



January 12, 2010

<@OGMCLAddr>
<@OGMCLCitySTZ>

Dear <@OGMSalutat>,

As 2009 ends and the new year begins, it's time to start thinking about taxes again. We hope 2009 has been a happy and prosperous year for you.

Enclosed is your 2009 Tax Organizer which we will use in preparing your 2009 tax return(s). It summarizes your 2008 tax information and provides space for you to enter your 2009 data. As you receive your 2008 tax documents, please collect them and keep them with this organizer. These documents include such items as your W-2s, Form 1099s, K-1s, brokerage statements, etc. Your check register may also include pertinent information.

A personalized list of necessary tax documents has been prepared. These are based upon last year's tax return, so be sure to enclose any new tax forms you received this year with your completed organizer.

Complete only those schedules that apply to you. If you have already prepared other schedules for the necessary information, refer to them in the organizer and enclose them for our use. A fully completed organizer lessens the likelihood of omissions from your tax return, therefore reducing the chances of any IRS inquiries, notices, audits, or reviews.

*When you have gathered **ALL** your tax information*, please drop-off or mail the tax organizer, along with your various tax forms. You may also contact our office to set up an appointment to complete your 2009 tax return(s).

This organizer, as well as the enclosed **Client Engagement Letter**, must be signed by each taxpayer, and is required to be retained in our files per recent IRS law changes.

You will also find that we have enclosed **Client Information Disclosure Forms**. These must be signed and returned with your organizer as well.

We look forward to hearing from you soon. As always, contact us if you have any questions.

Your Tax Team:

Conan Raitt, Tax Manager
Todd G. Unbehagen, EA



CLIENT ENGAGEMENT LETTER - TAX YEAR 2009:

Dear <@OGMSalutat>:

We are pleased to be able to serve you in preparing your 2009 federal and (if any) requested state income tax returns. This letter is to specify and confirm the terms of our engagement with you and to clarify the nature and extent of the services we will provide.

We will prepare your 2009 federal and requested (if any) state income tax returns from information you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you an organizer to guide you in gathering the necessary information. Your use of the organizer will assist in keeping pertinent information from being overlooked. The filing deadline is April 15, 2010. We will need all information at the earliest possible time, but no later than April 1, in order to meet the deadline. Our fees will be based upon our current rate schedule.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks, and other data that form the basis of income and deductions. These may be necessary to support the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns. Therefore, you should review them carefully before signing them.

Our engagement cannot be relied upon to disclose errors, irregularities, or illegal acts, including fraud and defalcations, which may exist. We may inform you of any such matters that come to our attention. We will perform accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns. In addition, we will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretation of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such issues in your favor whenever possible.

If an extension of time to file your return(s) is required, any tax that may be due with the return(s) must be paid with the extension. Any amounts not paid by the filing deadline are subject to interest and late filing penalties when those amounts are actually paid. All costs in this regard are your responsibility. This includes any additional fees for the extension as well as any penalties and/or interest that may be due because of the late payment.

The law provides for various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments resulting from that review are subject to certain rights of appeal. In the event of such government review or tax examination, we will be available upon request to represent you and will issue additional invoices for the time and expenses incurred. All invoices are due and payable upon presentation.

As additional consideration for us to provide you these services, you agree that the extent of our liability for damages to you for any actions taken will not exceed the total amount actually paid by you for our services. You agree that this will be your only remedy and you hereby waive any other claims you have now or in the future for actual, incidental, and consequential damages, including, but not limited to, lost profits and third party claims.

On occasion there may be an opportunity to refer you to another organization for services or products that we believe could be beneficial to you. We may, or may not, receive some form of compensation for such referral. Your signed consent to this arrangement is appreciated, but not required.

Our court and authorities or the federal district court having venue over us will have jurisdiction over all controversies that may arise regarding this agreement. This is so regardless of the location of the residence or business of a party to this agreement.

It is agreed by us that there are no other agreements or understandings between us relating to the subject matter of this engagement agreement, and that it supersedes all prior engagement agreements and the like, either written or oral, that exist or may have existed. Neither this engagement agreement nor its execution have been induced by any reliance, representation, stipulation, warranty, agreement, or understanding of any kind other than those expressed in this agreement. No change or modification of this engagement agreement shall be valid unless made in writing and signed by the parties.

Either of us may cancel this engagement at any time by any form of written or electronic notice. If you cancel and we have performed any work prior to our receiving your cancellation notice, you agree to pay us for such work performed based upon our current rate schedule. We may use any deposits or payments already received and apply them to your account.

RECORD RETENTION POLICY

In accordance with our firm's current record retention policy, we will retain our work papers and at times, copies of your financial reports and other records for the engagement for five to seven years. We will provide you copies of all reports prepared that should be a part of your books and records. If you should need replacements, we will provide additional copies at our standard copying fee of \$25 per return. All of your original records will be returned to you. After five years, our records pertaining to this engagement will no longer be available. Physical deterioration or catastrophic events may shorten the term during which our records will be available. The working papers and files of our firm are not a substitute for the original records of your company. It is agreed and understood that in connection with the performance of our engagement, the work papers prepared by us will remain our property.

PRIVACY POLICY

This is being furnished to you as required by the Gramm-Leach-Bliley act of 1999, which addresses in part the protection of individuals' privacy. This is the annual notice required by law.

As you undoubtedly know, it has long been the policy of our office to treat any information concerning our clients and former clients with strict confidentiality. Consistent with that policy, we restrict access to nonpublic personal information concerning you to staff members who must have it in order to provide you the products and services for which you have retained us. We do not disclose any personal or confidential information to anyone else without your express permission to do so, except as permitted by law. In addition, we maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information. We may disclose any of your nonpublic personal information that we collect about our customers, former customers to our affiliates or to non-affiliated third parties as permitted by law. This policy will continue.

Thank you for permitting us to be of service. We value our relationship with you and hope you view us as your most trusted advisor. We will work to continue earning that trust.

If the foregoing fairly sets forth your understanding of this engagement, please signed the enclosed copy of this letter in the space indicated and return it to our office.

Sincerely yours,

Your Tax Team:

Conan Raitt, Tax Manager
Todd G. Unbehagen, EA
January 12, 2010

TO BE COMPLETED BY THE CLIENT:

The engagement terms described in this letter are acceptable and hereby are agreed to. We also agree to the record retention and privacy policies set forth in your letter. Accepted by:

Taxpayer: _____ Date: _____

Spouse: _____ Date: _____

Or if business entity:

Name: _____ Title: _____ Date: _____

On Behalf of: _____ (Business Name)

Consent to Disclosure of Tax Return Information
For the Purpose of Tax Return Preparation

You have asked us to prepare your income tax return and, as always, our goal is to provide you with the highest quality service. The member of Unbehagen Advisors (herein referred to as “the Firm”) who is preparing your tax return may need to consult with other members of the staff of the Firm, including other tax professionals, if we determine their assistance in the preparation of your tax return and/or their provision of auxiliary services in connection with such preparation is warranted. This includes assistance with any issue regarding your tax return after it has been filed. You will not be charged additional fees for our consultation with other members of the Firm. The following two paragraphs are required by law to be included on this consent form:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return, and in certain limited circumstances, for purposes involving tax return preparation. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. Because our ability to disclose your tax return information to another tax return preparer affects the service that we provide to you and its cost, we may decline to provide you with service or change the terms of service that we provide you if you do not sign this form. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

The duration of your consent granted by this form shall be 5 years, unless you indicate otherwise.

We fully support the taxpayer protection afforded by this law and are committed to complying with the IRS regulations that implement it. However, under this law, the mere mention of your name to the other members of the staff of the Firm means that we have disclosed some of your tax information. By signing this form, you will permit us to continue to utilize the valuable services of the staff of the Firm while remaining in full compliance with this law.

If you agree to allow us to disclose your tax return information to the staff of the Firm for the purposes described herein, please check the box below and complete the remainder of the form. You may request a more limited disclosure of your tax return information as directed by you.

I authorize the Firm to disclose to the staff of the Firm any of my tax return information for the year _____, including my Social Security Number or Employer Identification Number and this completed consent form or verification that this consent form was completed to allow the staff of the Firm to assist in the preparation of my tax return and/or provide auxiliary services in connection with such preparation as described herein.

Taxpayer(s) name(s): _____

Taxpayer’s representative (if applicable): _____ Title: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

If you believe that your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

TAXPAYER CONSENT FORM – UNBEHAGEN ADVISORS ADVICE, PRODUCTS AND SERVICES

You have asked our firm, Unbehagen Advisors, (hereinafter referred to as “the Firm”), to prepare your income tax return. For the benefit and convenience of our business and individual clients, the Firm offers other products and services. To determine whether any of these may be of interest to you, we may need to use your tax return information. The IRS requires the following two paragraphs to be included on this consent form:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

The duration of your consent granted by this form shall be 5 years unless you indicate otherwise.

We fully support the taxpayer protection afforded by this law and are committed to complying with the IRS regulations that implement it. However, under this law, without your consent, we would not be able to send you, for example, unsolicited information about a change in tax law that applies to you without sending it to all of our clients. And in turn, we would have to send you this information, even if it does not apply to you. Nor would we be able to discuss our own accounting and payroll services with you. By providing your consent, you will permit us to continue to offer you personalized service, while remaining in full compliance with this law.

If you agree to allow us to use your tax return information for any of the purposes described herein, please check the corresponding box(es) below and complete the remainder of the form.

I authorize the Firm to use any information I provide to them to prepare my tax return for the year _____ in order to provide, offer, or to determine whether to offer me **information, advice or services** related to tax planning or the preparation of other tax returns, including tax returns for future years.

I authorize the Firm to use any information I provide to them to prepare my tax return for the year _____ in order to determine whether to offer me the opportunity to discuss their **accounting services**.

I authorize the Firm to use any information I provide to them to prepare my tax return for the year _____ in order to determine whether to offer me the opportunity to discuss their **payroll services**.

I authorize the Firm to use any information I provide to them to prepare my tax return for the year _____ in order to determine whether to offer me the opportunity to discuss their **financial planning/advisory services**.

I authorize the Firm to use any information I provide to them to prepare my tax return for the year _____ in order to determine whether to offer me the opportunity to discuss _____

Taxpayer(s) name(s): _____

Taxpayer’s representative (if applicable): _____ Title: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

If you believe that your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

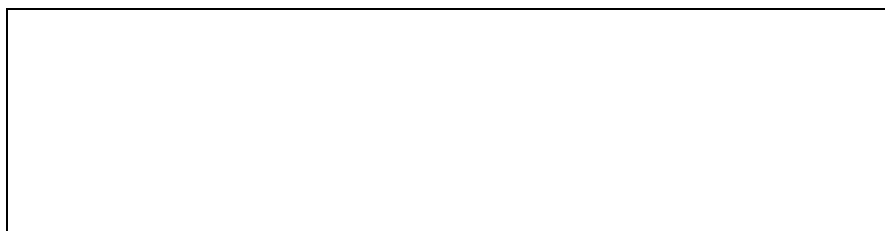
2009 Tax Documents to Send to Preparer

▶ Check items enclosed.

Gather the following documents to send to your preparer.

Form W-2 - Wages, Salaries and Tips:

Form 1099-INT - Interest Income:



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2009 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2009 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2008 information is included for your reference. You do not need to make any 2008 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2008 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

Unbehagen Tax Advisors, Inc.
31 West Tarpon Avenue
Tarpon Springs, FL 34689
Telephone: (727) 934-7759 Fax: (727) 942-9123
E-mail: info@unbehagenadvisors.com

General Questions

ORG3

PERSONAL INFORMATION		Yes	No
1	Did your marital status change during 2009? If yes , explain	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you want to allow your tax preparer to discuss this year's return with the IRS? If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy. Designee's Name ▶ _____ Phone Number ▶ _____ Personal Identification Number (5 digit PIN) ▶ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Do you or your spouse plan to retire in 2010?	<input type="checkbox"/>	<input type="checkbox"/>
4	Were you or your spouse permanently and totally disabled in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
5	Enter date of death for taxpayer or spouse (if during 2009 or 2010): Taxpayer: _____ Spouse: _____		
6	Were you or your spouse a member of the U.S. Armed Forces during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT INFORMATION			
		Yes	No
7a	Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
b	If yes , do you want us to prepare the return(s)?	<input type="checkbox"/>	<input type="checkbox"/>
8a	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1,900?	<input type="checkbox"/>	<input type="checkbox"/>
b	If yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
10	Did you provide over half the support for any other person during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
11	Did you incur adoption expenses during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
IRA AND PENSION PLAN			
		Yes	No
12	Did you receive payments from a pension or profit-sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
13	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
14	Did you convert all or part of a regular IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
15	Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>
ITEMS RELATED TO INCOME/LOSSES			
		Yes	No
16	Did you receive any disability payments in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
17	Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
18a	Did you buy, sell, refinance, or abandon a principal residence or other real property in 2009? (Attach copies of any escrow statements or Forms 1099.)	<input type="checkbox"/>	<input type="checkbox"/>
b	Are you planning to purchase a home soon?	<input type="checkbox"/>	<input type="checkbox"/>
19	Did you incur any casualty or theft losses during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
20	Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
PRIOR YEAR TAX RETURNS			
		Yes	No
21	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
22	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS AND TAXES

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

HEALTH AND LIFE INSURANCE

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

MISCELLANEOUS

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

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | Yes | No |
|--|--------------------------|--------------------------|
| 47 If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |

Caution: Review transferred information for accuracy.

- 49 If **yes**, please provide the following information:
- a Name of your financial institution
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32)
- c Account number
- d What type of account is this?
- Checking Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2009? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2009?	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient.		
13 Did you purchase special fuels for non-highway use? If yes , please list the type of use and the number of gallons for each fuel.	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/> <hr/> <hr/> <hr/>		
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2008 federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>

Basic Taxpayer Information

ORG6

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name	_____	_____
First name	_____	_____
Middle initial and suffix	MI Suffix	MI Suffix
Social security number	_____	_____
Occupation	_____	_____
Work phone/extension	_____	_____
Cell phone	_____	_____
E-mail address	_____	_____
Birthdate or age as of 1-1-2010 ...	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

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

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

Check this box if your spouse itemizes deductions

4 Head of household

If the qualifying person is a child but not your dependent, enter
 Child's name Child's social security number

5 Qualifying widow(er)

Check the box for the year the spouse died 2007 2008

DEPENDENT INFORMATION

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

** For the Dependent Code, enter the following: L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies you for the earned income credit and/or the child tax credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

Attach all copies of your W-2 forms here.

1

Employer's name **Check if not applicable for 2009**

Employer's name **Check if for spouse**

1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace

2 Enter any amounts forfeited from a flexible spending account

3 Check if the income reported is from a foreign source

4a Clergy: Enter your designated housing or parsonage allowance

b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value

c Check SE tax on: (a) housing or parsonage allowance (b) W-2 wages (c) both

2

Employer's name **Check if not applicable for 2009**

Employer's name **Check if for spouse**

1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace

2 Enter any amounts forfeited from a flexible spending account

3 Check if the income reported is from a foreign source

4a Clergy: Enter your designated housing or parsonage allowance

b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value

c Check SE tax on: (a) housing or parsonage allowance (b) W-2 wages (c) both

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

Attach all copies of your 1099-R forms here.

1

Payer's name **Check if not applicable for 2009**

Payer's name **Check if for spouse**

1 Check if either box applies: Rollover Conversion to Roth IRA

2a If a **partial** rollover, enter the amount rolled over

b If a **partial** conversion to a Roth IRA, enter the amount converted to Roth IRA

3 Health insurance premiums deductible on Schedule A

4a If entire distribution is a Required Minimum Distribution (RMD), check this box

b If **only part** of distribution is RMD, enter the part that is RMD

2

Payer's name **Check if not applicable for 2009**

Payer's name **Check if for spouse**

1 Check if either box applies: Rollover Conversion to Roth IRA

2a If a **partial** rollover, enter the amount rolled over

b If a **partial** conversion to a Roth IRA, enter the amount converted to Roth IRA

3 Health insurance premiums deductible on Schedule A

4a If entire distribution is a Required Minimum Distribution (RMD), check this box

b If **only part** of distribution is RMD, enter the part that is RMD

W-2G – GAMBLING OR LOTTERY WINNINGS

Attach all copies of your W-2G forms here.

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

****Type of Interest**
 blank = Regular taxable interest
 ME1 = ME bond interest in federal income
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest
 NH1 = NH nontaxable interest — taxable federal
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest
 TN1 = TN nontaxable interest — taxable federal
 WV1 = WV bond interest in federal income

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

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

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

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

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

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2009	2008
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5a Insurance reimbursement		
b Medical (MSA) or health (HSA) savings account distributions		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees		
9 Expenses for qualified long-term care		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes		
13 Ambulance fees and other medical transportation costs		
14 Lodging		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2009	2008
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle		
19 Other personal property taxes		
20 Other taxes:		
_____		
_____		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2009	2008
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

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

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

Noncash Contributions

ORG14A

Copy 1

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

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

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

* Method for Fair Market Value	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

*** Methods of determining FMV:**

- | | | |
|---------------|--------------------------|-------------------|
| Appraisal | Capitalization of income | Present value |
| Average share | Comparative sales | Replacement cost |
| Catalog | Consignment shop | Reproduction cost |
| | | Thrift shop |

**** Type of Donated Property**

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

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

Noncash Contributions

ORG14A

Copy 2

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

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

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

* Method for Fair Market Value	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

*** Methods of determining FMV:**

- | | | |
|---------------|--------------------------|-------------------|
| Appraisal | Capitalization of income | Present value |
| Average share | Comparative sales | Replacement cost |
| Catalog | Consignment shop | Reproduction cost |
| | | Thrift shop |

**** Type of Donated Property**

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

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

Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2009	2008
Employee Business Expenses		
Note: If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check to code assets as Investment Expense <input type="checkbox"/>		
Use ORG50 to record dispositions.		
Use ORG51A to enter additional assets.		
Use ORG11a for investment expenses related to interest income.		
Use ORG11b for investment interest related to dividend income.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 Other expenses (list):		
a _____		
b _____		
c _____		
d _____		
e _____		
OTHER MISCELLANEOUS DEDUCTIONS	2009	2008
12 Amortizable bond premiums (acquired before 10/23/86)		
13 Gambling losses (to the extent of gambling income)		
14 Other miscellaneous deductions:		
a _____		
b _____		
c _____		
d _____		
e _____		

Car And Truck Expenses
(Employees use ORG17 – Employee Business Expenses)

ORG18

for: ORG19

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle			
2 Date placed in service			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading			
b Beginning mileage reading			
c Total miles for the year (line 3a less line 3b)			
4 Business miles			
5 Total commuting miles			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc			
9 Vehicle registration fee (excluding property tax)			
10 Vehicle lease or rental fee			
11 Inclusion amount (Preparer Use Only)			
12 Depreciation (Preparer Use Only)			
13 Parking fees, tolls, and local transportation			
14 Portion of vehicle registration fee based on value			
15 Interest on vehicle			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis			
17 Is this an electric vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle (Preparer Use)			
20 Section 179 expense (Preparer Use)			
21 Qualified Property for Economic Stimulus? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property (Preparer Use)	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Qualified Property for SDA? (Preparer Use)	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold			
29 Date acquired, if different from line 2			
30 Sales price			
31 Expense of sale			
32 Gain/loss basis, if different (Preparer Use)			
33 AMT gain/loss basis, if different (Preparer Use)			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle available during off duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Was vehicle used primarily by a greater than 5% owner or related person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Do you have evidence to support the business use claimed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If yes , is the evidence written?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Income and Expenses

ORG19

GENERAL INFORMATION

1 Check ownership Taxpayer Spouse Joint

2 Business name _____

3a Business street address _____

 b 1 City, State and Zip Code, or _____

 2 Foreign country _____

4 Principal business/profession _____

5 Employer ID number _____

6 Business code (Preparer Use Only) _____

7 Was this business fully disposed of in a fully taxable transaction during 2009? Yes No

8 Accounting method:
 Cash Accrual Other (specify) _____

9 Method used to value closing inventory:
 Cost Lower of
 cost or
 market Other (explain) _____

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?
 (If yes, attach explanation) Yes No

11 Did you materially participate in the operation of this business during 2009? Yes No

12 Did you start or acquire this business during 2009? Yes No

13 At-risk determination:

 a Is all of the investment in this activity at risk? Yes No

 b Is some of the investment in this activity not at risk? Yes No

14 Did you have unallowed passive losses in 2008? Yes No

15a Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

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

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

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

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2009	2008
16 Gross receipts or sales		
17 Returns and allowances		
18 Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE	2009	2008
19 Inventory at beginning of year		
20 Purchases		
21 Items withdrawn for personal use		
22 Cost of labor (do not include your salary)		
23 Materials and supplies		
24 Other costs		
25 Inventory at end of year		

Business Income and Expenses (continued)

ORG19

EXPENSES	2009	2008
Business name _____		
26 Advertising		
27 Car and truck expenses (complete ORG18)		
28 Commissions and fees		
29 Contract labor		
30 Depletion		
31 Depreciation and Section 179 deduction (Preparer Use Only)		
32 Employee benefit programs		
33 Insurance (other than health)		
34 Self-employed health insurance attributable to this business		
35 Interest:		
a Mortgage (paid to banks, etc)		
b Other		
36 Legal and professional services		
37 Office expenses		
38 Pension and profit-sharing plans		
39 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property		
40 Repairs and maintenance		
41 Supplies (not included in cost of goods sold)		
42 Taxes and licenses		
43 Travel, meals, and entertainment:		
a Travel		
b Meals and entertainment subject to 50% limit		
c Meals subject to 80% limit		
d Meals and entertainment not subject to limit		
44 Utilities		
45 Gross wages		
46 Other expenses:		

47 Expenses for business use of your home (Preparer Use Only)		
Complete ORG20 for Business Use of Home.		
48 Qualified pension plan start-up costs		

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

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

1 Check property owner Taxpayer Spouse Joint Yes No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2009	2008
14 Rents received		
15 Royalties received		
EXPENSES	2009	2008
16 Advertising		
17a Automobile (complete ORG18 for autos)		
b Travel		
18 Cleaning and maintenance		
19 Commissions		
20a Mortgage insurance premiums — qualified		
b Other insurance		
21 Legal and professional fees		
22 Management fees		
23a Mortgage interest paid to banks — qualified		
b Mortgage interest paid to banks — other		
24 Other interest		
25 Repairs		
26 Supplies		
27a Real estate taxes		
b Other taxes		
28 Utilities		
29 Other expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
30a Depreciation and Section 179 deduction (Preparer Use Only)		
b Depletion (Preparer Use Only)		

Education Information

ORG36

EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified education expense.

Student's First Name Student's Last Name Social Security Number	Middle Initial Suffix	Student is qualified for:				
		Yes		No		
-----	-----	American Opportunity Credit	▶ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	-----	Hope Credit	▶ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	-----	Lifetime Learning Credit	▶ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	-----	Tuition and Fees Deduction	▶ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	-----	Midwest Disaster Area	▶ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	-----	American Opportunity Credit	▶ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	-----	Hope Credit	▶ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	-----	Lifetime Learning Credit	▶ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	-----	Tuition and Fees Deduction	▶ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	-----	Midwest Disaster Area	▶ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	-----	American Opportunity Credit	▶ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	-----	Hope Credit	▶ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	-----	Lifetime Learning Credit	▶ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	-----	Tuition and Fees Deduction	▶ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	-----	Midwest Disaster Area	▶ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

EDUCATOR EXPENSES	2009	2008
1 a Taxpayer educator expenses		
b Spouse educator expenses		

STUDENT LOAN INTEREST PAID	2009	2008
2 Enter the total interest you paid in 2009 on qualified student loans		

FORM 1099-Q

State Code	Name of Payer or Program	Check if Spouse	Gross Distribution Box 1	Earnings Box 2	Type Box 5
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

Tax Payments

ORG40

2009 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/15/09								
2 Qtr 2 due by 06/15/09								
3 Qtr 3 due by 09/15/09								
4 Qtr 4 due by 01/15/10								
5a Additional payments ..								
b Additional payments ..								
c Additional payments ..								
d Additional payments ..								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2008 overpayment applied to 2009			
7 Balance due paid with 2008 return			
8a 2008 Quarter 4 payments paid in 2009			
b 2008 extension payments paid in 2009			
9 Other taxes paid in 2009 for prior years (include explanation)			

2010 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2010, please enter the increase or decrease below.

Income

10 Wages	Taxpayer	
	Spouse	
11 Self-Employment Income	Taxpayer	
	Spouse	
12 Capital Gains (sale of stock, real estate, etc)		
13 Other Income:		
Description		

Deductions

14 Allowable Itemized Deductions	
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	
16 Federal Withholding	
17 Number of personal exemptions expected for 2010	

ADDITIONAL INFORMATION

18 Check to use your 2009 tax amount for your 2010 estimate	<input type="checkbox"/>
19 If you have an overpayment of 2009 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20 Amount to apply if not entire overpayment	
21 Number of installments for estimated tax (1 - 4)	