Organizer Mailing Slip

General Information

	Taxpayer	Spouse
First Name		
Middle Initial		
Last Name		
Suffix		
Social Security Number	XXX-XX-XXXX	XXX-XX-XXXX
Date of Birth		

Check ("X") which phone number to list on return.

	Taxpayer	Spouse
Work Phone		
Home Phone		
Cell Phone		
Fax Number		
Legally Blind		
Totally Disabled		
Claimed as a Dependent		
Presidential Election Fund ($3)		
Occupation		
E-mail address		
State of Residence as of 12/31		
County of Residence as of 12/31		
School District as of 12/31		
If Part Year, Period of Residency	____ to ____	____ to ____

Filing Status

Status on 2007 return : ☐

Status as of 12/31/2008 :
Enter ("X") in the box

☐ **1** Single
☐ **2** Married filing joint
☐ **3** Married filing separately
(Enter spouse's name and SSN above)

☐ **4** Head of Household Non-dependent name: ____________
Non-dependent SSN: ____________

☐ **5** Qualifying widow(er) with minor child Year spouse died ________

Address

Street ________________________ Apt/Suite : ________

City ________________ State ______ Zip Code ________

TAX ORGANIZER

Dear ,

Enclosed is your Tax Organizer for tax year 2008.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as $35 for each $100 in deductible expenses you find in your 2008 records.

If our firm prepared your return last year, your prior year amounts are included in the **Prior Year Amount** column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the **General Business and Investment** questions, please provide detailed information with your answer.

We have scheduled your appointment for:

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

February 9, 2009

Dear ,

Thank you for choosing our firm to prepare your income tax returns for tax year 2008. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2008 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2008, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2008 tax return. We appreciate your business.

Sincerely,

____

Accepted by:

______________________________ Date ____________

______________________________ Date ____________

February 9, 2009

Dear ,

Thank you for choosing our firm to prepare your income tax returns for tax year 2008. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2008 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

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Thank you again for choosing our firm to prepare your 2008 tax return. We appreciate your business.

Sincerely,

____

Accepted by:

____________________________________ Date ________________

____________________________________ Date ________________

Name ______________________________ SSN XXX-XX-XXXX

Questions

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Basic Information

Yes	No		
☐	☐	**1**	Did your marital status change since last year?
☐	☐	**2**	Are there any changes in your dependents from last year?
☐	☐	**3**	Did you have any children under 19 (or 24 if a full time student) who received more than $850 in investment income?
☐	☐	**4**	Are all your dependents either US residents or citizens?
☐	☐	**5**	Did you provide over half of the support for someone you aren't claiming as a dependent?
☐	☐	**6**	Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
☐	☐	**7**	Were either you or your spouse in the military or National Guard?
☐	☐	**8**	Did you purchase or sell your principal residence?
☐	☐	**9**	Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
☐	☐	**10**	Were there any changes to a prior year's income, deductions, or credits?
☐	☐	**11**	Did you make gifts of more than $12,000 to any one person?
☐	☐	**12**	Did you file Form 8839, Adoption Credit, in a previous year?
☐	☐	**13**	Did your purchase any special fuels for non-highway use?
☐	☐	**14**	Do you want to e-file your return?
☐	☐	**15**	If you have a refund, do you want direct deposit, bank product, or applied to next year's taxes?

If you are due a refund, how do you want to receive it?

- ☐ Direct deposit (please provide a voided blank check)
- ☐ Check sent to you in the mail
- ☐ Instant refund (IRAL)
- ☐ Other quick refund via a bank product
- ☐ Apply to next year's estimates

If you owe taxes, how do you want to pay them?

- ☐ Paper check sent with my return
- ☐ Direct debit from my bank account (please provide a voided blank check)
- ☐ Credit card

Income

Yes	No		
☐	☐	**16**	Did you have an interest in or signature authority over a financial account in a foreign country?
☐	☐	**17**	Were you the grantor of or transferor to a foreign trust?
☐	☐	**18**	Did you receive income from a foreign source or pay taxes to a foreign government?
☐	☐	**19**	Did you barter your services for goods or services from someone else?
☐	☐	**20**	Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
☐	☐	**21**	Did you make a loan to someone at an interest rate below market rate?
☐	☐	**22**	Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
☐	☐	**23**	Did you cash in any U.S. savings bonds?
☐	☐	**24**	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
☐	☐	**25**	Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized, in 2008? (If yes, attach Form 1099-G)
☐	☐	**26**	Did you receive disability income?
☐	☐	**27**	Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
☐	☐	**28**	Did you receive any unemployment benefits?
☐	☐	**29**	During 2008, did you receive payments from a Long-Term Care insurance contract?
☐	☐	**30**	Did you receive employer-provided adoption benefits for a previous year?
☐	☐	**31**	Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
☐	☐	**32**	Did you "rollover" a retirement plan distribution into another plan?
☐	☐	**33**	Did you receive Social Security benefits?

Name ______________________ SSN XXX-XX-XXXX

Questions (Cont.)

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Yes	No		
☐	☐	**34**	Did you convert a traditional IRA to a Roth IRA?
☐	☐	**35**	Did you exchange any securities or investments for something other than cash?
☐	☐	**36**	Do you have any short sales, commodity sales, or straddles?
☐	☐	**37**	Did you receive Form 2439?
☐	☐	**38**	Did you buy or sell any bonds?
☐	☐	**39**	Did you receive stock from a stock bonus plan with your employer?
☐	☐	**40**	Did you sell any other personal assets at a gain?
☐	☐	**41**	Did you sell any real estate (other than your home) during the year?
☐	☐	**42**	Did you sell any assets using the installment method?
☐	☐	**43**	Did you receive proceeds from a prior year installment sale?
☐	☐	**44**	Did you purchase a rental property?
☐	☐	**45**	Did you exchange any property for other property?
☐	☐	**46**	Did you receive any income not reported in this Organizer?

Business and Rental Property Income

Yes	No		
☐	☐	**47**	If you own rental property, do you qualify as a Real Estate Professional?
☐	☐	**48**	Did you start or acquire a new business?
☐	☐	**49**	Did you sell any part of an existing business, or sell business assets?
☐	☐	**50**	Did you cease operating any business or rental property?
☐	☐	**51**	Did you remove any of your business assets for personal use?

Business and Rental Property Deductions

Yes	No		
☐	☐	**52**	Did you use part of your home for business purposes?
☐	☐	**53**	Did you make any contributions to a Keogh or a self-employed SEP plan for 2008?
☐	☐	**54**	Do you pay for any health or long term care insurance through your business?
☐	☐	**55**	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
☐	☐	**56**	Did you purchase any furniture or equipment for your business?

Other Deductions

Yes	No		
☐	☐	**57**	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2008?
☐	☐	**58**	Did you make any contributions to HSA (Health Savings Account) in 2008?
☐	☐	**59**	Did you use your car on the job (other than to and from work)?
☐	☐	**60**	Did you work out of town for part of the year?
☐	☐	**61**	Did you incur any travel and entertainment expenses for business purposes?
☐	☐	**62**	Did you pay expenses for the care of your child or other dependent so you could work?
☐	☐	**63**	Did you lose property or have damage to a property due to a casualty, theft, or condemnation?
☐	☐	**64**	Did any security become worthless during 2008?
☐	☐	**65**	Did any debts become uncollectible during 2008?
☐	☐	**66**	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2008?
☐	☐	**67**	Did you contribute less than an entire interest in any property to charity?
☐	☐	**68**	Did you refinance a mortgage or take out a home equity loan during 2008?
☐	☐	**69**	Did you incur moving expenses during the year due to a change of employment?
☐	☐	**70**	Did you pay any educational tuition or fees for you or a dependent?
☐	☐	**71**	Did you pay any student loan interest?
☐	☐	**72**	Did you make any federal or state estimated payments?
☐	☐	**73**	Did you make any energy efficient improvements to your main home in 2008?

Name ______________________ SSN XXX-XX-XXXX

Comments

Name ______________________ SSN XXX-XX-XXXX

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: ☐ Filer ☐ Spouse ☐ Joint

General Information

1 Employer Identification Number ____________ (do not enter Social Security Number)
2 Principal business or profession ____________
3 Business name ____________
4 Business address ____________
5 City ____________ State ________ Zip ____________

General Check Boxes (Enter "X" where applicable)

6 Accounting Method ☐ Cash ☐ Accrual ☐ Other - (Specify) ____________
7 Did you "materially participate" in this business? ☐ Yes ☐ No
8 Check ('X') if you started or acquired this business in 2008. ☐

Business Income

* Report statutory income as W-2 income.

			Current Year Amount	Prior Year Amount
9	Income reported on 1099 MISC	9		
	Gross receipts or sales not reported on Form 1099 or Form W-2			
10		10		
11		11		
12		12		
13		13		
14	Returns and allowances	14		
15	Other income	15		

Inventory (Enter "X" where applicable)

16 Method(s) used to value closing inventory ☐ Cost ☐ Lower of cost or market ☐ Other
17 Any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No

			Current Year Amount	Prior Year Amount
18	Inventory at the beginning of year	18		
19	Purchases less cost of items withdrawn for personal use	19		
20	Cost of labor	20		
21	Materials and supplies	21		
22	Other Costs	22		
23	Inventory at end of year	23		

Assets Placed in Service This Year

	Description:		Date Placed In Service	Purchase Amount
A		A		
B		B		
C		C		
D		D		
E		E		
F		F		
G		G		

Name ______________________ SSN XXX-XX-XXXX

Business ______________________

Self-Employed Business Expenses Cont. (Schedule C)

			Current Year Amount	Prior Year Amount
Expenses				
41	Advertising	**41**		
42	Contract labor	**42**		
43	Commissions and fees	**43**		
44	Depletion	**44**		
45	Employee benefit programs (other than on line 51)	**45**		
46	Insurance (other than health)	**46**		
	Interest:			
47	Mortgage (paid to banks, etc.)	**47**		
48	Other	**48**		
49	Legal and professional services	**49**		
50	Office expense	**50**		
51	Pension and profit-sharing plans	**51**		
	Rent or Lease:			
52	Machinery rental or lease	**52**		
53	Equipment rental or lease	**53**		
54		**54**		
55		**55**		
56		**56**		
	Other business property rental or lease			
57		**57**		
58		**58**		
59		**59**		
60	Repairs and maintenance	**60**		
61	Supplies (not included in inventory cost of goods sold)	**61**		
62	Taxes and licenses	**62**		
	Travel, Meals, and Entertainment:			
	Travel			
63		**63**		
64		**64**		
65		**65**		
66		**66**		
	Meals and entertainment			
67	Enter "X" in the box if subject to DOT hours of service limits	**67**	☐	☐
68		**68**		
69		**69**		
70		**70**		
71		**71**		
72	Utilities	**72**		
73	Wages	**73**		
	Other Expenses			
74		**74**		
75		**75**		
76		**76**		
77		**77**		
78		**78**		
79		**79**		
80		**80**		
81		**81**		
82		**82**		

Name ____________________ SSN XXX-XX-XXXX

Business ____________________

Vehicle Information (Schedule C)

		Vehicle 1 - Current Year Amount	Vehicle 1 - Prior Year Amount	Vehicle 2 - Current Year Amount	Vehicle 2 - Prior Year Amount
1	Date vehicle was placed in service . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . 4				
	January 1 to June 30				
	July 1 to December 31				
5	Parking fees and tolls 5				
Actual expenses					
6	Gasoline, oil and repairs 6				
7	Vehicle registration fees 7				
8	Vehicle lease or rental 8				
9	Vehicle Insurance 9				
10	------------------------------------ 10				

		Vehicle 3 - Current Year Amount	Vehicle 3 - Prior Year Amount	Vehicle 4 - Current Year Amount	Vehicle 4 - Prior Year Amount
1	Date vehicle was placed in service . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . 4				
	January 1 to June 30				
	July 1 to December 31				
5	Parking fees and tolls 5				
Actual expenses					
6	Gasoline, oil and repairs 6				
7	Vehicle registration fees 7				
8	Vehicle lease or rental 8				
9	Vehicle Insurance 9				
10	------------------------------------ 10				

Name ______________________________ SSN XXX-XX-XXXX

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
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	39					
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	41					
	42					
	43					
	44					
	45					

Name ____________________ SSN XXX-XX-XXXX

Real Estate Rentals and Royalties

Kind of Property
Address
City State Zip

		Current Year Info	Prior Year Info
1 Owner of property (Enter Filer, Spouse, or Joint)	1		Filer
2 Enter "X" If you actively participated?	2	☐	X
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	3	☐	☐
3a If entered ("X"), enter the number of days of personal use?	3a		
3b If entered ("X"), enter the number of days rented?	3b		

Income

		Current Year Amounts	Prior Year Amounts
4 Royalty received	4		
5 Rent received	5		
5a If rental real estate, enter the percent of ownership if less than 100%	5a		100.00%
5b Rental use percentage for property used partially for personal use only	5b		

Property Expense

		Current Year Amounts	Prior Year Amounts
6 Advertising	6		
7 Cleaning and maintenance	7		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11		
12 a Qualified mortgage interest paid to banks, etc.	12a		
b Other mortgage interest paid to banks, etc.	12b		
13 Other interest	13		
14 Repairs	14		
15 Supplies	15		
16 a Real estate taxes	16a		
b Other Taxes	16b		
17 Utilities	17		

Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A	A		
B	B		
C	C		
D	D		
E	E		
F	F		
G	G		

Name ______________________ SSN XXX-XX-XXXX

Property ______________________

Other Expenses (Schedule E)

Other Expense

			Current Year	Prior Year
18		18		
19		19		
20		20		
21		21		
22		22		
23		23		
24		24		
25		25		
26		26		

Travel Expenses

			Current Year	Prior Year
27		27		
28		28		
29		29		
30		30		
31		31		
32		32		
33		33		
34		34		
35		35		

Meals and Entertainment Expense

			Current Year	Prior Year
36		36		
37		37		
38		38		
39		39		
40		40		
41		41		
42		42		
43		43		
44		44		

Name ______________________ SSN XXX-XX-XXXX

Property ______________________

Vehicle Information (Schedule E)

	Vehicle 1 - Current Year Amount	Vehicle 1 - Prior Year Amount	Vehicle 2 - Current Year Amount	Vehicle 2 - Prior Year Amount
1 Date vehicle was placed in service . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . 4				
January 1 to June 30				
July 1 to December 31				
5 Parking fees and tolls 5				
Actual expenses				
6 Gasoline, oil and repairs 6				
7 Vehicle registration fees 7				
8 Vehicle lease or rental 8				
9 Vehicle Insurance 9				
10 ____________ 10				

	Vehicle 3 - Current Year Amount	Vehicle 3 - Prior Year Amount	Vehicle 4 - Current Year Amount	Vehicle 4 - Prior Year Amount
1 Date vehicle was placed in service . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . 4				
January 1 to June 30				
July 1 to December 31				
5 Parking fees and tolls 5				
Actual expenses				
6 Gasoline, oil and repairs 6				
7 Vehicle registration fees 7				
8 Vehicle lease or rental 8				
9 Vehicle Insurance 9				
10 ____________ 10				

Name ______________________ SSN XXX-XX-XXXX

Farm Income and Expenses

Enter "X" in one box: ☐ Filer ☐ Spouse ☐ Joint

General Information

1 Federal Employer Identification Number (do not enter Social Security Number) . . . . ------------------------

2 Principal product . . . . . . ------------------------

3 Accounting Method . . . . Enter "X" in the appropriate box ☐ Cash ☐ Accrual

4 Did you "materially participate" in this business? . . . . . Enter "X" in the appropriate box ☐ Yes ☐ No

Farm Income - Cash Method (Use only if cash method of accounting)

			Current Year Amount	Prior Year Amount
5	Sales of livestock and other items purchased for resale	5		
6	Cost or other basis of livestock and other items reported on line 1	6		
7	Sales of livestock, produce, grains, and other products you raised	7		
8	Total cooperative distributions	8		
9	Agricultural program payments	9		
10	Commodity Credit Corporation loans reported under election	10		
11	Total Commodity Credit Corporation loans forfeited	11		
12	Crop insurance proceeds and certain disaster payments	12		
13	If election to defer, "X" the box	13	☐	☐
14	Amount deferred from 2007	14		
15	Custom hire (machine work)	15		
16	Other income, including Federal and state gasoline or fuel tax credit or refund	16		

Farm Income - Accrual Method (Use only if accrual method of accounting)

			Current Year Amount	Prior Year Amount
17	Sales of livestock and other items purchased for resale	17		
18	Total cooperative distributions	18		
19	CCC loans reported under election	19		
20	Total CCC loans forfeited	20		
21	Other income, including Federal and state gasoline or fuel tax credit or refund	21		
22	Inventory of livestock, produce, grains, and other products at beginning of the year	22		
23	Cost of livestock, produce, grains, and other products purchased during the year	23		
24	Inventory of livestock, produce, grains, and other products at end of year	24		

Assets Placed in Service This Year

	(Description):		Date Placed In Service	Purchase Amount
A		A		
B		B		
C		C		
D		D		
E		E		
F		F		
G		G		
H		H		

Name ______________________ SSN XXX-XX-XXXX

Product ______________________

Farm Expenses Cont.

	Expenses		Current Year Amount	Prior Year Amount
25	Chemicals	25		
26	Conservation expenses	26		
27	Custom hire (machine work)	27		
28	Employee benefit programs (other than on line 49)	28		
29	Feed purchased	29		
30	Fertilizers and lime	30		
31	Freight and trucking	31		
32	Gasoline, fuel, and oil	32		
33	Insurance (other than health)	33		
	Interest:			
34	Mortgage (paid to banks, etc.)	34		
35	Other	35		
36	Labor hired (less employment credits)	36		
37	Pension and profit-sharing plans	37		
	Rent or lease:			
38	Machinery rental or lease	38		
39	Equipment rental or lease	39		
40		40		
41		41		
42		42		
43		43		
44		44		
45		45		
	Other (land, animals, etc.)			
46		46		
47		47		
48		48		
49		49		
50		50		
51		51		
52		52		
53		53		
54		54		
55	Repairs and maintenance	55		
56	Seeds and plants purchased	56		
57	Storage and warehousing	57		
58	Supplies purchased	58		
59	Taxes	59		
60	Utilities	60		
61	Veterinary, breeding, and medicine	61		
	Other expenses (specify):			
62		62		
63		63		
64		64		
65		65		
66		66		
67		67		

Name

SSN XXX-XX-XXXX

Product

Vehicle Information - Farm

		Vehicle 1 - Current Year Amount	Vehicle 1 - Prior Year Amount	Vehicle 2 - Current Year Amount	Vehicle 2 - Prior Year Amount
1	Date vehicle was placed in service . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . 4				
	January 1 to June 30				
	July 1 to December 31				
5	Parking fees and tolls 5				
Actual expenses					
6	Gasoline, oil and repairs 6				
7	Vehicle registration fees 7				
8	Vehicle lease or rental 8				
9	Vehicle Insurance 9				
10	10				

		Vehicle 3 - Current Year Amount	Vehicle 3 - Prior Year Amount	Vehicle 4 - Current Year Amount	Vehicle 4 - Prior Year Amount
1	Date vehicle was placed in service . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . 4				
	January 1 to June 30				
	July 1 to December 31				
5	Parking fees and tolls 5				
Actual expenses					
6	Gasoline, oil and repairs 6				
7	Vehicle registration fees 7				
8	Vehicle lease or rental 8				
9	Vehicle Insurance 9				
10	10				

Name ______________________________ SSN XXX-XX-XXXX

Employee Business Expenses

Enter "X" in one box:
[X] Filer
[ ] Spouse

Occupation in which you incurred the expenses ------------------------

			Current Year Amount	Prior Year Amount
	Meals and Entertainment			
1	Meals and entertainment expenses	**1**		
2	Enter "X" in the box if subject to DOT hours of service limits	**2**	[ ]	[ ]
	Travel Expenses			
3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work.	**3**		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment.	**4**		
	Other Employment Related Expenses			
5	Business gifts	**5**		
6	Employment related education expenses	**6**		
7	Trade publications	**7**		
8		**8**		
9		**9**		
10		**10**		
11		**11**		
12		**12**		

	Vehicle Information		Vehicle 1 - Current Year Amount	Vehicle 1 - Prior Year Amount	Vehicle 2 - Current Year Amount	Vehicle 2 - Prior Year Amount
13	Date vehicle was placed in service	**13**				
14	Cost of vehicle	**14**				
15	Total miles driven for the year	**15**				
16	Business miles driven during the year	**16**				
	January 1 to June 30					
	July 1 to December 31					
17	Average daily roundtrip commuting miles	**17**				
18	Commuting miles (included in total miles driven for the year)	**18**				
	If claiming actual expenses continue:					
19	Gasoline, oil, repairs and vehicle insurance	**19**				
20	Vehicle lease or rental	**20**				
21	Value of employer-provided vehicle (if 100% is included in W-2)	**21**				

Name ______________________ SSN XXX-XX-XXXX

Child and Dependent Care Expenses

1	Amount of dependent care benefits forfeited	1	
2	Amount of dependent care expenses incurred in 2007 and paid in 2008	2	

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2008
3					
4					
5					

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2008
6	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
7	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
8	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
9	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
10	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	

Name ______________________ SSN XXX-XX-XXXX

Household Employment Taxes

Enter "X" in one box:

[X] Filer   Employer Identification Number ____________

[ ] Spouse   A household employee, generally, does not include spouse, children, parents or a person under age 18.

Social Security, Medicare, and Income Taxes

Enter "X" in the appropriate boxes

1 Did you pay ANY ONE household employee cash wages of $1,500 or more in 2008? . . 1 [ ] Yes [ ] No
If yes, skip to line 4.

2 Did you withhold Federal income tax during 2008 for any household employees? . . . . . . 2 [ ] Yes [ ] No
If yes, skip to line 5.

3 Did you pay TOTAL cash wages of $1,000 or more in ANY calendar QUARTER of 2007 or 2008 to household employees? . . . . 3 [ ] Yes [ ] No

		Current Year Amount	Prior Year Amount
4 Enter the total amount of wages paid to all employees, who were each paid in excess of $1,500 during the year.	4		
5 Total Federal income tax withheld	5		
6 Advanced earned income credit payments	6		

Unemployment Tax - If wages above were in excess of $1,000 in any one quarter, include the following information:

Enter "X" in the appropriate boxes

7 Did you pay unemployment contributions to only one state? . . . . .7 [ ] Yes [ ] No
(If 'Yes' complete Section A, otherwise fill out Section B)

8 Did you pay all state unemployment contributions by April 15, 2009? . . . . 8 [ ] Yes [ ] No

9 Were all wages that are taxable for federal unemployment also taxable for your state unemployment tax? . . . . 9 [ ] Yes [ ] No

Section A

10 Name of State where you paid unemployment contributions	10	
11 State reporting number as shown on State unemployment return	11	
12 Amount of contributions paid to the State unemployment fund	12	
13 Total cash wages subject to FUTA	13	

Section B

		State Unemployment	State Unemployment
14 Name of State where you paid unemployment contributions	14		
15 State reporting number as shown on State unemployment return	15		
16 Wages, subject to state unemployment tax, reported to State	16		
17 State experience rate	17		
18 State experience rate period **a.** From	18a		
b. To	18b		
19 Amount of contributions paid to the State unemployment fund	19		