____ [9]
 Amount of debt canceled (Box 2) + _____ [10]
 Interest if included in box 2 (Box 3) + _____ [11]
 Personally liable for repayment of the debt? (Box 5) Yes ___ [12] No ___ [13]
 Bankruptcy (if checked) (Box 6) _____ [14]
 Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]
 Balance of principal outstanding (Box 2) + _____ [17]
 Fair market value of property (Box 4) + _____ [18]
 Personally liable for repayment of the debt? (Box 5) Yes ___ [19] No ___ [20]

	Control Totals +	
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NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			__ [9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	Control Totals +	
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Gambling Winnings #2

Please provide all copies of Form W-2G.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			__ [9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	Control Totals +	
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NOTES/QUESTIONS:

Preparer use only

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [10]	
Business address, if different from home address on Organizer Form ID:1040		
Address	_____ [13]	
City/State/Zip	_____ [14] _____ [15] _____ [16]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [17]	
If other:	_____ [19]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [20]	
If other enter explanation:	_____ [22]	

Enter an explanation if there was a change in determining your inventory:	_____ [23]	

Did you "materially participate" in this business? (Y, N)	_____ [24]	
If not, number of hours you did significantly participate	_____ [26]	
Mark if you began or acquired this business in 2009	_____ [28]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [29]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [31]	
Medical insurance premiums paid by this activity	+ _____ [33]	
Long-term care premiums paid by this activity	+ _____ [35]	
Amount of wages received as a statutory employee	+ _____ [38]	

Business Income

	2009 Information	Prior Year Information
Gross receipts or sales	+ _____ [43]	
Returns and allowances	+ _____ [45]	
Other income:		
_____	+ _____ [47]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2009 Information	Prior Year Information
Beginning inventory	+ _____ [49]	
Purchases	+ _____ [51]	
Labor:		
_____	+ _____ [53]	
_____	+ _____	
Materials	+ _____ [55]	
Other costs:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [59]	

Preparer use only

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	<div style="border:1px solid black; height:100%; width:100%;"></div>
Description:	_____ [3]	
_____	_____ [4]	
_____	_____ [5]	
State postal code	_____ [6]	
Type of activity (1 = Rental real estate, 2 = Substantially nondepreciable property, 3 = Royalty)	_____ [7]	
Percentage of ownership if not 100%	_____ [9]	
Business use percentage, if not 100% (Not vacation home percentage)	_____ [11]	

Rent and Royalty Income

	2009 Information	Prior Year Information
Gross rents received	+ _____ [18]	<div style="border:1px solid black; height:100%; width:100%;"></div>
Gross royalties received	+ _____ [20]	

Rent and Royalty Expenses

	2009 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [22]	_____ [23]	<div style="border:1px solid black; height:100%; width:100%;"></div>
Auto	+ _____ [25]	_____ [26]	
Travel	+ _____ [28]	_____ [29]	
Cleaning and maintenance	+ _____ [31]	_____ [32]	
Commissions:			
_____	+ _____ [34]	_____ [36]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [37]	_____ [39]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [40]	_____ [41]	
Management fees			
_____	+ _____ [43]	_____ [45]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)	+ _____ [46]	_____ [47]	
Other mortgage interest	+ _____ [49]	_____ [50]	
Qualified mortgage insurance premiums	+ _____ [52]	_____ [53]	
Other interest:			
_____	+ _____ [55]	_____ [57]	
_____	+ _____	_____	
Repairs	+ _____ [58]	_____ [59]	
Supplies	+ _____ [61]	_____ [62]	
Taxes:			
_____	+ _____ [64]	_____ [66]	
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____ [67]	_____ [68]	
Depreciation	+ _____ [70]	_____ [71]	
Depletion	+ _____ [73]	_____ [74]	
Other expenses:			
_____	+ _____ [79]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Refinancing points paid this year:			
Description	_____ [81]		
Total points paid/Current amort (Prep use only)	_____ + _____		
Date of Refinance	Total # Payments	Reported on 1098 in 2009	

Control Totals +

Preparer use only
 Description _____

Vacation Home Information

	2009 Information	Prior Year Information				
Number of days home was used personally	_____ [6]	<table border="1" style="width: 100%; height: 100%;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	_____	_____	_____	_____

Number of days home was rented	_____ [8]					
Number of day home owned, if not 365	_____ [10]					
Carryover of disallowed operating expenses into 2009	+ _____ [20]					
Carryover of disallowed depreciation expenses into 2009	+ _____ [21]					

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	+ _____ [28]	+ _____ [29]
Schedule D - Short-term	+ _____ [30]	+ _____ [31]
Schedule D - Long-term	+ _____ [32]	+ _____ [33]
Schedule D - 28% rate	+ _____ [34]	+ _____ [35]
Form 4797 - Part I	+ _____ [36]	+ _____ [37]
Form 4797 - Part II	+ _____ [38]	+ _____ [39]
Comm revitalization	+ _____ [40]	+ _____ [41]
Section 179	+ _____ [42]	

NOTES/QUESTIONS:

Description	_____	[1]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D)	_____	[7]
Date former residence was acquired	_____	[9]
Date former residence was sold	_____	[10]
Selling price of former residence	+ _____	[11]
Expenses related to the sale of your old home	+ _____	[12]
Original cost of home sold including capital improvements	+ _____	[13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date)	_____	[20]
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [22]	_____ [23]
Number of days each person owned property used as main home	_____ [24]	_____ [25]
Number of days between date of sale of the other home and date of sale of this home	_____ [26]	_____ [27]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed	+ _____	[29]
Total current year payments received	+ _____	[30]

Form 6252 - Related Party Installment Sale Information

Related party name	_____	[31]
Address	_____	[32]
City, State and Zip	_____ [33] [34]	[35]
Identifying number of related party	_____	[36]
Was the property sold as a marketable security? (Y, N)	_____	[37]
Enter date of second sale if more than 2 years after the first sale	_____	[38]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	_____	[39]
Selling price of property sold by a related party	+ _____	[41]

NOTES/QUESTIONS:

Prior Year Installment Sale

Preparer use only

	2009 Information	Prior Year Information
Description _____	[3]	<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[15]	
Date sold _____	[16]	
Gross sales price of property sold + _____	[17]	
Mortgage and other debts the buyer assumed + _____	[19]	
Cost or other basis + _____	[21]	
Commissions and other expenses of the sale + _____	[23]	
Gross profit percentage _____	[25]	
Total current year principal payments received + _____	[31]	
Prior year principal payments received + _____	[33]	
Total ordinary income to recapture + _____	[35]	
Total ordinary income previously recaptured + _____	[37]	

	Control Totals +		
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Prior Year Installment Sale

Preparer use only

	2009 Information	Prior Year Information
Description _____	[3]	<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[15]	
Date sold _____	[16]	
Gross sales price of property sold + _____	[17]	
Mortgage and other debts the buyer assumed + _____	[19]	
Cost or other basis + _____	[21]	
Commissions and other expenses of the sale + _____	[23]	
Gross profit percentage _____	[25]	
Total current year principal payments received + _____	[31]	
Prior year principal payments received + _____	[33]	
Total ordinary income to recapture + _____	[35]	
Total ordinary income previously recaptured + _____	[37]	

	Control Totals +		
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NOTES/QUESTIONS:

Preparer use only

Description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [8]
 State postal code _____ [9]
 Mark to include gross proceeds for 1099-S reporting on Form, line 1 _____ [13]
 Mark if disposition is due to casualty or theft _____ [17]
 Mark if disposition was to a related party _____ [19]

Sale Information

Date acquired _____ [23]
 Date sold _____ [24]
 Gross sales price or insurance proceeds received + _____ [25]
 Cost or other basis + _____ [26]
 Commissions and other expenses of sale + _____ [27]
 Depreciation allowed or allowable + _____ [28]

Form 4797, Part III - Recapture

Additional depreciation after 1975 (Section 1250) + _____ [30]
 Applicable percentage (if not 100%) (Section 1250) _____ [31]
 Additional depreciation after 1969 (Section 1250) + _____ [32]
 Soil, water and land clearing expenses (Section 1252) + _____ [33]
 Applicable percentage (if not 100%) (Section 1252) _____ [34]
 Intangible drilling and development costs (Section 1254) + _____ [35]
 Applicable payments excluded from income under sec. 126 (Section 1255) + _____ [36]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [37]
 Total current year payments received + _____ [38]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [39]
 Address _____ [40]
 State, City and Zip _____ [41] [42] [43]
 Identifying number of related party _____ [44]
 Was the property sold as a marketable security? (Y, N) _____ [45]
 Enter date of second sale _____ [46]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [47]
 Selling price of property sold by a related party + _____ [49]

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2009	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2009	+ _____ [9]	+ _____ [10]
Enter the nondeductible contribution amount made in 2010 for use in 2009	+ _____ [11]	+ _____ [12]
Traditional IRA basis	+ _____ [13]	+ _____ [14]
Value of all your traditional IRA's on December 31, 2009:	+ _____ [15]	+ _____ [16]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2008 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [25]	__ [26]
Enter the total Roth IRA contributions made for use in 2009	+ _____ [27]	+ _____ [28]
Enter the total amount of Roth IRA conversion recharacterizations for 2009	+ _____ [33]	+ _____ [34]
Enter the total contribution Roth IRA basis on December 31, 2008	+ _____ [37]	+ _____ [38]
Enter the total Roth IRA contribution recharacterizations for 2009	+ _____ [39]	+ _____ [40]
Enter the Roth conversion IRA basis on December 31, 2008	+ _____ [41]	+ _____ [42]
Value of all your Roth IRA's on December 31, 2009:	+ _____ [43]	+ _____ [44]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	____ [4]	
State postal code _____	____ [2]	
Archer MSA contributions made in 2009 and 2010 for 2009 (Box 1)	+ _____ [6]	
Total contributions made in 2009 (Box 2)	+ _____ [7]	
Total HSA or Archer MSA contributions made in 2010 for 2009 (Box 3)	+ _____ [8]	
Rollover contribution (Box 4)	+ _____ [9]	
Fair market value of HSA, Archer MSA, or MA MSA (Box 5)	+ _____ [10]	
Box 6 -		
HSA	____ [11]	
Archer MSA	____ [12]	
MA (Medicare Advantage) MSA	____ [13]	

Additional Information

	2009 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	____ [20]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of months in qualified high deductible health plan in 2009	____ [21]	
Excess contributions for 2008 taken as constructive contributions for 2009	+ _____ [23]	
Complete this section if your account is an Archer MSA or MA MSA		
Amount of annual deductible	+ _____ [30]	
Enter compensation from employer maintaining high deductible health plan	+ _____ [32]	
If self-employed, enter earned income from business under which plan was established	_____ [35]	
Complete this section if your account is an HSA		
Was the high deductible health plan in effect for December 2009? (Y, N)	____ [39]	
Enter any qualified HSA distribution from health flexible spending arrangement (FSA)	_____ [41]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA)	+ _____ [42]	

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	_____[4]	
State postal code _____	_____[2]	
Gross distributions received (Box 1)	+ _____[7]	
Earnings on excess contributions (Box 2)	+ _____[8]	
Distribution code (Box 3)	_____[9]	
Fair Market Value on date of death (Box 4)	+ _____[10]	
Box 5 -		
HSA	_____[11]	
Archer MSA	_____[12]	
MA MSA	_____[13]	
Amount of distribution rolled over or withdrawal of excess contributions for 2009	+ _____[17]	
Unreimbursed qualified medical expenses for 2009	+ _____[18]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____[20]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/08	+ _____[21]	
For HSA accounts: Was the high deductible health plan coverage started in 2008 and in effect for the month of December 2008? (Y, N)	_____[29]	
Was the high deductible health plan coverage ended before 12/31/09? (Y, N)	_____[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2009 Information	Prior Year Information
Name of the insured chronically ill individual _____	_____[39]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Social security number of insured _____	_____[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____[42]	
Accelerated death benefits paid (Box 2)	+ _____[43]	
Check one (Box 3)		
Per diem	_____[44]	
Reimbursed amount	_____[45]	
Qualified contract (Box 4)	_____[46]	
Check, if applicable (Box 5)		
Chronically ill	_____[47]	
Terminally ill	_____[48]	
Are there other individuals who received LTC payments during 2009? (Y, N)	_____[49]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	_____[50]	
Number of days during the long-term care period _____	_____[51]	
Cost incurred for qualified long-term care services during the long-term care period + _____	_____[52]	

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Total amount reimbursed for moving expenses	+ _____	[13]

NOTES/QUESTIONS:

Preparer use only

- Business activity or profession name _____ [3]
- Taxpayer/Spouse (T, S) _____ [4]
- State postal code _____ [5]
- Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
- Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
- Enter the total amount of contributions made to a Keogh plan in 2009 + _____ [8]
- Enter the total amount of contributions made to a Solo 401(k) plan in 2009 + _____ [9]
- Enter the total amount of contributions made to a SEP plan in 2009 + _____ [10]
- Enter the total amount of contributions made to a SARSEP plan in 2009 + _____ [11]
- Enter the total amount of contributions made to a defined benefit plan in 2009 + _____ [12]
- Enter the total amount of contributions made to a profit-sharing plan in 2009 + _____ [13]
- Enter the total amount of contributions made to a money purchase plan in 2009 + _____ [14]
- Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2009 + _____ [15]
- Enter the total amount of contributions to a SIMPLE IRA plan in 2009 + _____ [16]

Catch-up Contributions

- Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2009 + _____ [17]
- Enter the amount of catch-up contributions made to a SIMPLE Plan in 2009 + _____ [18]

Elective Deferrals

- Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2009 + _____ [19]
- Enter the amount of elective deferrals designated as Roth contributions in 2009 + _____ [20]

NOTES/QUESTIONS:

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2009 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

TS	Qualified loan interest you paid ^[1]		2009 Information	Prior Year Information
—	_____	+	_____	<div style="border: 1px solid black; padding: 2px;"> _____ _____ _____ </div>
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2009.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

TS	Ed Exp Code*	Student's SSN ^[6]	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
—	—	_____	_____	_____	+ _____	<div style="border: 1px solid black; padding: 2px;"> _____ _____ _____ _____ _____ _____ _____ _____ _____ </div>
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	

Important: You cannot claim the following for the same student in the same year:

- Hope credit and Lifetime learning credit
- Tuition and fees deduction and either the Hope credit or the Lifetime learning credit

To qualify for the Hope credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 4 years of post-secondary education
- have no drug convictions in 2009

*Education Expense Code
1 = Hope credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [2]
 State postal code _____ [3]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [4]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [5]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2009 Information	
Amount contributed in current year	+ _____ [14]	Prior Year Information _____ _____ _____
Basis of this account at 12/31/08	+ _____ [17]	
Value of this account at 12/31/09	+ _____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

Payments from Qualified Education Programs

	2009 Information	
Gross distribution (Box 1)	+ _____ [30]	Prior Year Information _____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	+ _____ [32]	
Basis (Box 3)	+ _____ [34]	
Trustee-to-trustee rollover (Box 4)	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
Box 5 -		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J	2009 Information	Prior Year Information										
Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received												
[1] _____	+ _____ [2]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>										
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_____	+											
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_____	+											
_____	+											
_____	+											
_____	+											
Medical insurance premiums you paid*:												
[4] _____	+ _____ [5]											
_____	+											
_____	+											
_____	+											
_____	+											
Long-term care premiums you paid*:												
[7] _____	+ _____ [8]											
_____	+											
Prescription medicines and drugs:												
[10] _____	+ _____ [11]											
_____	+											
_____	+											
[13] Miles driven for medical items _____ [14]												
*Not entered elsewhere												

Schedule A - Tax Expenses

T/S/J	2009 Information	Prior Year Information										
State/local income taxes paid:												
[18] _____	+ _____ [19]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>										
_____	+											
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_____	+											
2008 state and local income taxes paid in 2009:												
[21] _____	+ _____ [22]											
_____	+											
_____	+											
Real estate taxes paid on:												
[24] _____	+ _____ [25]											
_____	+											
_____	+											
Personal property taxes:												
[27] _____	+ _____ [28]											
_____	+											
Other taxes, such as: foreign taxes and State disability taxes												
[30] _____	+ _____ [31]											
_____	+											
_____	+											
Sales tax paid on major purchases:												
[38] _____	+ _____ [39]											
_____	+											
Sales tax paid on actual expenses:												
[41] _____	+ _____ [42]											
_____	+											
_____	+											

T/S/J	Date	Purchase Price (Before Taxes)	Sales/Excise Tax Paid
Description of new motor vehicle purchased between 2/17/09 - 12/31/09:			
[33] _____	_____	_____	_____
_____	_____	_____	_____

Interest Expenses

T/S/J	2009 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	[2]	+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2009 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
	Address		+	
	Address		+	
	Address		+	
	Address		+	

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid:

— Payer's/Borrower's name _____ [7]
 — Street Address _____
 — City/State/Zip code _____

Refinancing Points paid in 2009:

Taxpayer/Spouse/Joint (T, S, J) _____ [8]
 Description _____
 Total points paid _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points paid in 2009 (**Preparer use only**) _____ [9]
 Date of refinance _____
 Total number of payments _____
 Reported on Form 1098 in 2009 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Description _____
 Total points paid _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points paid in 2009 (**Preparer use only**) _____
 Date of refinance _____
 Total number of payments _____
 Reported on Form 1098 in 2009 _____

T/S/J	2009 Information
Investment interest expense, other than on K-1s:	
[11]	+
	+
	+
	+
	+
	+
	+
	+
	+
	+
	+

Home Mortgage Interest Subject To Limitations #1

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2009 Information	Prior Year Information
Description of loan/property _____	[2]	<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2009, if not 12 _____	[7]	
Principal paid in 2009 + _____	[9]	
Interest paid during 2009 + _____	[11]	
Points reported on Form 1098 for 2009 + _____	[13]	
Grandfather debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[15]	
Grandfather debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[17]	
Home acquisition/improvement debt as of 12/31/08 (or first day mortgage was outstanding) _____	[19]	
Home acquisition/improvement debt as of 12/31/09 (or last day mortgage was outstanding) _____	[21]	
Home equity debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[23]	
Home equity debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[25]	
Average balance in 2009 of grandfather debt + _____	[27]	
Average balance in 2009 of home acquisition/improvement debt + _____	[29]	
Average balance for 2009 all types of debt + _____	[31]	

	Control Totals +	
--	-------------------------	--

Home Mortgage Interest Subject To Limitations #2

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2009 Information	Prior Year Information
Description of loan/property _____	[2]	<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2009, if not 12 _____	[7]	
Principal paid in 2009 + _____	[9]	
Interest paid during 2009 + _____	[11]	
Points reported on Form 1098 for 2009 + _____	[13]	
Grandfather debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[15]	
Grandfather debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[17]	
Home acquisition/improvement debt as of 12/31/08 (or first day mortgage was outstanding) _____	[19]	
Home acquisition/improvement debt as of 12/31/09 (or last day mortgage was outstanding) _____	[21]	
Home equity debt as of 12/31/08 (or first day mortgage was outstanding) + _____	[23]	
Home equity debt as of 12/31/09 (or last day mortgage was outstanding) + _____	[25]	
Average balance in 2009 of grandfather debt + _____	[27]	
Average balance in 2009 of home acquisition/improvement debt + _____	[29]	
Average balance for 2009 all types of debt + _____	[31]	

NOTES/QUESTIONS:

	Control Totals +	
--	-------------------------	--

Preparer use only

Taxpayer/Spouse (T, S) _____
 Occupation in which expenses were incurred _____
 State postal code _____

Vehicle Questions

	2009 Information	Prior Year Information
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	__ [8]	__
Was another vehicle available for personal use? (Y, N)	__ [10]	__
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	__ [12]	__

Vehicles #1 and #2 Actual Expenses

Vehicle 1 description _____ [16]
 Comments _____
 Vehicle 2 description _____ [44]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	_____ [19]	_____	_____ [47]	_____
Total mileage	_____ [21]	_____	_____ [49]	_____
Business mileage	_____ [23]	_____	_____ [51]	_____
Average daily round trip commuting mileage	_____ [26]	_____	_____ [54]	_____
Total commuting mileage	_____ [28]	_____	_____ [56]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [30]	_____	+ _____ [58]	_____
Vehicle rentals	+ _____ [32]	_____	+ _____ [60]	_____
Inclusion amount (Preparer use only)	+ _____ [34]	_____	+ _____ [62]	_____
Value of employer-provided vehicle	+ _____ [40]	_____	+ _____ [68]	_____
Depreciation	+ _____ [42]	_____	+ _____ [70]	_____

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description _____ [74]
 Comments _____
 Vehicle 4 description _____ [102]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	_____ [77]	_____	_____ [105]	_____
Total mileage	_____ [79]	_____	_____ [107]	_____
Business mileage	_____ [81]	_____	_____ [109]	_____
Average daily round trip commuting mileage	_____ [84]	_____	_____ [112]	_____
Total commuting mileage	_____ [86]	_____	_____ [114]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [88]	_____	+ _____ [116]	_____
Vehicle rentals	+ _____ [90]	_____	+ _____ [118]	_____
Inclusion amount (Preparer use only)	+ _____ [92]	_____	+ _____ [120]	_____
Value of employer-provided vehicle	+ _____ [98]	_____	+ _____ [126]	_____
Depreciation	+ _____ [100]	_____	+ _____ [128]	_____

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

	Control Totals +	
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Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

	Control Totals +	
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Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

	Control Totals +	
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NOTES/QUESTIONS:

Contributions of Motor Vehicles, Boats & Airplanes

Please provide all Forms 1098-C

Taxpayer/Spouse (T, S)			__ [1]
Donee's name	_____		[4]
State postal code			__ [3]
Date of contribution (Box 1)			_____ [7]
Make and model of vehicle (Box 2)	_____		[8]
Year of vehicle (Box 2)			_____ [9]
Vehicle or other identification number (Box 3)	_____		[10]
Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a)			__ [11]
Date of sale (Box 4b)			_____ [12]
Gross proceeds from sale (Box 4c)		+ _____	[13]
Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a)			__ [14]
Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b)			__ [15]
Detailed description of material improvements or significant intervening use and duration of use (Box 5c)	_____ [16]		

Did you provide goods or services in exchange for the vehicle? (Box 6a)	Yes	__ [17]	No
			__ [18]
Value of goods and services provided in exchange for the vehicle (Box 6b)		+ _____	[19]
Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c)			__ [20]
Description of goods and services (Box 6c)	_____ [21]		

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7)			__ [22]

Other Information for Donated Property

Overall physical condition of property			_____ [27]
Vehicle mileage on date of contribution			_____ [28]
Date property was acquired by donor			_____ [29]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)			__ [30]
Donor's cost or basis		+ _____	[31]
Fair market value on date of contribution		+ _____	[32]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)			__ [33]
If other:	_____ [34]		
Bargain sale amount received			_____ [35]
Donee's address, and ZIP code	_____ [40]		
	_____ [41]	__ [42]	_____ [43]
Donee's telephone number			_____ [44]

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2009 Information	Prior Year Information
Total area of home	_____ [10]	_____
Area used exclusively for business	_____ [12]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [14]	_____
Total hours used this year, if less than 8,760	_____ [16]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [18]	_____
Area used partly for day-care business	_____ [20]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2009 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest	+ _____ [25]	+ _____ [26]	_____
Mortgage insurance premiums	+ _____ [28]	+ _____ [29]	_____
Real estate taxes	+ _____ [31]	+ _____ [32]	_____
Excess mortgage interest and insurance premiums	+ _____ [34]	+ _____ [35]	_____
Insurance	+ _____ [37]	+ _____ [38]	_____
Rent	+ _____ [40]	+ _____ [41]	_____
Repairs & maintenance	+ _____ [43]	+ _____ [44]	_____
Utilities	+ _____ [46]	+ _____ [47]	_____
Other expenses, such as: Supplies & Security system	+ _____ [49]	+ _____ [50]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [52]	_____
Carryovers:			
Operating expenses		+ _____ [53]	_____
Casualty losses		+ _____ [54]	_____
Depreciation		+ _____ [56]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [57]	_____
Depreciation		+ _____ [61]	_____

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles 1 - 2

Vehicle 1 - Date placed in service _____ [5]
 Description _____ [6]
 Comments _____

Vehicle 2 - Date placed in service _____ [41]
 Description _____ [42]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____ [10]	_____	_____ [46]	_____
Commuting miles	_____ [12]	_____	_____ [48]	_____
Business miles	_____ [14]	_____	_____ [50]	_____
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	___ [17]	___	___ [53]	___
Was another vehicle available for personal use? (Y, N)	___ [19]	___	___ [55]	___
Do you have evidence to support your deduction? (Y, N)	___ [21]	___	___ [57]	___
Is this evidence written? (Y, N)	___ [23]	___	___ [59]	___
Parking, fees and tolls	+ _____ [25]	_____	+ _____ [61]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [27]	_____	+ _____ [63]	_____
Interest	+ _____ [29]	_____	+ _____ [65]	_____
Registration	+ _____ [31]	_____	+ _____ [67]	_____
Property taxes	+ _____ [33]	_____	+ _____ [69]	_____
Vehicle rentals	+ _____ [35]	_____	+ _____ [71]	_____
Inclusion amount (Preparer use only)	+ _____ [37]	_____	+ _____ [73]	_____
Depreciation	+ _____ [39]	_____	+ _____ [75]	_____

Vehicles 3 - 4

Vehicle 3 - Date placed in service _____ [77]
 Description _____ [78]
 Comments _____

Vehicle 4 - Date placed in service _____ [113]
 Description _____ [114]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____ [82]	_____	_____ [118]	_____
Commuting miles	_____ [84]	_____	_____ [120]	_____
Business miles	_____ [86]	_____	_____ [122]	_____
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	___ [89]	___	___ [125]	___
Was another vehicle available for personal use? (Y, N)	___ [91]	___	___ [127]	___
Do you have evidence to support your deduction? (Y, N)	___ [93]	___	___ [129]	___
Is this evidence written? (Y, N)	___ [95]	___	___ [131]	___
Parking, fees and tolls	+ _____ [97]	_____	+ _____ [133]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [99]	_____	+ _____ [135]	_____
Interest	+ _____ [101]	_____	+ _____ [137]	_____
Registration	+ _____ [103]	_____	+ _____ [139]	_____
Property taxes	+ _____ [105]	_____	+ _____ [141]	_____
Vehicle rentals	+ _____ [107]	_____	+ _____ [143]	_____
Inclusion amount (Preparer use only)	+ _____ [109]	_____	+ _____ [145]	_____
Depreciation	+ _____ [111]	_____	+ _____ [147]	_____

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number _____ [1]
 Child's date of birth _____ [2]
 Child's name _____ [4]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]

Type Code (**See codes below)	Payer		Interest ^[6] Income	Tax Exempt Income	U.S. Obligations Tax Exempt Percent	Tax Exempt Percent	Prior Year Information
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	

**Interest Codes
Blank = Regular Interest 3 = Nominee Distribution 4 = Accrued Interest 5 = OID Adjustment 6 = ABP Adjustment

Children's Dividend Income

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

Type Code (** See codes below)	Ordinary ^[8] Dividends	Qualified Dividends	Total Capital Gain Distributions			Section 1250	Section 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations Percent	Tax Exempt Percent	Prior Year Information
1	Payer											
	Amounts +											
2	Payer											
	Amounts +											
3	Payer											
	Amounts +											
4	Payer											
	Amounts +											
5	Payer											
	Amounts +											
6	Payer											
	Amounts +											

**Dividend Codes
Blank = Other 3 = Nominee

Alaska Permanent Fund dividends:

	2009 Information ^[10]	Prior Year Information
_____	+ _____	
_____	+ _____	

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S) _____ [1]
 Employer identification number _____ [2]

Total cash wages subject to social security taxes + _____ [4]
 Total cash wages subject to Medicare taxes + _____ [5]
 Federal income tax withheld + _____ [6]
 State disability plan social security & Medicare withheld + _____ [7]
 Advance earned income credit (EIC) payments + _____ [8]

Did you:
 (A) pay any household employee cash wages of \$1,700 or more in 2009? (Y, N) _____ [9]
 (B) withhold Federal income tax for any household employee? (Y, N) _____ [10]
 (C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2008 or 2009? (Y, N) _____ [11]

Federal Unemployment (FUTA) Tax**If you answered "Yes" to question (C) above, complete the following information.****Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.**

Total cash wages subject to FUTA tax * + _____ [12]
 Did you pay all state unemployment contributions for 2009 by 4/15/10? (Y, N) * _____ [13]

State #1 information
 State postal code where you have to pay unemployment contributions * _____ [14]
 State reporting number as shown on state unemployment tax return * _____ [15]
 Taxable wages (as defined in state act) + _____ [16]
 State experience rate period:
 From _____ [17]
 To _____ [18]
 State experience rate (xxx.xx) _____ [19]
 Contributions paid to state unemployment fund * + _____ [20]

State #2 information
 State postal code where you have to pay unemployment contributions _____ [21]
 State reporting number as shown on state unemployment tax return _____ [22]
 Taxable wages (as defined in state act) + _____ [23]
 State experience rate period:
 From _____ [24]
 To _____ [25]
 State experience rate (xxx.xx) _____ [26]
 Contributions paid to state unemployment fund + _____ [27]

NOTES/QUESTIONS:

Child and Dependent Care Expenses

**Please enter all amounts paid in 2009 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2008 employer-provided dependent care benefits used during 2009 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2009	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2009		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2009 + _____ [7]

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2009 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2009 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2009 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2009 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2009 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2009 + _____

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2009, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2009	+ _____ [7]	+ _____ [8]
Taxable disability income received in 2009	+ _____ [9]	+ _____ [10]

NOTES/QUESTIONS:

Residential Energy Credit

The Energy Tax Incentives Act of 2005 provides credits for energy efficient improvements made to personal residences beginning in 2006. There are certain restrictions and limits but some of the home improvements that may qualify include, solar electric, solar water heating

Taxpayer/Spouse/Joint (T, S, J)	_	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)	_____	[2]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____	[3]
Enter the total amount of cost for exterior windows	+ _____	[4]
Enter the total amount of costs for exterior doors	+ _____	[5]
Enter the total amount of costs for qualified metal roofs	+ _____	[6]
Enter the total amount of costs for energy-efficient building property	+ _____	[7]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+ _____	[9]
Enter the total amount of costs for qualified solar electric property	+ _____	[10]
Enter the total amount of costs for qualified solar water heating property	+ _____	[11]
Enter the total amount of costs for qualified small wind energy property	+ _____	[12]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____	[13]
Enter the total amount of costs for qualified fuel cell property	+ _____	[14]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_____	[15]

NOTES/QUESTIONS:

If you or your spouse purchased a principal residence after December 31, 2008, and before May 1, 2010, you may qualify for the First-Time Homebuyer Credit. The home must be located within the United States and neither party may have owned, or held an ownership interest in a home during the three year period prior to the home's purchase date. If you owned and lived in a home for five consecutive years during an eight year period prior to the purchase of a new home, you may qualify for a reduced credit even though you are not a first-time homebuyer. If you a member of the U.S. uniformed services, Foreign Service, or intelligence community and have qualifying overseas duty during 2009, the purchase cut-off date is extended to May 1, 2011. If your home was purchased before May 1, 2010, you may enter your information. If you claimed a First-Time Homebuyer credit in 2008 and the home is no longer your main home, you may have to repay the credit.

Mark if you or your spouse served at least 3 months of qualified overseas duty as a member of the military, Foreign Service, or intelligence corps in 2009 __ [2]

Principal residence address, if different from home address on Organizer Form ID: 1040

Address _____ [3]

City/State/Zip code _____ [4] ____ [5] _____ [6]

Date home acquired (After 4/8/08 and before 5/1/10) (After 11/30/09 and before 5/1/11 for service members) _____ [7]

Purchase price of the home _____ [9]

Date the home was sold or ceased being used as principal residence _____ [10]

In the period three years prior to the purchase date had the:

Taxpayer owned a home or had ownership interest in a home? (Y, N) __ [12]

Spouse owned a home or had ownership interest in a home? (Y, N) __ [13]

If you were an owner of a home and purchased a new home after November 6, 2009:

Taxpayer used the same residence as home for 5 consecutive years? (Y, N) __ [14]

Spouse used the same residence as home for 5 consecutive years? (Y, N) __ [15]

Were you and your spouse married on the purchase date? (Y, N) __ [16]

Mark if home was either purchased from a related party, is located outside the United States, or was acquired by gift or inheritance __ [17]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name _____ [20]

Allocation percentage _____ [25]

If you sold your home, enter the selling price _____ [25]

If your home was transferred to your ex-spouse due to a divorce settlement, enter his or her full name _____ [26]

NOTES/QUESTIONS:

Adoption Credit

**Complete this form if you paid qualified adoption expenses in 2009 AND the adoption was final in or before 2009.
Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.**

	Child 1 ^[1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '92 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total qualified adoption expenses paid in 2008 for this child	_____	_____	_____
Employer-provided benefits received in 2008 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2009 for this child	_____	_____	_____
Employer-provided benefits received in 2009 for this child	_____	_____	_____
Adoption final in (1 = '09, 2 = Pre '09)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '92 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total qualified adoption expenses paid in 2008 for this child	_____	_____	_____
Employer-provided benefits received in 2008 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2009 for this child	_____	_____	_____
Employer-provided benefits received in 2009 for this child	_____	_____	_____
Adoption final in (1 = '09, 2 = Pre '09)	_____	_____	_____

Adoption credit carryover from 2004	+	_____	[2]
Adoption credit carryover from 2005	+	_____	[3]
Adoption credit carryover from 2006	+	_____	[4]
Adoption credit carryover from 2007	+	_____	[5]
Adoption credit carryover from 2008	+	_____	[6]

If the adoption was incomplete or unsuccessful please provide information below:

	[10]
	[11]
	[12]

NOTES/QUESTIONS:

Foreign Tax Credit

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2009.

Preparer use only

Description _____ [2]
 Taxpayer/Spouse (T, S) _____ [3]
 Taxes claimed (1 = Paid, 2 = Accrued) _____ [6]
 Category of income* _____ [7]
 Country of residence _____ [8]
 Description of income _____ [9]

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

Foreign Income or Loss

	A	B	C
Name of country	_____ [13]	_____ [14]	_____ [15]
Foreign gross income	+ _____ [16]	+ _____ [17]	+ _____ [18]
Definitely related expenses:			
_____	+ _____ [19]	+ _____ [20]	+ _____ [21]
_____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____
Foreign source losses	+ _____ [22]	+ _____ [23]	+ _____ [24]

Foreign Taxes Paid or Accrued

	A	B	C
Foreign taxes paid or accrued:			
Date paid or accrued	_____ [25]	_____ [26]	_____ [27]
In foreign currency - taxes withheld on:			
Dividends	+ _____ [28]	+ _____ [29]	+ _____ [30]
Rents & royalties	+ _____ [31]	+ _____ [32]	+ _____ [33]
Interest	+ _____ [34]	+ _____ [35]	+ _____ [36]
Other foreign taxes	+ _____ [37]	+ _____ [38]	+ _____ [39]
In US dollars - taxes withheld on:			
Dividends	+ _____ [43]	+ _____ [44]	+ _____ [45]
Rents & Royalties	+ _____ [46]	+ _____ [47]	+ _____ [48]
Interest	+ _____ [49]	+ _____ [50]	+ _____ [51]
Other foreign taxes	+ _____ [52]	+ _____ [53]	+ _____ [54]

NOTES/QUESTIONS:

Preparer use only

Description _____
 Taxpayer/Spouse (T, S) _____
 Category of income* _____

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

AMT Foreign Income or Loss

	A		B		C
Name of country	_____		_____		_____
Foreign gross income	+ _____ [8]	+	_____ [9]	+	_____ [10]
Definitely related expenses	+ _____ [11]	+	_____ [12]	+	_____ [13]
Foreign source losses	+ _____ [14]	+	_____ [15]	+	_____ [16]

NOTES/QUESTIONS:

Depreciation - Asset Acquisitions

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE		2009 Model T - (EXAMPLE ASSET)	03/09/09	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1	Comments:			
2	Comments:			
3	Comments:			
4	Comments:			
5	Comments:			
6	Comments:			
7	Comments:			
8	Comments:			
9	Comments:			
10	Comments:			
11	Comments:			
12	Comments:			
13	Comments:			
14	Comments:			
15	Comments:			
16	Comments:			
17	Comments:			
18	Comments:			
19	Comments:			
20	Comments:			
21	Comments:			
22	Comments:			
23	Comments:			
24	Comments:			
25	Comments:			

Minnesota General Information

Mark if you or your spouse are disabled _____ [1]
 Welfare amounts received _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

Taxpayer _____ [3] **Spouse** _____ [4]

State campaign fund

Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below

Political Parties		
11 = Democratic Farmer-Labor 12 = Independence	13 = Republican 14 = Green	15 = General Campaign Fund

Charitable Contribution

Nongame Wildlife Fund _____ [5]

Credits/Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) _____ [6]
 Name of insurance company (Spouse) _____ [7]
 Policy Number (Taxpayer) _____ [8]
 Policy Number (Spouse) _____ [9]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name _____ [34]	_____ [35]	_____ [36]	
Class type _____ [37]	_____ [38]	_____ [39]	
Ind. instr name _____ [40]	_____ [41]	_____ [42]	
Ind. instr type _____ [43]	_____ [44]	_____ [45]	
Music ins type _____ [46]	_____ [47]	_____ [48]	
Musical ins cost _____ [49]	_____ [50]	_____ [51]	
Type of school attended _____ [52]	_____ [53]	_____ [54]	

M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Minnesota

	Taxpayer	Spouse
Part-year residency dates:		
From _____ [55]	_____ [56]	_____ [57]
To _____ [58]	_____ [59]	_____ [60]
Other state of residence (State/Foreign country required for other nonresidents)	_____ [59]	_____ [60]

NOTES/QUESTIONS: