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2009 INCOME TAX ORGANIZER

Our Tax Organizer is designed to help you collect and report the information needed to prepare your 2009 income tax return. Please fill out completely all areas that pertain to you. If you need to include additional information, please provide an additional page.

Please provide the following information:

- Copy of your 2008 tax return (if not in our possession).
- Original W-2 forms.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations, estates, or trusts.
- Copies of other compensation or pension documentation, such a 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.
- Any tax notices received from the IRS or other taxing authorities.

Thank you for taking the time to complete this Tax Organizer. If you have additional questions, please feel free to contact us.

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 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			
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			
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			
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			
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 <input type="checkbox"/> Savings <input type="checkbox"/> |

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/>		
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2008 federal income tax return?.....	<input type="checkbox"/>	<input type="checkbox"/>

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
	Relationship	+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	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	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
		<input type="checkbox"/>	<input type="checkbox"/>
2	Employer's name	Check if not applicable for 2009	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	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
		<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>
	Payer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	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	<input type="checkbox"/>
	Payer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	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)

MISCELLANEOUS INCOME

Attach all copies of 1099-MISC forms here.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if you did not receive income from this payer in 2009.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name			
	Payer's federal identification number or			
	Payer's social security number			
1	Rents			
2	Royalties			
3	Other income			
4	Federal income tax withheld.			
5	Fishing boat proceeds			
6	Medical/health care payments			
7	Nonemployee compensation			
8	Substitute payments			
10	Crop insurance proceeds			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
15a	Section 409A deferrals			
15b	Section 409A income			
16	State tax withheld – 1st state			
17	State name – two letters – 1st state			
	Payer's state number – 1st state			
18	State income – 1st state			
16	State tax withheld – 2nd state			
17	State name – two letters – 2nd state			
	Payer's state number – 2nd state			
18	State income – 2nd state			

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

<input checked="" type="checkbox"/> Attach all copies of SSA and RRB forms.	Taxpayer	Spouse
1 Social Security Benefits from Form SSA-1099		
2 Federal income tax withheld from Form SSA-1099		
3 Medicare B premiums withheld from Form SSA-1099		
4 Medicare D premiums withheld from Form SSA-1099		
5 Railroad Retirement Benefits from Form RRB-1099		
6 Federal income tax withheld from Form RRB-1099		
7 Medicare premiums withheld from Form RRB-1099		

FORM 1099-G

Attach all copies of 1099-G forms.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name			
1	Unemployment compensation			
a	Unemployment benefits you repaid in 2009			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2007 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld			
5	Alternative Trade Adjustment Assistance			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	State income tax withheld			
	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation	_____	_____	_____
9	Market gain			

OTHER INCOME

Nature and Source	2009 Taxpayer	2009 Spouse	2008 Combined
1 Alimony received			
2 Scholarship/fellowship income not on Form W-2			
3 Recovery of bad debts previously deducted			
4 Jury duty pay			
5 Bartering income not reported elsewhere			
6 Income from the rental of personal property			
7 Other miscellaneous income items: Description:			

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)		

Interest Paid and Cash Contributions (continued)

ORG14

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2009	2008
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven			
Parking fees, tolls, and local transportation			

Noncash Contributions

ORG14A

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 | Thrift shop |
| Average share | Comparative sales | Replacement cost | |
| Catalog | Consignment shop | Reproduction cost | |

**** 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
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 _____		

Moving Expenses

ORG16

If you sold your principal residence during 2009, also complete Sale of Your Home (ORG22).

FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply.

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace.

Number of miles from your old home to old workplace.

Are you a member of the armed forces? Yes No

If **Yes**, did you move due to a permanent change of station? Yes No

If **Yes**, enter the allowances or reimbursements received from the government.

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12.

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses.	
Storage expenses.	
Expenses of moving from old to new home:	
Travel not including meals.	
Lodging not including meals.	

SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply.

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace.

Number of miles from your old home to old workplace.

Are you a member of the armed forces? Yes No

If **Yes**, did you move due to a permanent change of station? Yes No

If **Yes**, enter the allowances or reimbursements received from the government.

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12.

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses.	
Storage expenses.	
Expenses of moving from old to new home:	
Travel not including meals.	
Lodging not including meals.	

Employee Business Expenses

ORG17

Occupation in which expenses were incurred..... _____

Check box if spouse's employee expenses. If blank, taxpayer assumed.....

Check box if a fee-basis state or local government official.....

Check box if subject to Department of Transportation (DOT) hours of service limits.....

Treat all MACRS assets for activity as qualified Indian reservation property?..... Yes No

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

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

Was this activity located in a Qualified Disaster Area..... Yes No

EXPENSES	2009	2008
1 Parking fees, tolls, and local transportation		
2 Travel expenses while away from home (excluding meals/entertainment expenses).....		
3 Meals and entertainment expenses.....		
4 Business gifts		
5 Education		
6 Home office expenses (Preparer Use Only – complete ORG17A)		
7 Trade publications		
8 Depreciation expense other than vehicle (Preparer Use Only)		
9 Carryover of Section 179 expense from prior year		
10 Other: _____ _____ _____		

EMPLOYER REIMBURSEMENTS	2009	2008
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals and entertainment.....		
12 Reimbursements for meals and entertainment.....		

QUALIFIED PERFORMING ARTIST	2009	2008
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2009	2008
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any property or equipment other than a vehicle was acquired during 2009, please complete ORG51– Additional Assets. For vehicles, see page 2.

If any property or equipment other than a vehicle was disposed of during 2009, please complete the disposition information on ORG50 – Existing Assets. For vehicles, see page 2.

Employee Business Expenses (continued)

ORG17

GENERAL VEHICLE INFORMATION		Vehicle 1	Vehicle 2
15	Description of vehicle		
16	Date placed in service		
17	Enter detail on lines 17a and 17b, or total on line 17c:		
a	Ending mileage reading		
b	Beginning mileage reading		
c	Total miles for the year (line 17a less line 17b)		
18	Business miles		
19	Total commuting miles		
20	Average daily commuting miles		

STANDARD MILEAGE RATE		Vehicle 1	Vehicle 2
21	Do you qualify for standard mileage? (Preparer Use Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACTUAL EXPENSES		Vehicle 1	Vehicle 2
23	Gasoline, oil, repairs, insurance, etc.		
24	Vehicle registration fee (excluding property tax)		
25	Vehicle lease or rental fee		
26	Inclusion amount (Preparer Use Only)		
27	Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2)		
28	Depreciation (Preparer Use Only)		

VEHICLE DEPRECIATION/DISPOSITIONS		Vehicle 1	Vehicle 2
29	Cost or basis		
30	Is this an electric vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31	Is this qualified Indian reservation property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32	Type of vehicle (Preparer Use Only)		
33	Section 179 expense (Preparer Use Only)		
34	Qualified Property for Economic Stimulus? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Qualified Property for Qualified Disaster Area? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36	Qualified Property for Kansas Disaster Zone (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37	Qualified property for GO Zone? (Preparer Use Only)	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A 50% 30% N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A 50% 30% N/A
38	Percentage for Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
39	Elect OUT of Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	Elect 30% in place of 50% Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	Date sold		
42	Date acquired, if different from line 16		
43	Sales price		
44	Expense of sale		
45	Gain/loss basis, if different (Preparer Use Only)		
46	AMT gain/loss basis, if different (Preparer Use Only)		

VEHICLE QUESTIONS		Yes	No
47	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48	Is another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49	Do you have evidence to support the business use claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50	If yes , is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employee Home Office Expense

ORG17A

for:
copy:

GENERAL INFORMATION	2009	2008
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage).....		
2 Area used only partly for day care (square footage).....		
3 Total area of home (square footage).....		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year.....		
b Number of days used for day care each week.....		
c Number of days closed for holidays, vacations, etc.....		
d Number of hours used for daycare each day.....		
5 Total wages from this business.....		
6 Enter the percent of wages above that are from the business use of this home.....		
7 Gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only)		
8 Any losses from this business shown on Schedule D or Form 4797 (Preparer Use Only)		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2009		2008	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only)				
10 Mortgage interest/points on Form 1098.....				
11 Interest not on Form 1098.....				
12 Points not of Form 1098.....				
13 Real estate taxes.....				
14 Qualified mortgage insurance.....				
15 Other insurance.....				
16 Rent.....				
17 Repairs and maintenance.....				
18 Utilities.....				
19 Other expenses (e.g., rent).....				
20 Carryover of operating expenses.....				
21 Excess casualty losses (Preparer Use Only)				
22 Depreciation of your home (Preparer Use Only)				
23 Carryover of excess casualty losses and depreciation.....				

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

24	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence			
	Addition/Improvement.....			
	Addition/Improvement.....			
	Addition/Improvement.....			
	Addition/Improvement.....			
25	Enter the land value included in cost for residence.....			

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

ORG18

for:

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If yes , is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 Other (explain) _____
 cost or
 market
- 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		

Business Use of Home

ORG20

for:
copy:

GENERAL INFORMATION	2009	2008
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage).....		
2 Area used only partly for day care (square footage).....		
3 Total area of home (square footage).....		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year.....		
b Number of days used for day care each week.....		
c Number of days closed for holidays, vacations, etc.....		
d Number of hours used for daycare each day.....		
5 If part of your income is from a place of business other than this home, enter % of gross income from business use of this home.....		
6 Gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only)		
7 Any losses from this business shown on Schedule D or Form 4797 (Preparer Use Only)		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2009		2008	
	Direct	Indirect	Direct	Indirect
8 Casualty losses (Preparer Use Only)				
9 Total mortgage interest/points.....				
10 Mortgage interest/points on Form 1098.....				
11 Interest not on Form 1098.....				
12 Points not of Form 1098.....				
13 Real estate taxes.....				
14 Excess mortgage interest (Preparer Use)				
15 Qualified mortgage insurance.....				
16 Other insurance.....				
17 Rent.....				
18 Repairs and maintenance.....				
19 Utilities.....				
20 Other expenses (e.g., rent).....				
21 Carryover of operating expenses.....				
22 Excess casualty losses (Preparer Use Only)				
23 Depreciation of your home (Preparer Use Only)				
24 Carryover of excess casualty losses and depreciation.....				

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

25	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence			
	Addition/Improvement.....			
	Addition/Improvement.....			
	Addition/Improvement.....			
	Addition/Improvement.....			
26	Enter the land value included in cost for residence.....			

Sale of Your Home

ORG22

GENERAL INFORMATION

▶ **Attach copies of your original purchase and the current sale settlement sheets here.**

Complete if the sale of your home occurred in the current year (2009).

	Yes	No
1 a Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it?	<input type="checkbox"/>	<input type="checkbox"/>
c Did you use this home partially or completely in a trade or business or hold it for investment AND dispose of it in a like-kind (Section 1031) exchange?	<input type="checkbox"/>	<input type="checkbox"/>
2 a Did you live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, did your spouse live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you receive a Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
4 a Have you sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, has your spouse sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.)		
a You	<input type="checkbox"/>	<input type="checkbox"/>
b Your spouse	<input type="checkbox"/>	<input type="checkbox"/>
6 a Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997?	<input type="checkbox"/>	<input type="checkbox"/>
b Was the home used as investment or rental property after December 31, 2008?	<input type="checkbox"/>	<input type="checkbox"/>
7 a Will you be receiving periodic payments of principal or interest from this sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If Yes , what is the amount of the financial instrument?		

8 Address of former home sold _____

9 a Date former home was sold _____

 b Date former home was bought _____

10 Sales price of the home sold _____

COST BASIS OF HOME SOLD

Description	Amount
Original cost of home sold:	
11 a Purchase price of home sold	
b Postponed gain on the sale of your previous home (from Form 2119 for the year this home was bought)	
Additions and increases to basis:	
12 a Settlement fees or closing costs when home was purchased. Do not include amounts previously deducted as moving expenses	
b Cost of capital improvements	
c Additions, including costs of materials and labor	
d Other additions and increases to basis	
Decreases to basis:	
13 a Seller-paid points (for old home bought after 1990)	
b Other decreases to basis	

COMMISSIONS AND OTHER EXPENSES OF SALE

Description	Amount
14 a _____	
b _____	
c _____	
d _____	

Installment Sale Income

ORG23

Attach all closing documents if this is the year of sale.

Was the property sold in this installment sale a rental or used in a trade or business? Yes No
Was the final installment received this year? Yes No

1 Description of property _____
2a Date acquired _____ 2b Date sold _____
c Check this box if ordinary gain from non-capital asset

GROSS PROFIT INFORMATION (Complete for year of sale only.)

3 Selling price, including mortgages and other debts _____
4 Mortgages and other debts buyer assumed or took property subject to _____
5 Cost or other basis of property sold _____
6 Depreciation allowed or allowable _____
7 Commissions and other expenses of sale _____
8 Was this property your main home? Yes No

CURRENT TAXABLE PORTION

9 Gross profit percentage _____
10a Payments received in current year _____
b Interest received in current year _____

Seller Financed Mortgage Information

11	Payer's Name	Address	SSN or EIN
	_____	_____	_____

12 Payments received in prior years (do not include interest) _____

SALES TO RELATED PARTIES

13a Was the property sold to a related party after May 14, 1980? Yes No
b If **yes**, was the property a marketable security? Yes No
*If yes, complete the rest of this form. If no, complete for year of sale and for 2 years after the sale.
If you received the final installment payment this year, do not complete the rest of this form.*
c Give the name, address, and taxpayer identification number of related party _____

14 Did the related party, during this tax year, resell or dispose of the property? Yes No
If no, do not complete the rest of this form.

Answer **yes** to no more than one of the following questions.

15a Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)? Yes No
If **yes**, give date of disposition _____
b Was the first disposition a sale or exchange of stock to the issuing corporation? Yes No
c Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition? Yes No
d Did the second disposition occur after the death of the original seller or buyer? Yes No
e Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition? Yes No
If **yes**, give explanation _____

16 If you answered **no** to all questions 15a through 15e, enter sales price of the property sold by related party (attach Form 6252 for year of first sale) _____

Sales of Business Property

ORG24

T = Taxpayer, S = Spouse, J = Joint

Attach all copies of 1099-S and 1099-B forms here.

Note: Enter asset dispositions here **or** on ORG50 (Transferred Assets), but not both.

SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD MORE THAN 1 YEAR
 (Generally, report sales where you incurred a loss in this section
 except sale of raised cattle, horses and livestock sold at a gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD 1 YEAR OR LESS
 (Ordinary gains and losses)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

GAIN FROM THE SALE OF PROPERTY HELD MORE THAN 1 YEAR
 (Depreciable property used in trade/business or residential rental)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

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.

	2009	2008
INCOME		
14 Rents received		
15 Royalties received		
EXPENSES		
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)		

Farm Rental Income and Expenses

ORG26

GENERAL INFORMATION

Name of this activity

1 Check ownership Taxpayer Spouse Joint

2 Employer identification number

3 Was this farm fully disposed of in a fully taxable transaction during 2009? Yes No

4 Did you actively participate in the operation of this business during 2009? Yes No

5 Real estate professionals:
Did you materially participate in the operation of this business during 2009? Yes No

6 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

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

8a 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 farm rental located in a Qualified Disaster Area? Yes No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

FARM RENTAL INCOME – BASED ON PRODUCTION	2009	2008
9 Income from production of livestock, produce, grains and crops		
10 Total distributions received from cooperatives		
11 Taxable amount of distributions from cooperatives		
12 Total agricultural program payments		
13 Taxable amount of agricultural program payments		
14 Commodity Credit Corporation (CCC) loans under election		
15 CCC loans forfeited/repaid with certificates		
16 Taxable amount of CCC loans forfeited/repaid		
17 Crop insurance proceeds/federal crop disaster payments received in 2009		
18 Taxable crop insurance proceeds/federal crop disaster payments		
19 Crop insurance proceeds/federal crop disaster deferred from 2008		
20 Other income – include federal/state gas tax credit/refund		

Farm Rental Income and Expenses (continued)

ORG26

EXPENSES – FARM RENTAL PROPERTY	2009	2008
Name of this activity..... _____		
21 Car and truck expense (complete ORG18).....		
22 Chemicals.....		
23 Conservation expenses.....		
24 Custom hire (machine work).....		
25 Depreciation and Section 179 deduction (Preparer Use Only)		
26 Employee benefit programs other than pension and profit-sharing plans.....		
27 Feed.....		
28 Fertilizers and lime.....		
29 Freight and trucking.....		
30 Gasoline, fuel, and oil.....		
31 Insurance (other than health).....		
32 Interest:		
a Mortgage (paid to banks, etc).....		
b Other.....		
33 Gross wages.....		
34 Pension and profit-sharing plans.....		
35 Rent or lease:		
a Machinery, equipment, etc (for vehicle rent or lease, see ORG18).....		
b Other (land, animals, etc).....		
36 Repairs and maintenance.....		
37 Seeds and plants.....		
38 Storage and warehousing.....		
39 Supplies.....		
40 Taxes.....		
41 Utilities.....		
42 Veterinary fees and medicine.....		
43 Other expenses (specify):		
_____.....		
_____.....		
_____.....		
_____.....		
_____.....		
_____.....		
_____.....		
44 Qualified pension plan start-up costs.....		

Farm Income and Expenses

ORG27

GENERAL INFORMATION

Name of this farm

1 Check ownership Taxpayer Spouse Joint

2 Principal product

3 Employer identification number

4 Agricultural activity code **(Preparer Use Only)**

5 Accounting method Cash Accrual

	Yes	No
6 Was this farm fully disposed of in a fully taxable transaction during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you materially participate in the operation of this business during 2009?	<input type="checkbox"/>	<input type="checkbox"/>
8 At-risk determination:		
a Is all of the investment in this activity at risk?	<input type="checkbox"/>	<input type="checkbox"/>
b Is some of the investment in this activity not at risk?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you have unallowed passive losses in 2008?	<input type="checkbox"/>	<input type="checkbox"/>
10a Treat all MACRS assets for this activity as qualified Indian reservation property?	<input type="checkbox"/>	<input type="checkbox"/>
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?	Regular <input type="checkbox"/>	Extension <input type="checkbox"/> No <input type="checkbox"/>
c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input type="checkbox"/>	<input type="checkbox"/>
d Was this farm located in a Qualified Disaster Area?	<input type="checkbox"/>	<input type="checkbox"/>

FARM INCOME – CASH METHOD	2009	2008
11 Sales of livestock, etc purchased for resale		
12 Cost/Basis of livestock, etc purchased for resale		
13 Sales of livestock, produce, grains, etc raised		
14a Total distributions received from cooperatives		
b Taxable amount of distributions from cooperatives		
15a Total agricultural program payments		
b Taxable amount of agricultural program payments		
c If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15b		
16a Commodity Credit Corporation (CCC) loans under election		
b CCC loans forfeited/repaid with certificates		
c Taxable amount of CCC loans forfeited/repaid		
17a Crop insurance proceeds/federal crop disaster payments received in 2009		
b Taxable crop insurance proceeds/federal crop disaster payments		
c Crop insurance proceeds/federal crop disaster payments deferred from 2008		
18 Custom hire (machine work) income		
19 Other income – include federal/state gas tax credit/refund		

FARM INCOME – ACCRUAL METHOD	2009	2008
20 Sales – livestock, produce, grain, other products		
21a Total distributions received from cooperatives		
b Taxable amount of distributions from cooperatives		
22a Total agricultural program payments		
b Taxable amount of agricultural program payments		
23a Commodity Credit Corporation (CCC) loans under election		
b CCC loans forfeited/repaid with certificates		
c Taxable amount of CCC loans forfeited/repaid		
24 Crop insurance proceeds and certain disaster payments		
25 Custom hire (machine work) income		
26 Other income include federal/state gas tax credit/refund		
27 Cost of Goods Sold:		
a Beginning inventory – livestock, produce, etc		
b Cost of livestock, produce, etc purchased		
c Ending inventory – livestock, produce, etc		
28 Check if you used the unit-livestock price method or farm-price method to value inventory	<input type="checkbox"/>	<input type="checkbox"/>

Farm Income and Expenses (continued)

ORG27

Complete ORG51 for acquisitions and ORG50 for dispositions.

FARM EXPENSES – CASH AND ACCRUAL METHODS	2009	2008
Name of this farm		
29 Car and truck expense (complete ORG18)		
30 Chemicals		
31 Conservation expenses		
32 Custom hire (machine work)		
33 Depreciation and Section 179 deduction (Preparer Use Only)		
34 Employee benefit programs other than pension and profit-sharing plans		
35 Feed		
36 Fertilizers and lime		
37 Freight and trucking		
38 Gasoline, fuel and oil		
39a Insurance (other than health)		
b Self-employed health insurance attributable to this farm business		
40 Interest:		
a Mortgage (paid to banks, etc)		
b Other		
41 Gross wages		
42 Pension and profit-sharing plans		
43 Rent or lease:		
a Machinery, equipment, etc (for vehicle rent or lease, see ORG18)		
b Other (land, animals, etc)		
44 Repairs and maintenance		
45 Seeds and plants purchased		
46 Storage and warehousing		
47 Supplies purchased		
48 Taxes		
49 Utilities		
50 Veterinary, breeding and medicine		
51 Other expenses (specify):		
_____		
_____		
_____		
_____		
_____		
52 Qualified pension plan start-up costs		

Adjustments to Income

ORG28

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2009		
2 Check if you were covered by a retirement plan at work	<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return	<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount	<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute		
If you (a) received traditional IRA distributions during 2009 and you have made nondeductible IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, OR (b) choose to make any nondeductible traditional IRA contributions for 2009, please provide this information:		
6 Enter the value of all of your IRAs on 12/31/2009		
7 Enter the value of all recharacterizations after 12/31/2009		
8 Enter the amount of any outstanding rollovers as of 1/1/2010		
If you received IRA distributions during 2009, please complete ORG7.		
ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2009		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return	<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount	<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute		
SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
Money Purchase Plan Keogh and Multiple Plans:		
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2009		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2009	<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing Plan Keogh:		
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2009		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2009	<input type="checkbox"/>	<input type="checkbox"/>
Defined Benefit Plan Keogh:		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2009		
SEP:		
4 a Payments made and/or expected to be made to a SEP for 2009		
b Check this box if you wish to contribute the maximum amount to your SEP for 2009	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed SIMPLE Plan:		
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2009		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2009		
Individual 401(k):		
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2009		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2009		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2009		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2009	<input type="checkbox"/>	<input type="checkbox"/>
Roth 401(k):		
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2009		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2009		
ALIMONY PAID		
1 Recipient's social security number	Alimony paid	
2 Recipient's social security number	Alimony paid	

Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES			
Enter below the persons or organizations who provided the child and dependent care.			
Name	Address	ID Number	Amount Paid
1 _____	_____		
2 _____	_____		
3 _____	_____		
4 _____	_____		
EXPENSES		2009	2008
1 Total employment taxes paid on wages for child care expenses			
2 Total expenses paid in 2009 but not incurred in 2009			
3 Total expenses incurred in 2009 but not paid in 2009			
4 Medical expenses paid for qualifying persons unable to care for themselves			
STUDENT/DISABLED PERSON INFORMATION		Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled, answer the following questions:			
a Enter the number of months that taxpayer/spouse did not work and was a full-time student or disabled			
b Enter earned income if the taxpayer/spouse who was a student or disabled did work			

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)	