

2009
TAXPAYER ORGANIZER

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

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

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

Please provide all records and necessary information requested, including:

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

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

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

Courtesy of
Eagle Storm Corporation
1225 S ST FRANCIS DR STE C
Santa Fe, NM 87505-
eaglestorm@eaglestorm.com
(505)984-0646

2009
TAX INFORMATION QUESTIONNAIRE

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

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

PERSONAL DATA

CLIENT _____

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

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

Address Apt No _____
 City State _____ ZIP Code _____
 County County / municipal code _____
 School District Name School District number _____
 If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside _____

Foreign address
 City State or Province _____
 Country Postal Code

FILING STATUS

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

1 = Single

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

2 = Married Filing Jointly

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

3 = Married Filing Separately

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

4 = Head of Household

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

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

Fill out information below if you want to use Direct Deposit

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

2009 ORGANIZER

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

DEPENDENT INFORMATION

CLIENT _____

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

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

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

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

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

Number of other dependents listed above

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

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

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

NOTES:

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

W-2#

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

W-2 #

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

Attach additional W-2's

B

INTEREST AND ORDINARY DIVIDEND INCOME

CLIENT _____

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

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

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

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

Foreign account

Name of country

Foreign trust

EF ONLY: Accrued market discount

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

NONDEDUCTIBLE IRAs

CLIENT _____

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

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

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

NOTES OR QUESTIONS:

MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT _____

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

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

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

NOTES OR QUESTIONS:

A

ITEMIZED DEDUCTIONS

CLIENT _____

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

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

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

INTEREST PAID	2009 AMOUNTS		2008 AMOUNTS
10 Home mortgage interest and points reported on Form 1098			
11 HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098	First name	_____ T, S, J	
	Address	_____	
	SSN	_____ State _____	
	FEIN	_____ Amount _____	
	Second name	_____ T, S, J	
	Address	_____	
	SSN	_____ State _____	
	FEIN	_____ Amount _____	
	Third name	_____ T, S, J	
	Address	_____	
	SSN	_____ State _____	
	FEIN	_____ Amount _____	
12 Points not reported on Form 1098			
13 Qualified mortgage insurance premiums			
14 Deductible investment interest			

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

A

ITEMIZED DEDUCTIONS (cont.)

CLIENT _____

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

CONTRIBUTIONS	2009 AMOUNTS		2008 AMOUNTS
16 Gifts made by cash or check:	TAXPAYER	SPOUSE	

Total charitable mileage at 14 cents per mile	MI	MI	
Capital gain contributions limited to 30%			
Contributions limited to 30% of AGI			
Contributions limited to 20% of AGI			
17 Contributions made other than by cash or check: (provide details)			

18 Contribution carryover from prior year			

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

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION	2009 AMOUNTS		2008 AMOUNTS
21 Union and professional dues			
Job education			
Form 2106 or Form 2106-EZ			
Other unreimbursed expenses:			

22 Tax return preparation fees			
23 Investment fees			
Safe deposit box			
Other limited miscellaneous deductions:			

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

NONCASH CHARITABLE CONTRIBUTIONS

IF YOU MADE ANY NONCASH CHARITABLE CONTRIBUTIONS IN 2009,
PLEASE LIST THE APPLICABLE INFORMATION FOR EACH CONTRIBUTION BELOW.

SECTION A - DEDUCTIONS OF \$5,000 OR LESS PER ITEM AND CERTAIN PUBLICLY TRADED SECURITIES
INFORMATION ON DONATED PROPERTY

Donee Organization ----- Donee Address	Description of Donation	Date Contributed	Date Acquired by Donor	How Acquired	Donor's Cost or Basis	Fair Market Value	Method Used to Determine FMV

PART II OTHER INFORMATION (Complete line 2 if less than an entire interest in property listed in Part I was given up)
(Complete line 3 if conditions were placed on a contribution listed in Part I)

- 2a Enter letter from Part I that identifies the property _____
- b Total amount claimed as deduction for property listed in Part I: (1) For this tax year _____
(2) For any prior tax years _____
- c Name and address of each organization to which any such contribution was made in a prior year (only if different from above)
Name of charitable organization _____
Address (number, street, and room or suite no.) _____
City or town _____ State _____ ZIP code _____
- d For tangible property, enter place where property is located or kept _____
- e Name of any person, other than the donee organization having actual possession of the property _____

If an agreement between the donor and donee places conditions on any contribution listed in Part I, answer the following questions. Attach statement

- 3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . Yes
- b Did you give to anyone the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? Yes
- c Is there a restriction limiting the donated property for a particular use? Yes

SECTION B - APPRAISAL SUMMARY (DEDUCTIONS OVER \$5,000 PER ITEM OR GROUP)
INFORMATION ON DONATED PROPERTY

Enter kind of donated property from the listing below:

1 = Art (contribution over \$20,000)	4 = Qualified conservation contribution	7 = Equipment
2 = Art (contribution under \$20,000)	5 = Other real estate	8 = Securities
3 = Collectibles	6 = Intellectual property (patents, etc.)	9 = Other

Donated Property Description	Physical Condition	Appraised Fair Market Value	Date Acquired	How Acquired	Donor's Cost or Basis	Bargain Sales: Amount Received	Average Trading Price of Securities

Attach any declarations of appraisal and donee acknowledgments

CHILD AND DEPENDENT CARE EXPENSES

CLIENT _____

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

PART I - PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE				
Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2009 Amts	2008 Amounts
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES		2009 AMOUNTS	2008 AMOUNTS
Record dependent care expenses for each dependent on the Dependent Information sheet.			
4 Pension or annuity from nonqualified deferred compensation plan or nongovernmental section 457(b) plan			
5 Number of months taxpayer was a student or disabled, if applicable			
Number of months spouse was a student or disabled, if applicable			
Worksheet for 2008 Expenses Paid for Dependent Care Expenses in 2009			
1 Amount of 2008 qualified expenses paid in 2008			
2 Amount of 2008 qualified expenses paid in 2009			
4 Care for 2008 was for 2 or more qualifying children	<input type="checkbox"/>	Yes	<input type="checkbox"/>
5 Dependent care benefits received for 2008 and excluded from income			
7 Smaller of taxpayer's earned income and spouse's earned income for 2008			
9 Amount on which the credit for 2008 was figured			
11 2008 adjusted gross income			
Expenses paid for: _____	Name		SSN
Explanation of expenses: _____			

PART III - DEPENDENT CARE BENEFITS	2009 AMOUNTS	2008 AMOUNTS
14 Total employer-provided dependent care benefits		
15 Carryover from 2008 that was used in 2009 during the grace period		
16 Forfeited amount of employer-provided dependent care benefits		
18 Qualified expenses incurred in 2009		
20 Taxpayer elects to include nontaxable combat pay	<input type="checkbox"/>	Yes
Spouse elects to include nontaxable combat pay	<input type="checkbox"/>	Yes
23 Amount of dependent care benefits received from sole proprietorship or partnership		

NOTES OR QUESTIONS:

PLEASE ENTER ALL PERTINENT 2009 INFORMATION.

2009 FEDERAL ESTIMATED TAX PAYMENTS				
	DUE DATE	AMOUNT DUE	DATE PAID	AMOUNT PAID
Overpayment applied from 2008 return ..				
1st quarter payment	04-15-2009		- -	
2nd quarter payment	06-15-2009		- -	
3rd quarter payment	09-15-2009		- -	
4th quarter payment	01-15-2010		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2008) tax amount

Are you a Farmer / Fisherman? Yes

Prior year adjusted gross income

Was the income received uneven? (seasonal employment) Yes

APPLICATION OF 2009 OVERPAYMENT

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

Other (please explain): _____

2010 ESTIMATED TAX INFORMATION

Do you expect your 2010 taxable income to be generally the same as 2009? Yes No

If "No," enter any differences in income, deductions, dependents, etc.

Filing Status

Personal exemptions TP over 65 Yes TP blind Yes
 SP over 65 Yes SP blind Yes

Dependent exemptions ...

Qualified Child tax credit, ..

1	Wages increase or (-) decrease	Taxpayer <input type="text"/>	Spouse <input type="text"/>	<input type="text"/>
	Ordinary income increase or (-) decrease			<input type="text"/>
2	Qualified dividends and/or long-term capital gain increase or (-) decrease (5% or 15%)			<input type="text"/>
3	Self-employment income	Taxpayer <input type="text"/>	Spouse <input type="text"/>	<input type="text"/>
4	Adjustments increase or (-) decrease			<input type="text"/>
6	Itemized deductions increase or (-) decrease			<input type="text"/>
9	Taxable income increase or (-) decrease			<input type="text"/>
10	Tax increase or (-) decrease			<input type="text"/>
11	Alternative minimum tax increase or (-) decrease			<input type="text"/>
12	Nonrefundable credits increase or (-) decrease			<input type="text"/>
14	Other taxes increase or (-) decrease			<input type="text"/>
15	Refundable credits increase or (-) decrease			<input type="text"/>
19	Withholding increase or (-) decrease			<input type="text"/>
20	Total 2010 estimated tax payments paid to date			<input type="text"/>

If you owe a tax for 2010, do you want estimated tax vouchers prepared? Yes

NOTES OR QUESTIONS:

PLEASE ENTER ALL PERTINENT 2009 INFORMATION.

State _____

2009 STATE ESTIMATED TAX PAYMENTS				
	DUE DATE	AMOUNT DUE	DATE PAID	AMOUNT PAID
Overpayment applied from 2007 return . . .				
1st quarter payment	04-15-2009		- -	
2nd quarter payment	06-15-2009		- -	
3rd quarter payment	09-15-2009		- -	
4th quarter payment	01-15-2010		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2008) tax amount	
Are you a Farmer / Fisherman?	<input type="checkbox"/> Yes
Prior year adjusted gross income	
Was the income received uneven? (seasonal employment)	<input type="checkbox"/> Yes

APPLICATION OF 2009 OVERPAYMENT

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

Other (please explain): _____

2010 ESTIMATED TAX INFORMATION

Do you expect your 2010 taxable income to be generally the same as 2009? Yes No

If "No," enter any differences:

1 Taxable income	
2 Tax	
7 Withholding	

If you owe a tax for 2010, do you want estimated tax vouchers prepared? Yes

NOTES OR QUESTIONS: