

Nix, Bryson & Associates, P.C.
5664 Peachtree Parkway
Suite B
Norcross, GA 30092

Dear New Client:

The 2009 Tax Organizer will assist you in collecting and reporting information necessary for us to properly prepare your 2009 income tax return. Please complete the organizer sections as applicable and provide supporting documentation where necessary. Also, please sign and date the engagement letter included, as well.

Please provide us with the following additional information:

- A copy of your 2008 tax return
- Form(s) W-2 (wages, etc.)
- Forms(s) 1099 (interest, dividends, etc.)
- Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)
- Form(s) 1098 (mortgage interest) and property tax statements
- Brokerage statements from stock, bond or other investment transactions
- Closing statements pertaining to real estate transactions
- All other supporting documents (schedules, checkbooks, etc.)
- Any tax notices received from the IRS or other taxing authorities

Thank you for your help in the completion of the Tax Organizer. Please contact us if you need further assistance.

Sincerely,

Nix, Bryson & Associates, P.C.

NIX, BRYSON & ASSOCIATES, P.C.
5664 PEACHTREE PARKWAY
SUITE B
NORCROSS, GA 30092

Dear Client:

This letter confirms the arrangements for our tax return preparation services. We will prepare your individual federal and state income tax returns for 2009 in accordance with the appropriate income tax laws. We will use our judgment in resolving questions where the law is unclear or where there are conflicts between tax authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

It is your responsibility to provide us with all the information needed to prepare complete and accurate returns. We will not audit or otherwise verify the data you submit, although we may ask you to clarify some of it.

Fees for our tax preparation services will reflect our standard hourly rates plus any out-of-pocket expense and will be billed upon completion of your returns. Fees are due upon presentation of our invoice to you.

Your returns are subject to examination by the taxing authorities. In the event of an audit you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. If an examination occurs, we will represent you if you so desire; however, these addition services are not included in our fee for preparation of your returns.

Although we are available to provide you with tax planning advice, we are not obligated to do so unless you specifically request it. Our policy is to put all planning advice in writing. Therefore, you should not rely on any unwritten advice because it may be tentative and not yet fully reviewed.

Certain communications involving tax advice between you and our firm may be privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you may be waiving this privilege. To protect your rights, please consult with us or your attorney prior to disclosing any information about our tax advice.

If the tax services and terms outlined above are in accordance with your understanding of our engagement, please sign this letter in the space provided and return it with your completed organizer. We appreciate this opportunity to serve you. If you have any questions or need any additional information, please do not hesitate to call.

Sincerely yours,

Nix, Bryson & Associates, P.C.

ACCEPTED:

By:

Date:

2009	1040	US	Client Information	1
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Nix, Bryson & Associates, P.C.
 5664 Peachtree Parkway, Suite B
 Norcross, GA 30092-2834
 Telephone number: (770) 448-3756
 Fax number:
 E-mail address:

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2009 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)..... 1=married filing separate and lived with spouse..... Year spouse died, if qualifying widow(er) (2007 or 2008).....	
Taxpayer	First name and initial..... Last name..... Title/suffix..... Social security number..... Occupation..... Date of birth (m/d/y)..... Date of death (m/d/y)..... 1=blind.....	Filing Status 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Spouse	First name and initial..... Last name..... Title/suffix..... Social security number..... Occupation..... Date of birth (m/d/y)..... Date of death (m/d/y)..... 1=blind.....	
Address	In care of..... Street address..... Apartment number..... City..... State..... ZIP code.....	
Foreign Address	Region..... Postal code..... Country.....	

2009	1040	US	Client Information (continued)	1 p2
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Please add, change or delete information for 2009.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		<p>Daytime Phone</p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Pager number.....		
	Fax number.....		
	E-mail address.....		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Pager number.....		
	Fax number.....		
	E-mail address.....		

2009	1040	US	Dependents	2
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Please add, change or delete information for 2009.

DEPENDENTS

	Dependent	Dependent	
First name			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p>
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	<p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p>
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES NO

PERSONAL INFORMATION

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2009?

DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2009?

Did you have any children under age 19 or full-time students under age 24 at the end of 2009, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?

INCOME

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.) or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2009?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you buy a main home before May 1, 2010 and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase?

Did you buy a main home after November 6, 2009 and before May 1, 2010, which replaced a main home that you (and your spouse) maintained for 5 consecutive years during the 8-year period before this latest purchase?

Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements?

Did you purchase a new motor vehicle in 2009?

Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?

Did you have any debts cancelled or forgiven?

Did anyone owe you money which had become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES NO

RETIREMENT PLANS

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?

EDUCATION

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

Did you incur a loss because of damaged or stolen property?

Did you work out of town for part of the year?

Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

Did you apply an overpayment of 2008 taxes to your 2009 estimated tax (instead of being refunded)?

If you have an overpayment of 2009 taxes, do you want the excess applied to your 2010 estimated tax (instead of being refunded)?

Do you expect your 2010 taxable income and withholdings to be different from 2009?

MISCELLANEOUS

Do you want to electronically file your tax return?

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

May the IRS discuss your tax return with your preparer?

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2009	1040	US	Miscellaneous Questions (continued)
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If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

- | YES | NO | MISCELLANEOUS (continued) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you or was any of your property located in a federally declared disaster area? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your spouse receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and December 31, 2009 as a result of an involuntary termination? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your spouse elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and December 31, 2009 as a result of an involuntary termination? |

Please enter all pertinent 2009 information.

ECONOMIC RECOVERY PAYMENT / DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

NOTE: You may have received an economic recovery payment if you received social security benefits, supplemental security benefits, railroad retirement benefits, or veterans disability compensation or pension benefits.

1=taxpayer received \$250 economic recovery payment.....	
1=spouse received \$250 economic recovery payment.....	
1=taxpayer received government pension not covered by social security...	
1=spouse received government pension not covered by social security....	
1=direct deposit of federal tax refund into bank account.....	
1=electronic payment of balance due.....	
1=electronic payment of estimated tax.....	
1=state direct deposit.....	
1=state electronic payment of balance due	

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2009 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008.....				
1st quarter payment (due 4/15/09).....				
2nd quarter payment (due 6/15/09).....				
3rd quarter payment (due 9/15/09).....				
4th quarter payment (due 1/15/10).....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/10)				

State

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008.....				
1st quarter payment (due 4/15/09).....				
2nd quarter payment (due 6/15/09).....				
3rd quarter payment (due 9/15/09).....				
4th quarter payment (due 1/15/10).....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/10)				

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

1 = Checking or savings (default!)
2 = Taxpayer's IRA (next year limits)
3 = Spouse's IRA (next year limits)
4 = Health savings account (HSA)
5 = Archer MSA
6 = Coverdell savings account (ESA)
7 = Other
8 = Taxpayer's IRA (current year limits)
9 = Spouse's IRA (current year limits)
10 = Series I treasury bonds

Hash Total

3, 6

Please enter all pertinent 2009 information.

APPLICATION OF 2009 OVERPAYMENT (7.1)

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 different from 2009?..... Yes No
 If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2010 withholding to be different from 2009?..... Yes No
 If "yes" explain any differences: _____

2009	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2009 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2008 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/09	2008 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE	1=spouse						

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2008 Winnings
				Federal (Box 2)	State (Box 14)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2009 Amount	TS		2008 Amount
Total gambling losses.....				
Winnings not reported on Form W-2G.....				

10, 13.1, 13.2

Please enter all pertinent 2009 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
Tier 1 RR retirement benefits (RRB-1099, box 5)...				
1=lump-sum election for SS benefits.....				
Alimony received.....				
Taxable scholarships and fellowships.....				
Jury duty pay				
Household employee income not on W-2.....				
Excess minister's allowance.....				
Alaska permanent fund dividends.....				
Income from rental of personal property.....				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld.....				
State income tax withheld.....				
Local income tax withheld.....				

Please add, change or delete 2009 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2009 1099-G Amount

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2009 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2008 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Farm amounts:		
	Agriculture payments (Box 7).....		
	1=agriculture payments are from conservation reserve program.....		
	Market gain (Box 9).....		
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld.....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2009 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2008 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Farm amounts:		
	Agriculture payments (Box 7).....		
	1=agriculture payments are from conservation reserve program.....		
	Market gain (Box 9).....		
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld.....			

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Business Income (Schedule C)

No.

16

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, state, ZIP code, if different from Form 1040.	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
1=W-2 earnings as statutory employee.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		

INCOME

	2009 Amount	2008 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		

Inventory at end of the year.....		

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2009 Amount	2008 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (80%)		
Uniforms		
Utilities		
Wages		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

**If you sold your home or moved in 2009, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from
the purchase and sale of your home.**

SALE OF HOME (17)

Description of property (Box 3).....	
Date acquired (m/d/y).....	
Date sold (m/d/y) (Box 1).....	
Sales price (Box 2).....	
1=sale of home.....	
1=owned and used property as main home for at least 2 of 5 years before sale.....	
1=first-time homebuyer credit was previously taken on this home.....	
1=business use in year of sale.....	
Number of days after December 31, 2008 that home was not used as principal residence.....	

Adjusted Basis

Original cost.....	
Improvements:	

Adjusted basis.....	

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale.....	

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	
1=sale due to change in health, employment or unforeseen circumstances.....	
Days used as main home - taxpayer.....	
Days used as main home - spouse.....	
Days property owned - taxpayer.....	
Days property owned - spouse.....	

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint.....	
1=armed forces move due to permanent change of station.....	
Miles from old home to new work place.....	
Miles from old home to old work place.....	
Expenses for transportation and storage of household goods and personal effects.....	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile).....	
Parking fees and tolls.....	
Gas and oil.....	
Miles driven to new home.....	

(* owned and used property as main home for at least 2 of 5 years before sale)

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Rental & Royalty Income (Schedule E)

No.

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Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property.....	<input type="text"/>
Location of property.....	<input type="text"/>

Percentage of ownership if not 100% (.xxxx).....	<input type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx).....	<input type="text"/>	
1=spouse, 2=joint.....	<input type="text"/>	
1=nonpassive activity, 2=passive royalty.....	<input type="text"/>	
1=did not actively participate.....	<input type="text"/>	
1=real estate professional.....	<input type="text"/>	
1=rental other than real estate.....	<input type="text"/>	
1=investment.....	<input type="text"/>	
1=single member limited liability company.....	<input type="text"/>	

INCOME

	2009 Amount	2008 Amount
Rents received (Form 1099-MISC, box 1).....	<input type="text"/>	<input type="text"/>
Royalties received (Form 1099-MISC, box 2).....	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....	<input type="text"/>	<input type="text"/>
Association dues.....	<input type="text"/>	<input type="text"/>
Auto and travel (not entered elsewhere).....	<input type="text"/>	<input type="text"/>
Cleaning and maintenance.....	<input type="text"/>	<input type="text"/>
Commissions.....	<input type="text"/>	<input type="text"/>
Gardening.....	<input type="text"/>	<input type="text"/>
Insurance.....	<input type="text"/>	<input type="text"/>
Legal and professional fees.....	<input type="text"/>	<input type="text"/>
Licenses and permits.....	<input type="text"/>	<input type="text"/>
Management fees.....	<input type="text"/>	<input type="text"/>
Miscellaneous.....	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.).....	<input type="text"/>	<input type="text"/>
Qualified mortgage insurance premiums.....	<input type="text"/>	<input type="text"/>
Excess mortgage interest.....	<input type="text"/>	<input type="text"/>
Other interest (not entered elsewhere).....	<input type="text"/>	<input type="text"/>
Painting and decorating.....	<input type="text"/>	<input type="text"/>
Pest control.....	<input type="text"/>	<input type="text"/>
Plumbing and electrical.....	<input type="text"/>	<input type="text"/>
Repairs.....	<input type="text"/>	<input type="text"/>
Supplies.....	<input type="text"/>	<input type="text"/>
Taxes - real estate.....	<input type="text"/>	<input type="text"/>
Taxes - other (not entered elsewhere).....	<input type="text"/>	<input type="text"/>
Telephone.....	<input type="text"/>	<input type="text"/>
Utilities.....	<input type="text"/>	<input type="text"/>
Wages and salaries.....	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2009 Amount	2008 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days rented at fair market value		
Number of days personal use		
Number of days owned (if optional method elected)		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		

Other:

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....				
Contributions made to date.....				
1=covered by plan, 2=not covered.....				
2009 payments from 1/1/10 to 4/15/10.....				

ROTH IRA CONTRIBUTIONS

	2009 Amount	2008 Amount
Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).		
Contributions made to date.....		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2009 Amount	2008 Amount
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum).....		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum).....		
Defined benefit contributions you expect to make..		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum).....		
Plan contribution rate if not .25 (.xxxx).....		
Individual 401k: SE elective deferrals (except Roth) (1=max.)...		
Individual 401k: SE designated Roth contributions (1=max.)...		
SIMPLE contributions:		
Self-employed SIMPLE contributions you made or expect to make (1=maximum).....		
Employer matching rate if not .03 (.xxxx).....		
1=nonelective contributions (2%).....		
Contributions made to date.....		

ADJUSTMENTS TO INCOME

	2009 Amount	2008 Amount
Self-employed health insurance:		
Total premiums (excluding long-term care)....		
Long-term care premiums.....		
Student loan interest paid (1098-E, box 1).....		
Educator expenses (kindergarten thru grade 12)...		
Jury duty pay given to employer.....		
Expenses from rental of personal property.....		
Other adjustments to income:		

	Taxpayer	Spouse
Alimony paid:		
Recipient's first name....		
Recipient's last name....		
Recipient's SSN.....		
Amount paid.....	2008 amt:	2008 amt:

**Please enter all pertinent 2009 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2009 Amount	TS	2008 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2009 estimates are automatic.)

State income taxes - 1/09 payment on 2008 state estimate			
State income taxes - paid with 2008 state extension			
State income taxes - paid with 2008 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/09 payment on 2008 city/local estimate			
City/local income taxes - paid with 2008 city/local extension			
City/local income taxes - paid with 2008 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2009 purchases			
Use taxes paid with 2008 state return			
New passenger auto's, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 *			
Vehicle #1 description			
Vehicle #1 purchase price			
Vehicle #1 sales tax paid			
Vehicle #1 other qualified taxes/fees			
Sales tax on auto's not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes			
Other taxes:			

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Itemized Deductions (continued)

25 p2

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2009 Amount

TS

2008 Amount

Table with 3 columns: Description, 2009 Amount, 2008 Amount. Includes rows for home mortgage interest and points.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, and amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2009 Amount, 2008 Amount for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Table with 3 columns: Description, 2009 Amount, 2008 Amount for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2009 Amount, 2008 Amount for investment interest.

Passive interest

Table with 3 columns: Description, 2009 Amount, 2008 Amount for passive interest.

Certain home mortgage interest included above (6251)

Table with 3 columns: Description, 2009 Amount, 2008 Amount for certain home mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2009 Amount, 2008 Amount for cash contributions to churches, schools, hospitals, etc.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Table with 3 columns: Description, 2009 Amount, 2008 Amount for volunteer expenses and miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2009 Amount, 2008 Amount for cash contributions to veterans' organizations, etc.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Table with 3 columns: Description, 2009 Amount, 2008 Amount for volunteer expenses and miles.

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Itemized Deductions (continued)

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Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

Three horizontal lines for entering 50% limitation contributions.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Three rows for 50% limitation.

30% limitation (see above):

Three horizontal lines for entering 30% limitation contributions.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Three rows for 30% limitation.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Three horizontal lines for entering 30% capital gain property contributions.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Three rows for 30% capital gain property.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Three horizontal lines for entering 20% capital gain property contributions.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Three rows for 20% capital gain property.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues.....

Table with 3 columns: 2009 Amount, TS, 2008 Amount. One row for union and professional dues.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering other unreimbursed employee expenses.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Five rows for other unreimbursed employee expenses.

Investment expense:

Five horizontal lines for entering investment expenses.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Five rows for investment expenses.

Tax return preparation fee.....

Safe deposit box rental.....

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Two rows for tax return preparation fee and safe deposit box rental.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering miscellaneous deductions.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Five rows for miscellaneous deductions.

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If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2009 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
 2. Total home acquisition debt exceeded \$1,000,000 at any time during 2009 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.
- NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2009 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

	2009 Amount	TS	2008 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2009			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2009			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2009			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2009			
Grandfather debt balance - beginning of year			

<p>Form</p> <p>1 = Schedule A (default)</p> <p>2 = Business use of home</p> <p>3 = Schedule E</p>
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Noncash Contributions (Form 8283)

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If your total noncash contributions are in excess of \$500 in 2009, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in good used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input type="text"/>	Name of charitable organization (donee).....		
	Street address.....		
	City, state, ZIP code.....		
	1=spouse, 2=joint.....		
	Property description (other than vehicle).....		
	Vehicle	Year (yyyy).....	
		Make and model.....	
		Condition and mileage.....	
	Date of contribution (m/d/y) *.....		
	Date acquired by donor (m/y) *.....		
	How acquired by donor (Table 1 or describe).....		
Donor's cost or basis.....			
Fair market value.....			
Method used to determine FMV (Table 2 or describe).....			
No. <input type="text"/>	Name of charitable organization (donee).....		
	Street address.....		
	City, state, ZIP code.....		
	1=spouse, 2=joint.....		
	Property description (other than vehicle).....		
	Vehicle	Year (yyyy).....	
		Make and model.....	
		Condition and mileage.....	
	Date of contribution (m/d/y) *.....		
	Date acquired by donor (m/y) *.....		
	How acquired by donor (Table 1 or describe).....		
Donor's cost or basis.....			
Fair market value.....			
Method used to determine FMV (Table 2 or describe).....			
No. <input type="text"/>	Name of charitable organization (donee).....		
	Street address.....		
	City, state, ZIP code.....		
	1=spouse, 2=joint.....		
	Property description (other than vehicle).....		
	Vehicle	Year (yyyy).....	
		Make and model.....	
		Condition and mileage.....	
	Date of contribution (m/d/y) *.....		
	Date acquired by donor (m/y) *.....		
	How acquired by donor (Table 1 or describe).....		
Donor's cost or basis.....			
Fair market value.....			
Method used to determine FMV (Table 2 or describe).....			

1 How Property was Acquired

1 = Purchase 3 = Inheritance
 2 = Gift 4 = Exchange

2 Method Used to Determine FMV

1 = Appraisal 3 = Catalog
 2 = Thrift shop value 4 = Comparable sales

For other methods, see IRS Pub. 561.

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2009	1040	US	Health Savings Accounts (8889)	32.1
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Please enter all pertinent 2009 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2009, a high deductible health plan is one with an annual deductible that is not less than \$1,150 for self-only coverage or \$2,300 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,800 for self-only coverage or \$11,600 for family coverage.

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage.....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....				
Contributions included above that were made after you became eligible for medicare.....				
Contributions made to date.....				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ..				
Distributions included above that were rolled over to another HSA.....				
Total unreimbursed qualified medical expenses...				

2009 **1040** **US** **Child and Dependent Care Expenses (Form 2441)** **33.1,33.2**

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2009...				
Employer-provided benefits forfeited in 2009.....				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2009.....		2008 amt:
	1=disabled.....		
1=spouse, 2=joint.....			

No. <input type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2009.....		2008 amt:
	1=disabled.....		
1=spouse, 2=joint.....			

No. <input type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2009.....		2008 amt:
	1=disabled.....		
1=spouse, 2=joint.....			

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input type="text"/>	Name of provider.....		
	Street address.....		
	City, state, ZIP code.....		
	Identification number (SSN or EIN).....		
	Amount paid to care provider in 2009.....		2008 amt:
	1=spouse, 2=joint.....		

No. <input type="text"/>	Name of provider.....		
	Street address.....		
	City, state, ZIP code.....		
	Identification number (SSN or EIN).....		
	Amount paid to care provider in 2009.....		2008 amt:
	1=spouse, 2=joint.....		