KLINGLER & ASSOCIATES | CERTIFIED PUBLIC ACCOUNTANTS
www.klinglerCPA.com 801-676-0945

2009 Income Tax Organizer

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

Enter this year's information in the area provided on the attached pages. There is no need to transcribe any information for which you have received a W2, 1099, 1098 etc if you include the form with your organizer. If you need more space, please use the back of the pages. Line through any preprinted data that does not apply to the current year. If necessary, attach additional sheets with pertinent facts that may not have been requested in this organizer.

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

Please provide all records and necessary information requested, including:

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

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

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

Sincerely,

Klingler & Associates

KLINGLER & ASSOCIATES

Tax Information Questionnaire

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

Y N 1. Would you like to have your tax return filed electronically?

Y N 2. Would you like to have an electronic copy of your tax return (PDF file)?

Y N 3. Would you like to have a paper copy of your tax return?

Y N 4. Did you receive an Economic Recovery Payment in 2009? You may have received this payment if you received social security benefits, supplemental social security income, railroad retirement benefits, or veterans disability compensation or pension benefits. If yes, provide the amount received.

Y N 5. Did your marital status change during the year?

Y N 6. Were you a resident of, or did you have income in, more than one state during the year?

Y N 7. Do you wish to have $3 (or $6 on a joint return) of your taxes applied to the Presidential Campaign Fund (this will not affect the amount of refund or balance due on your tax return).

Y N 8. On your state tax return, do you wish to make any political contributions or other type of contribution?

Y N 9. Do you have any dependents living with you or are you supporting anyone not living with you? If yes, provide details if there were any changes to any dependents in your household (marriages, deaths, etc.).

Y N 10. Did any of your dependent children under age 18 (24 if a college student) have any income (wages, interest, etc.)?

Y N 11. Are you or any dependents blind and/or disabled? Please provide details including any disability income received.

Y N 12. Did you incur child care or dependent care expenses?

Y N 13. Did you cash any series EE or I U.S. Bonds that were issued after 1989 and paid qualified higher education expenses?

Y N 14. Did you or any member of your household pay educational expenses for post secondary education?

Y N 15. Did you buy, sell, or trade any assets?

Y N 16. Outside of W-2 contributions (401k, 403b, etc.) did you contribute to or receive a distribution from any retirement plan or did you convert any retirement funds to Roth funds?

Y N 17. Did you receive or pay any alimony or separate maintenance payments?

Y N 18. Did you have any moving expenses?

Y N 19. If you are self-employed, did you pay any health or long-term care insurance premiums? If yes, were either you or your spouse eligible to participate in an employer-sponsored health or long-term care insurance plan?

Y N 20. Did you contribute to or receive a distribution from a Health Savings Account?

Y N 21. Did you receive any COBRA health insurance premium assistance during 2009?

Y N 22. Did you make cash or noncash charitable contributions?

Y N 23. Did you make any large purchases or home improvements? (e.g. purchase airplane or vehicles). If yes, provide details of each purchase including the date of purchase, amount of purchase and amount of sales tax paid. If you purchased a *new* vehicle in 2009 then please indicate such.

Y N 24. Did you have any casualty or theft losses?

Y N 25. Did you have purchasing, selling, refinancing, financing, or foreclosing transactions on your personal residence or any other real estate? If yes, provide the settlement document (HUD-1), Form 1099-S, Form 1099-C or other related documentation if applicable.

Y N 26. Did you have any debt that was cancelled in 2009? (i.e. debt that you owed to a creditor that you are no longer required to pay). If yes, provide details and copies of any 1099-C received.

Y N 27. Do you own a vacation home that was rented to someone else at anytime?

Y N 28. Did you make any gifts directly or through a trust which exceeded $13,000 per person?

Y N 29. Did you pay wages of more than $1,700 to any one household employee?

Y N 30. Have you provided ALL your income from ALL sources? If not, please use the space at the end to list any other income.

Y N 31. Have you provided ALL your deductions? If you are uncertain about an item then provide details.

Y N 32. Has the IRS/State/Local taxing authority made you aware, or are you aware of, any changes to your income, deductions and credits reported on any prior year tax return?

Y N 33. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?

Y N 34. For 2010, do you expect a significant fluctuation in your income, deductions or withholding?

Y N 35. For 2010, do you need or want estimated tax payment vouchers prepared?

Y N 36. Did you make any federal or state estimated tax payments for 2009? If yes, provide the date and amount of each payment.

Please attach additional information regarding the above questions if applicable (indicate the question number).

GI

PERSONAL DATA

CLIENT ______________

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

	TAXPAYER	SPOUSE
First Name		
Last Name		
Title		
Salutation		
SSN		
Occupation		
Birthdate		
Blind	☐ Yes	☐ Yes
Permanently and totally disabled	☐ Yes	☐ Yes
Death Date		
Over age 65	☐ Yes	☐ Yes
E- mail address		

	Telephone Numbers	Day or Evening	Telephone Numbers	Day or Evening
Home phone				
Work phone				
Cell phone				
Fax				

President Elect Fd	☐ Yes	☐ Yes
Education expense		
Credit Type		

Address ______________ Apt No ______________

City ______________ State ______________ ZIP Code ______________

County ______________ County / municipal code ______________

School District Name ______________ School District number ______________

If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside ______________

Foreign address ______________

City ______________ State or Province ______________

Country ______________ Postal Code ______________

FILING STATUS

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

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

2 = Married Filing Jointly
- ☐ Spouse is claimed as a dependent on someone else's return

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

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

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

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL

Bank name	Routing number	Type of account C / S	Account number

DI

DEPENDENT INFORMATION

CLIENT ______________

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

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

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

Number of children listed above who lived at home (default)	
Number of children listed above who did not live at home due to divorce or separation	
Number of other dependents listed above	

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

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

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

NOTES:

B

INTEREST AND ORDINARY DIVIDEND INCOME

CLIENT ________________

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

INTEREST FROM BANKS, SAVINGS, ETC.

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

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

ORDINARY DIVIDENDS

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

	2009 AMOUNTS	2008 AMOUNTS
Foreign account	☐ Yes	Yes
Name of country		
Foreign trust	☐ Yes	Yes
EF ONLY: Accrued market discount		NEW

C_____

BUSINESS INCOME

CLIENT _______________

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

	GENERAL INFORMATION	2009 AMOUNTS	2008 AMOUNTS
	Ownership code (T=Taxpayer, S=Spouse, J=Joint)		
	Clergy Schedule C	Yes	
	Two- letter state code		
	If Joint Schedule C, taxpayer's ownership percentage	%	
	Community property for self- employment purposes	Yes	
A	Principal business activity		
	Principal business including product or svc		
B	Principal business code		
C	Business name		
E	Business street address		
	Business city, state, ZIP code		
D	Federal employer identification number		
F	ACCOUNTING METHOD IF NOT CASH: Accrual method	Yes	
	Other	Yes	
	Specify other method		
G	Were you a `material participant'' in the operation of this business?	No	
H	Is this the first Schedule C filed for this business?	Yes	

PART I	INCOME	2009 AMOUNTS	2008 AMOUNTS
1	Gross receipts or sales		
	Amount is earnings received as a statutory employee	Yes	
2	Returns and allowances	( )	( )
6	Other income		

PART II	EXPENSES	2009 AMOUNTS	2008 AMOUNTS
8	Advertising		
9	Car and truck expenses (see vehicle depreciation organizer)		
10	Commissions and fees		
11	Contract labor		
12	Depletion		
13	Depreciation and section 179 expense deduction (see depreciation organizer)		
14	Employee benefit programs		
15	Insurance (other than health)		
16	Interest: Mortgage interest (paid to banks, etc.)		
	Other interest		
17	Legal and professional services		
18	Office expense		
19	Pension and profit- sharing plans		
20	Rent or lease: Vehicles, machinery, and equipment		
	Other business property		
21	Repairs and maintenance		
22	Supplies		
23	Taxes and licenses		
24	Travel, meals and entertainment: Travel		
	Meals and entertainment subject to 50% limitation		
	Meals and entertainment		
25	Utilities		
26	Wages less employment credits		
30	Expenses for business use of home (see 8829 organizer or attach explanation)		
32	Amount at risk		

C_____

BUSINESS INCOME (cont.)

CLIENT _______________

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

PART III	COST OF GOODS SOLD	2009 AMOUNTS	2008 AMOUNTS
33	INVENTORY METHOD IF NOT COST ← Lower of cost or market	☐ Yes	☐
	Other	☐ Yes	☐
	Specify other method		
34	Was there any change in inventory method?	☐ Yes	☐
35	Inventory at beginning of the year		
36	Purchases		
37	Cost of items withdrawn for personal use	( )	( )
	Cost of labor (not salary paid to yourself)		
38	Materials and supplies		
39	Other costs		
41	Inventory at end of the year	( )	( )

PART IV	INFORMATION ABOUT YOUR VEHICLE	2009 AMOUNTS	2008 AMOUNTS
43	Date vehicle was placed in service for business purposes		
44	Business miles vehicle was driven in 2009	MI	
	Total commuting miles vehicle was driven	MI	
	Total other miles vehicle was driven	MI	
45	Was another vehicle available for personal use?	☐ Yes	☐
46	Was this vehicle available for use during off- duty hours?	☐ Yes	☐
47	Is there evidence to support your deduction?	☐ No	☐
	If `yes,'' is the evidence written?	☐ No	☐

PART V	EXPENSES	2009 AMOUNTS	2008 AMOUNTS
	Other expenses:		
	Amortization		
	Miscellaneous		
	Oil and gas deduction		
	Postage		
	Telephone (business only)		

NOTES OR QUESTIONS:

D

CAPITAL GAINS AND LOSSES

CLIENT ______________

IF YOU SOLD ANY STOCKS, BONDS, OR OTHER PROPERTY IN 2009,
PLEASE LIST THE APPLICABLE INFORMATION FOR EACH SALE BELOW.

Description of Property	No. of Shares	T / S	Date Acquired	Date Sold	Term	Gross Sales Price	Cost or Other Basis	AMT Cost/Basis (if different)	St Cost / Basis (if different)

Short- term capital loss carryover from 2008 Schedule D Capital Loss Carryover Worksheet, line 8. . . . . ( )

Long- term capital loss carryover from 2008 Schedule D Capital Loss Carryover Worksheet, line 13 . . . . ( )

E1 ______

INCOME OR LOSS FROM RENTAL REAL ESTATE

CLIENT ____________

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

	DESCRIPTION OF PROPERTY	LOCATION OF PROPERTY
1 Property description . . .		

	2009 AMOUNTS	2008 AMOUNTS
Ownership code (T = Taxpayer; S = Spouse; J = Joint)		
Two- letter state code		
Real estate professional	☐ Yes	☐
Qualifies for $25,000 limitation	☐ Yes	☐
Passive activity	☐ Yes	☐
Property is exempt from passive limitation	☐ Yes	☐
Rental is part of personal residence	☐ Yes	☐
Percent of ownership		
Percent of personal use		
2 Personally used for 14 days or 10% of total rental days	☐ Yes	☐

INCOME	2009 AMOUNTS	2008 AMOUNTS
3 Rents received		
4 Royalties received		

EXPENSES	2009 AMOUNTS	2008 AMOUNTS
5 Advertising		
6 Auto expense (see vehicle depreciation organizer)		
Travel expenses		
7 Cleaning and maintenance		
8 Commissions		
9 Insurance		
10 Legal and other professional fees		
11 Management fees		
12 Mortgage interest paid to banks, etc		
13 Other interest		
14 Repairs		
15 Supplies		
16 Taxes		
17 Utilities		
18 Other expenses:		
Amortization (see depreciation organizer)		
Oil and gas deduction		
20 Depreciation expense (see depreciation organizer)		
Depletion (see depreciation organizer)		

ADDITIONAL EXPENSES

E1 ______

INCOME OR LOSS FROM RENTAL REAL ESTATE (cont.)

CLIENT ____________

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

PRIOR YEAR UNALLOWED LOSSES	2009 AMOUNTS	2008 AMOUNTS
Prior year unallowed loss	( )	
Alternative minimum prior year unallowed losses	( )	
State: Prior year loss (if different)	( )	
State: Depreciation (if different)	( )	

VACATION HOME CARRYOVERS ONLY

Operating expense carryover		
Depreciation carryover		
Alternative minimum depreciation carryover		

E2

INCOME (LOSS) FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS	2009 AMOUNTS	2008 AMOUNTS
Name		
Ownership code (T = Taxpayer; S = Spouse; J = Joint)		
Employer identification number		
Excess inclusion from Schedules Q (Form 1066), line 2c		
Taxable income (net loss) from Schedules Q (Form 1066), line 1b		
Income from Schedules Q (Form 1066), line 3b		

SUMMARY	2009 AMOUNTS	2008 AMOUNTS
Gross farming and fishing income		
Reconciliation for Real Estate Professionals:		
Net income or (loss) reported anywhere on tax return from material participation under passive activity loss rules		

MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT ______________

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

MISCELLANEOUS INCOME	2009 AMOUNTS		2008 AMOUNTS	
	TAXPAYER	SPOUSE	TAXPAYER	SPOUSE
7 Taxable scholarship / fellowship income				
10 IF YOU ITEMIZED LAST YEAR: Deducted 2008 state/local sales tax	☐ Yes	☐ Yes		
State tax refund				
2008 state and local taxes				
2008 itemized deductions				
11 Alimony received				
19 Unemployment compensation received (1099- G)				
Repaid unemployment compensation				
20 SOCIAL SECURITY BENEFITS: Social security benefits received				
Medicare premiums withheld				
Tier 1 Railroad retirement received				
Federal withholding				
21 Net operating loss carryover				
Other income: SE? T/S				
______ ☐ ☐				
______ ☐ ☐				

ADJUSTMENTS TO INCOME	2009 AMOUNTS		2008 AMOUNTS	
23 Educator expenses				
25 Health savings account deduction				
26 Moving expenses				
28 Self- employed SEP, SIMPLE, and qualified plans.				
29 Self- employed health insurance				
Health insurance premium from S Corp				
30 Penalty on early withdrawal of savings				
31 Alimony paid				
Recipient's Name SSN				
______				
______				
32 Payments to your IRA (see 8606 organizer)				
Covered by employer's retirement plan	☐ Yes	☐ Yes	☐	☐
33 Student loan interest deduction				
34 Jury duty pay given to employer				
Tuition and fees deduction				
35 Domestic production activities				
36 Other adjustments: T/S				
______ ☐				
______ ☐				
______ ☐				

NOTES OR QUESTIONS:

A

ITEMIZED DEDUCTIONS

CLIENT ______________

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

MEDICAL AND DENTAL EXPENSES	2009 AMOUNTS		2008 AMOUNTS
	TAXPAYER	SPOUSE	
1 Prescription medicines and drugs			
Medical insurance premiums (Medicare premiums are entered with Social Security)			
Medical miles driven in 2009	MI	MI	
LONG TERM CARE PREMIUMS: Taxpayer's amount			
Spouse's amount			
Dependent's amount			
Dependent's birth date:			
Doctors, dentists, nurses, and hospitals:			

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

INTEREST PAID	2009 AMOUNTS		2008 AMOUNTS
10 Home mortgage interest and points reported on Form 1098			

11 HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098

First name . . . . . ______________ T, S, J ☐
Address ______________
SSN ______________ State ___
FEIN ______________ Amount ______________

Second name . . ______________ T, S, J ☐
Address ______________
SSN ______________ State ___
FEIN ______________ Amount ______________

Third name . . . . ______________ T, S, J ☐
Address ______________
SSN ______________ State ___
FEIN ______________ Amount ______________

12 Points not reported on Form 1098			
13 Qualified mortgage insurance premiums			
14 Deductible investment interest			

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

A

ITEMIZED DEDUCTIONS (cont.)

CLIENT ______________

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

CONTRIBUTIONS	2009 AMOUNTS		2008 AMOUNTS
16 Gifts made by cash or check:	TAXPAYER	SPOUSE	
Total charitable mileage at 14 cents per mile	MI	MI	
Capital gain contributions limited to 30%			
Contributions limited to 30% of AGI			
Contributions limited to 20% of AGI			
17 Contributions made other than by cash or check: (provide details)			
18 Contribution carryover from prior year			

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

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION	2009 AMOUNTS		2008 AMOUNTS
21 Union and professional dues			
Job education			
Form 2106 or Form 2106- EZ			
Other unreimbursed expenses:			
22 Tax return preparation fees			
23 Investment fees			
Safe deposit box			
Other limited miscellaneous deductions:			

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

2441 CHILD AND DEPENDENT CARE EXPENSES

CLIENT ______________

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

PART I - PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE

Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2009 Amts	2008 Amounts
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

Record dependent care expenses for each dependent on the Dependent Information sheet.

		2009 AMOUNTS	2008 AMOUNTS
4	Pension or annuity from nonqualified deferred compensation plan or nongovernmental section 457(b) plan		
5	Number of months taxpayer was a student or disabled, if applicable		
	Number of months spouse was a student or disabled, if applicable		

Worksheet for 2008 Expenses Paid for Dependent Care Expenses in 2009

		2009 AMOUNTS	2008 AMOUNTS
1	Amount of 2008 qualified expenses paid in 2008		
2	Amount of 2008 qualified expenses paid in 2009		
4	Care for 2008 was for 2 or more qualifying children	☐ Yes	☐
5	Dependent care benefits received for 2008 and excluded from income		
7	Smaller of taxpayer's earned income and spouse's earned income for 2008		
9	Amount on which the credit for 2008 was figured		
11	2008 adjusted gross income		

Name SSN

Expenses paid for: ______________________

Explanation of expenses: ______________________

____

PART III - DEPENDENT CARE BENEFITS

		2009 AMOUNTS	2008 AMOUNTS
14	Total employer- provided dependent care benefits		
15	Carryover from 2008 that was used in 2009 during the grace period		
16	Forfeited amount of employer- provided dependent care benefits		
18	Qualified expenses incurred in 2009		
20	Taxpayer elects to include nontaxable combat pay	☐ Yes	☐ Yes
	Spouse elects to include nontaxable combat pay	☐ Yes	☐ Yes
23	Amount of dependent care benefits received from sole proprietorship or partnership		

NOTES OR QUESTIONS:

ES 2009 FEDERAL UNDERPAYMENT AND ESTIMATED TAX INFORMATION

CLIENT ______________

PLEASE ENTER ALL PERTINENT 2009 INFORMATION.

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

UNDERPAYMENT INFORMATION

Prior year (2008) tax amount ____

Are you a Farmer / Fisherman? ☐ Yes

Prior year adjusted gross income ____

Was the income received uneven? (seasonal employment) ☐ Yes

APPLICATION OF 2009 OVERPAYMENT

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

Other (please explain): ______________

2010 ESTIMATED TAX INFORMATION

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

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

Filing Status ______________

Personal exemptions ______________ TP over 65 ☐ Yes TP blind ☐ Yes

SP over 65 ☐ Yes SP blind ☐ Yes

Dependent exemptions ______________

Qualified Child tax credit ______________

1 Wages increase or (-) decrease Taxpayer ____ Spouse ____

Ordinary income increase or (-) decrease ____

2 Qualified dividends and/or long-term capital gain increase or (-) decrease (5% or 15%) ____

3 Self-employment income Taxpayer ____ Spouse ____

4 Adjustments increase or (-) decrease ____

6 Itemized deductions increase or (-) decrease ____

9 Taxable income increase or (-) decrease ____

10 Tax increase or (-) decrease ____

11 Alternative minimum tax increase or (-) decrease ____

12 Nonrefundable credits increase or (-) decrease ____

14 Other taxes increase or (-) decrease ____

15 Refundable credits increase or (-) decrease ____

19 Withholding increase or (-) decrease ____

20 Total 2010 estimated tax payments paid to date ____

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

NOTES OR QUESTIONS: