

# ESTATE AND TRUST INCOME

2009  
(K-1 E/T)

Your 2008 K-1 information is shown below.

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

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Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

\* Please attach all K-1 schedules received for 2009.

**PENSION AND RETIREMENT INCOME**

**PENSIONS AND IRAS**

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

Name of payer \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE  IRA

\* Please include any 1099's and other 2009 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

**SOCIAL SECURITY BENEFITS**

(1040 WKT)

**2009 AMOUNTS**

Taxpayer Amount \$ \_\_\_\_\_

Spouse Amount \$ \_\_\_\_\_

**2008 TOTAL AMOUNT**

\_\_\_\_\_

# EMPLOYEE BUSINESS EXPENSES

2009  
(2106/2106 EZ)

## GENERAL INFORMATION

2009

2008

Are these your spouse's business expenses? \_\_\_\_\_  
Occupation in which expense incurred? \_\_\_\_\_  
Were you a qualified performing artist? \_\_\_\_\_  
Were you a fee basis state or local government official? \_\_\_\_\_  
Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? \_\_\_\_\_

## EXPENSES

Parking fees, tolls, and local transportation \_\_\_\_\_  
Travel expenses while away from home overnight \_\_\_\_\_  
Meals and entertainment expenses \_\_\_\_\_  
Are you subject to the hours of service limitation of the Department of Transportation? \_\_\_\_\_  
Other business expenses \_\_\_\_\_

Type	Amount
_____	_____
_____	_____
_____	_____
_____	_____

## REIMBURSEMENTS

Meals and entertainment \_\_\_\_\_  
Other \_\_\_\_\_

## AUTOMOBILE INFORMATION

### VEHICLE A

Date vehicle was placed in service \_\_\_\_\_  
Total mileage vehicle was used during the year \_\_\_\_\_  
Miles that vehicle was used for business \_\_\_\_\_  
Miles that vehicle was used for commuting \_\_\_\_\_

#### ACTUAL EXPENSES

Gas, repairs, insurance, etc. \_\_\_\_\_  
Vehicle rental \_\_\_\_\_  
Cost or other basis of vehicle \_\_\_\_\_

### VEHICLE B

Date vehicle was placed in service \_\_\_\_\_  
Total mileage vehicle was used during the year \_\_\_\_\_  
Miles that vehicle was used for business \_\_\_\_\_  
Miles that vehicle was used for commuting \_\_\_\_\_

#### ACTUAL EXPENSES

Gas, repairs, insurance, etc. \_\_\_\_\_  
Vehicle rental \_\_\_\_\_  
Cost or other basis of vehicle \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal use? \_\_\_\_\_  
Was your vehicle available for personal use during off-duty hours? \_\_\_\_\_  
Do you have evidence to support the deduction? \_\_\_\_\_  
If "Yes," is the evidence written? \_\_\_\_\_

# EMPLOYEE BUSINESS EXPENSES

2009  
(2106/2106 EZ)

## GENERAL INFORMATION

2009

2008

Are these your spouse's business expenses? \_\_\_\_\_  
Occupation in which expense incurred? \_\_\_\_\_  
Were you a qualified performing artist? \_\_\_\_\_  
Were you a fee basis state or local government official? \_\_\_\_\_  
Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? \_\_\_\_\_

## EXPENSES

Parking fees, tolls, and local transportation \_\_\_\_\_  
Travel expenses while away from home overnight \_\_\_\_\_  
Meals and entertainment expenses \_\_\_\_\_  
Are you subject to the hours of service limitation of the Department of Transportation? \_\_\_\_\_  
Other business expenses \_\_\_\_\_

Type	Amount
_____	_____
_____	_____
_____	_____
_____	_____

## REIMBURSEMENTS

Meals and entertainment \_\_\_\_\_  
Other \_\_\_\_\_

## AUTOMOBILE INFORMATION

### VEHICLE A

Date vehicle was placed in service \_\_\_\_\_  
Total mileage vehicle was used during the year \_\_\_\_\_  
Miles that vehicle was used for business \_\_\_\_\_  
Miles that vehicle was used for commuting \_\_\_\_\_

#### ACTUAL EXPENSES

Gas, repairs, insurance, etc. \_\_\_\_\_  
Vehicle rental \_\_\_\_\_  
Cost or other basis of vehicle \_\_\_\_\_

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Date vehicle was placed in service \_\_\_\_\_  
Total mileage vehicle was used during the year \_\_\_\_\_  
Miles that vehicle was used for business \_\_\_\_\_  
Miles that vehicle was used for commuting \_\_\_\_\_

#### ACTUAL EXPENSES

Gas, repairs, insurance, etc. \_\_\_\_\_  
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Cost or other basis of vehicle \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal use? \_\_\_\_\_  
Was your vehicle available for personal use during off-duty hours? \_\_\_\_\_  
Do you have evidence to support the deduction? \_\_\_\_\_  
If "Yes," is the evidence written? \_\_\_\_\_

# CHILD AND DEPENDENT CARE EXPENSES

2009  
(2441)

Please list all care providers and the amounts paid to them in 2009. Any information from the prior year is shown below.

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2008 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2008 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2008 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2008 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2008 AMOUNT</b>	\$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

\*You may change or delete any information that does not apply to the current year.

# FOREIGN EARNED INCOME

**2009**  
**(2555/2555EZ)**

Is this your spouse's foreign earned income?

Your foreign address	2008	2009							
Employer	2008	2009							
Employer U.S. address	2008	2009							
Employer foreign address	2008	2009							

Residence	2009	2008
Taxpayer tax home overseas		
Date established		
Bonafide residence began		

Income	2009	2008
<b>Earned Income</b>		
Salary		
<b>Noncash Income</b>		
Home		
Meals		
Car		
Other		
<b>Allowances and Reimbursements</b>		
Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other		

Travel History During Tax Year							
Country							
Date arrived							
Date left							
Days on business in United States							
Amount earned in United States							

**Miscellaneous Questions**

Kind of foreign living quarters  Purchased home  Rented house or apartment  Employer housing

Did your family live with you overseas?  Yes  No

If so who? \_\_\_\_\_

And for what period? \_\_\_\_\_

Have you told the authorities overseas that you are not a resident of their country?  Yes  No

Are you required to pay income taxes to the country you claim residence?  Yes  No

How long is your contract to work overseas? \_\_\_\_\_

What kind of visa are you working under? \_\_\_\_\_

Describe the length or employment limitations of your visa. \_\_\_\_\_

If you maintained a home in the U.S. while overseas:

Address: \_\_\_\_\_

If rented:

Name of occupant: \_\_\_\_\_ Relationship: \_\_\_\_\_

# FOREIGN EARNED INCOME

**2009**  
**(2555/2555EZ)**

Is this your spouse's foreign earned income?

Your foreign address	<b>2008</b>	
	<b>2009</b>	
Employer	<b>2008</b>	
	<b>2009</b>	
Employer U.S. address	<b>2008</b>	
	<b>2009</b>	
Employer foreign address	<b>2008</b>	
	<b>2009</b>	

Residence	2009	2008
Taxpayer tax home overseas		
Date established		
Bonafide residence began		

Income	2009	2008
<b>Earned Income</b>		
Salary		
<b>Noncash Income</b>		
Home		
Meals		
Car		
Other		
<b>Allowances and Reimbursements</b>		
Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other		

Travel History During Tax Year							
Country							
Date arrived							
Date left							
Days on business in United States							
Amount earned in United States							

**Miscellaneous Questions**

Kind of foreign living quarters  Purchased home  Rented house or apartment  Employer housing

Did your family live with you overseas?  Yes  No

If so who? \_\_\_\_\_

And for what period? \_\_\_\_\_

Have you told the authorities overseas that you are not a resident of their country?  Yes  No

Are you required to pay income taxes to the country you claim residence?  Yes  No

How long is your contract to work overseas? \_\_\_\_\_

What kind of visa are you working under? \_\_\_\_\_

Describe the length or employment limitations of your visa. \_\_\_\_\_

If you maintained a home in the U.S. while overseas:

Address: \_\_\_\_\_

If rented:

Name of occupant: \_\_\_\_\_ Relationship: \_\_\_\_\_

# FARM RENTAL INCOME AND EXPENSES

2009  
(4835)

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

Employer ID \_\_\_\_\_  
(Not SSN)

<b>PART I INCOME</b>	<b>2009</b>	<b>2008</b>
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Income from livestock, produce, grains, and other crops	_____	
Total cooperative distributions	_____	
Agricultural program payments	_____	
Commodity Credit Corporation loans	_____	
Crop insurance proceeds and disaster payments	_____	
Other income	_____	

<b>PART II EXPENSES</b>		
-------------------------	--	--

Car and Truck expenses	_____	
Chemicals	_____	
Conservation expenses	_____	
Custom hire	_____	
Employee benefit programs	_____	
Feed purchases	_____	
Fertilizer and lime	_____	
Freight and trucking	_____	
Gasoline, fuel and oil	_____	
Insurance	_____	
Interest - mortgage	_____	
Interest - other	_____	
Labor hired	_____	
Pension and profit sharing plans	_____	
Rent or lease - vehicles, machinery and equipment	_____	
Rent or lease other business property	_____	
Repairs and maintenance	_____	
Seeds and plants purchased	_____	
Storage and warehousing	_____	
Supplies	_____	
Taxes	_____	
Utilities	_____	
Veterinary, breeding and medicine	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Enter prior year unallowed loss (if any)	_____	

# OFFICE IN THE HOME DEDUCTION

2009  
(8829)

2008

Square footage of area used for business \_\_\_\_\_

Total square footage in your home \_\_\_\_\_

Is this your spouse's Schedule C? \_\_\_\_\_

Day care facilities:

Number of days used for day care \_\_\_\_\_

Number of hours per day used for day care \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

## EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2009

2008

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

Real estate taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

Other expenses \_\_\_\_\_

## EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

Real estate taxes \_\_\_\_\_

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

Other expenses \_\_\_\_\_

Carryover of operating expenses from 2008 Form 8829 line 42 \_\_\_\_\_

Carryover of excess casualty losses and depreciation from 2008 Form 8829 line 43 \_\_\_\_\_

Enter the fair market value of your home \_\_\_\_\_

Enter the cost of your home \_\_\_\_\_

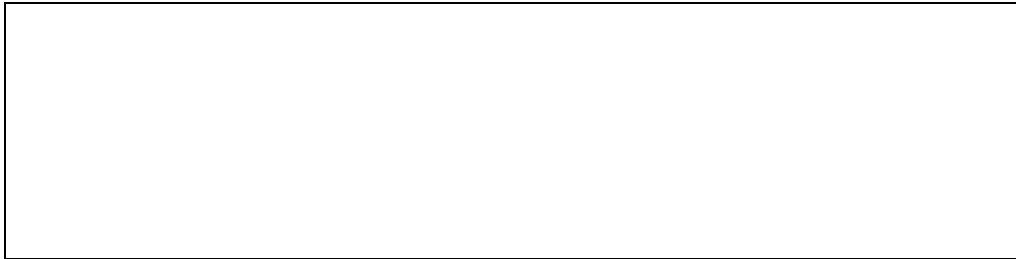
Enter the value of the land on which your home is placed \_\_\_\_\_





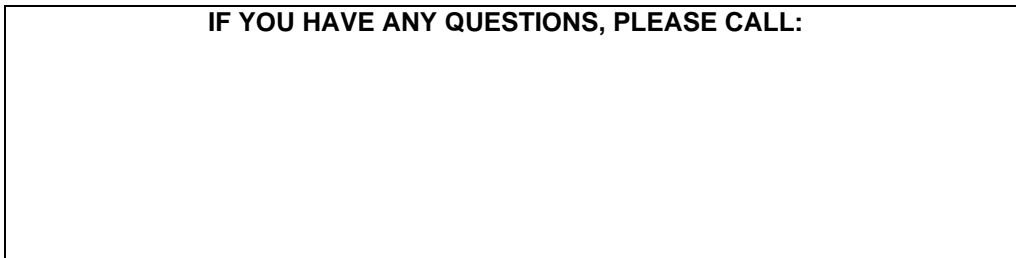


## **INCOME TAX ORGANIZER FOR TAX YEAR 2009**

A large, empty rectangular box with a thin black border, intended for the user to provide tax information or write comments.

**We're providing this organizer to assist you in compiling your tax information for 2009. The enclosed pages include information from last year's tax return and spaces in which to write current year information and any questions or comments you have for us. We appreciate the opportunity to serve you.**

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL:**

An empty rectangular box with a thin black border, intended for the user to provide contact information or phone numbers.



# OTHER INCOME AND ADJUSTMENTS

2009

## OTHER INCOME

2009

2008

### Seller Financed Mortgages

Payer	Principal	Interest	Interest
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### State and Local Income Tax Refunds Received in 2009

State or Local jurisdiction _____	Amount received _____
State or Local jurisdiction _____	Amount received _____
State or Local jurisdiction _____	Amount received _____

### Unemployment (Please attach 1099G(s)).

2009

2008

Amount received: _____	_____
Amount repaid: _____	_____

### Alimony amount received

_____
_____

### Other Income

Type: _____	Amount: _____
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## ADJUSTMENTS

Taxpayer  
2009

Taxpayer  
2008

Spouse  
2009

Spouse  
2008

Educator expense	_____	_____	_____	_____
Self-employed retirement plans	_____	_____	_____	_____
Self-employed health insurance paid	_____	_____	_____	_____
<b>IRA'S</b>				
Traditional	_____	_____	_____	_____
Roth	_____	_____	_____	_____
Student loan interest	_____	_____	_____	_____
<b>Alimony Paid</b>				
To whom paid: _____		Amount: _____		
SSN: _____				
<b>Tuition and Fees</b>		Amount: _____		
<b>Other Adjustments</b>		Amount: _____		
Type: _____				

# GENERAL INFORMATION

(MAIN INFO)

Taxpayer's First Name _____	M.I. _____	Spouse's First Name _____	Spouse's M.I. _____
Taxpayer's Last Name _____	Suffix _____	Spouse's Last Name (if different) _____	_____
Taxpayer's Social Security Number _____	_____	Spouse's Social Security Number _____	_____
Present Home Address _____	City, State, Zip Code _____		
E-Mail Address _____	_____		

Filing Status: Please Check One

Single   
 Married Filing Joint   
 Married Filing Separately   
 Head of Household   
 Qualifying Widow(er)

If you selected head of household and have no dependents, list the name \_\_\_\_\_ and Social Security number \_\_\_\_\_ of your qualified child who lives with you and qualifies you for this status.

## Dependents/Nondependents Qualifying for Child Care and/or EIC

Note: If any children listed below are nondependents then mark an 'X' in the column listed "Non Dep."

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months in home	Non Dep.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If you are claiming as a dependent a child who did not live with you, check the documents that substantiate this claim:

Pre-1985 divorce or separation agreement   
 Signed Form 8332  
 Post-1984 divorce or separation agreement WITHOUT CONDITIONS

Taxpayer's Birth Date _____	Spouse's Birth Date _____
Taxpayer's Occupation _____	Spouse's Occupation _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
Cell/FAX Phone _____	Cell/FAX Phone _____

State of Residency:(2-Letter Abbreviation) \_\_\_\_\_ State of Part-year Residency \_\_\_\_\_ 2nd State of Part-year Residency \_\_\_\_\_

Please use the following space for any comments you wish to make to your preparer.

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# PARTNERSHIP AND S-CORPORATION INCOME

2009  
(K-1 P/S)

Your 2008 K-1 information is shown below.

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
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Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

\* Please attach all K-1 schedules received for 2009.





# Part-Year, Part-Rental, or Personal Use Unit

2009  
(Sch. E)

KIND OF PROPERTY

LOCATION

Rental income		Percent (of time, year, or property rented):	
2009	2008	2009	2008
		%	%

Expenses:	Rental and personal use		Rental only	
	2009	2008	2009	2008
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
Legal and professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Real estate tax				
Taxes other than real estate taxes				
Utilities				
Other expenses				
_____				
_____				
_____				
_____				
<b>Personal use unit ONLY:</b>				
Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.				

# Part-Year, Part-Rental, or Personal Use Unit

2009  
(Sch. E)

KIND OF PROPERTY

LOCATION

Rental income		Percent (of time, year, or property rented):	
2009	2008	2009	2008
		%	%

	Rental and personal use		Rental only	
	2009	2008	2009	2008
<b>Expenses:</b>				
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
Legal and professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Real estate tax				
Taxes other than real estate taxes				
Utilities				
Other expenses				
_____				
_____				
_____				
_____				
<b>Personal use unit ONLY:</b>				
Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.				

# Part-Year, Part-Rental, or Personal Use Unit

2009  
(Sch. E)

KIND OF PROPERTY

LOCATION

Rental income		Percent (of time, year, or property rented):	
2009	2008	2009	2008
		%	%

Expenses:	Rental and personal use		Rental only	
	2009	2008	2009	2008
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
Legal and professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Real estate tax				
Taxes other than real estate taxes				
Utilities				
Other expenses				
_____				
_____				
_____				
_____				
<b>Personal use unit ONLY:</b>				
Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.				

<b>ITEMIZED DEDUCTIONS</b>			<b>2009 (SCH A)</b>
	<b>*T,S,J</b>	<b>2009</b>	<b>2008</b>
<b>MEDICAL AND DENTAL EXPENSES</b> - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Number of medical miles	_____	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
<b>TAXES PAID</b>			
Real estate taxes	_____	_____	_____
Personal property taxes (auto ad valorem)	_____	_____	_____
Other _____	_____	_____	_____
<b>INTEREST PAID</b>			
Home mortgage interest	_____	_____	_____
Points paid in purchasing new home	_____	_____	_____
Investment interest expense	_____	_____	_____
<b>CONTRIBUTIONS - Receipts required for all contributions</b>			
Cash			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Non-cash			
Number of charity miles	_____	_____	_____
<b>MISCELLANEOUS DEDUCTIONS</b>			
Include union and professional dues, business publications, etc.			
_____	_____	_____	_____
_____	_____	_____	_____
Tax preparation fee			
Include below items, such as safe deposit box, investment expense.			
_____	_____	_____	_____
_____	_____	_____	_____
Gambling losses			
_____	_____	_____	_____

# INTEREST AND DIVIDEND INCOME

2009  
(SCH B)

INTEREST INCOME		2009	2008
T,S,J*	NAME OF PAYER		
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
If you received any interest income from a seller financed mortgage, please enter the payer's name, address, and their SSN or EIN. Name _____ SSN/EIN _____ City, State, Zip _____ Amount _____			
_____	Amount of nominee interest	_____	
_____	Amount of accrued interest	_____	
_____	Amount of tax-exempt interest	_____	
_____	Amount of OID adjustment	_____	
_____	Amount of ABP adjustment	_____	

DIVIDEND INCOME		2009	2008
T,S,J*	NAME OF PAYER	ORDINARY	ORDINARY
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
*Taxpayer, Spouse or Joint		Nominee Distribution Dividends	
*Please attach any 1099-INT, 1099-OID, and 1099-DIV forms			

# BUSINESS INCOME AND EXPENSES

2009  
(SCH C)

Your principal business or profession \_\_\_\_\_

Is this your spouse's Schedule C? \_\_\_\_\_

Business name \_\_\_\_\_

2008 Business code \_\_\_\_\_

Business address \_\_\_\_\_

Employer ID \_\_\_\_\_

(Not SSN)

Accounting method: \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

<b>BUSINESS VEHICLE</b>	<b>2009</b>	<b>2008</b>
-------------------------	-------------	-------------

Date placed in service \_\_\_\_\_

Miles used for: Business \_\_\_\_\_

Commuting \_\_\_\_\_

Other \_\_\_\_\_

<b>PART I INCOME</b>		
----------------------	--	--

Gross receipts or sales \_\_\_\_\_

Returns and allowances \_\_\_\_\_

Other income \_\_\_\_\_

<b>PART II EXPENSES</b>		
-------------------------	--	--

Advertising \_\_\_\_\_

Car/Truck expenses \_\_\_\_\_

Commissions \_\_\_\_\_

Contract labor \_\_\_\_\_

Depletion \_\_\_\_\_

Employee benefit programs \_\_\_\_\_

Insurance \_\_\_\_\_

Interest - mortgage \_\_\_\_\_

Interest - other \_\_\_\_\_

Legal and professional services \_\_\_\_\_

Office expense \_\_\_\_\_

Pension and profit sharing \_\_\_\_\_

Rent or lease - vehicles, machinery \_\_\_\_\_

Rent - Other business property \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Supplies \_\_\_\_\_

Taxes and licenses \_\_\_\_\_

Travel \_\_\_\_\_

Meals and entertainment \_\_\_\_\_

Utilities \_\_\_\_\_

Wages \_\_\_\_\_

Enter prior year unallowed loss (if any) \_\_\_\_\_

<b>OTHER EXPENSES</b>		<b>(SCH C PG 2)</b>
-----------------------	--	---------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inventory method:  Cost  Lower of Cost or Market  Other

Inventory at beginning of year \_\_\_\_\_

Purchases less cost of personal items \_\_\_\_\_

Inventory at end of the year \_\_\_\_\_



# RENTAL REAL ESTATE AND ROYALTIES

2009  
(SCH E)

KIND OF PROPERTY LOCATION OF PROPERTY	Property A		Property B		Property C	
	2009	2008	2009	2008	2009	2008
<b>INCOME</b>						
Rents received						
Royalties received						
<b>EXPENSES</b>						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
<b>Miscellaneous Expenses</b>						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Type of misc expense 5						
Amount item 5						
Enter loss carryover to 2009						
Did you actively participate in this venture?						
Did you use this property for personal use?						

# MULTIPLE RENTAL REAL ESTATE AND ROYALTIES

**2009**  
**(SCH E-DUP)**

	Property A		Property B		Property C	
KIND OF PROPERTY						
LOCATION OF PROPERTY						
<b>INCOME</b>	<b>2009</b>	<b>2008</b>	<b>2009</b>	<b>2008</b>	<b>2009</b>	<b>2008</b>
Rents received						
Royalties received						
<b>EXPENSES</b>						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
<b>Miscellaneous Expenses</b>						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Type of misc expense 5						
Amount item 5						
Enter loss carryover to 2009						
Did you actively participate in this venture?						
Did you use this property for personal use?						

# FARM INCOME AND EXPENSES

**2009  
(SCH F)**

Your principal product \_\_\_\_\_

Is this your spouse's Schedule F? \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

2008 Activity Code \_\_\_\_\_

Employer ID \_\_\_\_\_  
(Not SSN)

## PART I INCOME

**2009**

**2008**

Sales of livestock and other items you bought for resale \_\_\_\_\_

Cost or other basis of livestock and other resale items reported above \_\_\_\_\_

Sales of livestock, produce, grains and other raised products \_\_\_\_\_

Total cooperative distributions \_\_\_\_\_

Agricultural program payments \_\_\_\_\_

Commodity Credit Corporation loans \_\_\_\_\_

Crop insurance/disaster payments \_\_\_\_\_

Custom hire \_\_\_\_\_

Other income \_\_\_\_\_

## PART II EXPENSES

Car and Truck expenses \_\_\_\_\_

Chemicals \_\_\_\_\_

Conservation expenses \_\_\_\_\_

Custom hire \_\_\_\_\_

Employee benefit programs \_\_\_\_\_

Feed purchases \_\_\_\_\_

Fertilizer and lime \_\_\_\_\_

Freight and trucking \_\_\_\_\_

Gasoline, fuel and oil \_\_\_\_\_

Insurance \_\_\_\_\_

Interest - mortgage \_\_\_\_\_

Interest - other \_\_\_\_\_

Labor hired \_\_\_\_\_

Pension and profit sharing plans \_\_\_\_\_

Rent or lease - vehicles, machinery and equipment \_\_\_\_\_

Rent or lease other business property \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Seeds and plants purchased \_\_\_\_\_

Storage and warehousing \_\_\_\_\_

Supplies \_\_\_\_\_

Taxes \_\_\_\_\_

Utilities \_\_\_\_\_

Veterinary, breeding and medicine \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Enter prior year unallowed loss (if any) \_\_\_\_\_

**FARM INCOME ACCRUAL METHOD ONLY****2009  
(SCH F)**

	<b>2009</b>	<b>2008</b>
Sales of livestock, produce, grains and other products	_____	
Total cooperative distributions	_____	
Agricultural program payments	_____	
Commodity Credit Corporation loans	_____	
Crop insurance/proceeds	_____	
Custom hire income	_____	
Other income	_____	
Inventory at beginning of year	_____	
Cost of inventory during the year	_____	
Inventory at end of year	_____	

# W-2 INCOME

2009  
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

**\* Please include a W-2 from each of your 2009 employers.**

# W-2G INCOME

2009  
(W-2G)

Listed below are payers shown on your last year's income tax return.

**\*Please include any W-2G from each of your 2009 payers.**

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

# ESTIMATED TAX PAID FOR THE 2009 TAX YEAR

(FED/ST TAX)

**\* Please enter only the payments to be applied to the current year tax, including any payments made in January of 2009.**

## Federal payments

## State of \_\_\_\_\_ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in 2009: \_\_\_\_\_

State/local estimate payment for 2008, due January 15, 2009, paid on or after January 1, 2009: \_\_\_\_\_