

ESTILL & LONG, LLC

Scott M. Estill, PC
Stephanie F. Long, PC
Renet Z. Greer, Esq.
Karen O. Fleming, Paralegal

ATTORNEYS & COUNSELORS AT LAW
(720) 922-1120 (Office) • (720) 922-2925 (Fax)

10354 West Chatfield Avenue
Suite 201
Littleton, CO 80127

2009 TAX ORGANIZER (FOR USE IN FILING 2008 TAX RETURNS)

Dear Valued Client:

It is fast approaching that time of year again, and we want to help you be prepared for the upcoming tax season. The deadlines are as follows:

<u>Tax Form</u>	<u>Organizer Due Date</u>	<u>Filing Date</u>	<u>Final Extension Date</u>
1040/1065	3/1/09 or 09/1/09*	4/15/09	10/15/09
1120/1120S	2/1/09 or 08/1/09*	3/15/09**	9/15/09

(*due date for returns on extension to be completed by final deadline)

(**unless C-Corporation has a fiscal year end, then the return is due 2 ½ months after the fiscal year end)

Attached please find a tax organizer that will assist you in organizing your 2008 tax information. The organizer contains several sections, and some may not pertain to you. Please write "N/A" in any sections that are not applicable to you. We ask that all information relating to the preparation of your tax return be sent to us in an organized manner (i.e. no shoe boxes full of receipts!).

Please note that our firm generally has a six week turn around time on tax returns. **There will be an additional tax preparation charge, at our discretion, for returns we receive after the organizer due date that we need to rush to meet the tax filing deadline.**

Also, please note that we no longer automatically file extensions for those clients who do not send their information by the organizer due date. Requested extensions will be billed at \$25 each.

Please mail the completed organizer to us. Faxed copies will not be accepted as the figures often are distorted and illegible. Also, please do not mail us any original documents as these may get lost in the mail. Be sure to keep a copy of the completed tax organizer to refer to if our office has any questions.

Last, we require full payment upfront of all tax preparation fees. We will contact you for payment when your return is ready to be mailed (if you live out of state).

If you have any questions, please do not hesitate to contact us. As always, we may be reached at 720-922-1120. Thank you and we look forward to working with you in 2009 and future years!

INSTRUCTIONS FOR PERSONAL RETURNS:

Please send us the following:

Personal Tax Returns Only:

- Completed Tax Organizer (Attached)
- Last Year's tax return (if not in our possession)
- 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 the capital gains transactions. **Please include cost basis information including date purchased and purchase price as well as the sale price and sale date for all stock transactions.**
- Form(s) 1098 and copies of real estate tax bills, etc
- Legal documents pertaining to the sale or purchase of real property

INSTRUCTIONS FOR BUSINESS ENTITIES (Corporations, Two or More Member LLC's and Partnerships Only):

Business Entity Tax Returns (Sole/Proprietorships/Single Member LLC's/Self-Employed Individuals should complete the Self-Employed-Schedule C worksheet attached to the organizer):

- Profit and Loss Statement
 - This is a listing of income and expenses of the company. You can handwrite this if you do not use a program like quickbooks.
- Balance Sheet
- Prior year tax return (if not in our possession)
- If your business entity owns rental properties, each Property needs its own income and expense sheet. Do **NOT** group this information in with the general P&L.
 - Each property should be separately stated. If this is the first year you placed your rental property in service, please provide us with the closing statement on the purchase, the date the rental was first rented or **ready** to be rented as well as any improvements made to the property and their cost.
- If your business entity purchased and sold real estate, please provide us with the closing statements on both the purchase **and** the sale. Please also list any additional improvements made to the property prior to sale and their cost.

Newly Formed Business Entities:

- Profit and Loss Statement
- Balance Sheet
- SS-4 Application (submitted to the IRS to obtain your business EIN)
- Owner information including:
 - Percentage of Ownership
 - Owner's Name
 - Owner's Address
 - Owner's SSN

2009 PRICE LIST

All tax returns will be billed on a flat fee basis, depending on the complexity of the return. Please note the following price list:

Letter to client's lender (i.e. for documenting self employment status):	\$50.00
Additional Copy of Tax Return (Per Copy)	\$25.00
Tax Filing Extension:	\$25.00
Penalty Abatement letter:	Applicable Hourly Attorney Rate
Tax Planning:	Applicable Hourly Attorney Rate
Form 1065, 1120, 1120S, 1041	\$600.00 and up
State Tax Return (each additional)	Price varies depending upon state

Additional Tax Forms and Schedules:

<u>Form</u>	<u>Description</u>	<u>Fee</u>
Form 1040	U.S. Individual Income Tax Return	\$99
1040-V	Payment Voucher	No Charge
1040X	Amended Return	\$149 and up
1040-ES	Estimated Tax Vouchers	\$25
1045	N.O.L. Application for Tentative Refund	\$199 and up
1116	Foreign Tax Credit	\$39
2106	Employee Business Expenses	\$59
2120	Multiple Support Declaration	\$25
2210	Underpayment- Estimated Taxes	\$39
2441	Child/Dependent Care	\$44
2555	Foreign Earned Income	\$99
3621	N.O.L. Loss Computation	\$49
3800	General Business Credit	\$79
3903	Moving Expenses	\$49
4070	Employee's Reporting of Tips	\$69
4137	Unreported Tip Income	\$39
4562	Depreciation	\$9 per entry/\$45 min.
4684	Causalities and Thefts	\$69
4797	Sale of Business Property	\$99 per sale
4868	Automatic Extension to File	\$25
4952	Investment Interest	\$49
4972	Tax on Lump-Sum Distribution	\$39
5329	Additional Tax on Early Distributions	\$49
6198	At-Risk Limitations	\$49
6251	Alternative Minimum Tax	\$99
6252	Installment Sales	\$129 per sale
6781	Gains/Losses From 1256 Contracts	\$59
8275	Disclosure Statement	\$69
8283	Non-Cash Charitable Contributions	\$49
8332	Release of Claim of Exemption	\$29
8586	Low Income Housing Credit	\$69
8582	Passive Activity Loss	\$69
8606	Nondeductible IRA's	\$49

8582-CR	Passive Activity Credit	\$99
8801	Credit for Prior Year Minimum Tax	\$99
8812	Additional Child Tax Credit	\$29
8814	Parent's Election to Report Div/Int	\$39
8822	Change of Address	\$29
8824	Like-Kind Exchanges	\$199 per exchange (up to 4 properties acquired/exchanged/\$49 for each additional property thereafter)
8829	Home Office Deductions	\$99
8839	Qualified Adoption Expenses	\$99
8863	Education Credits	\$59
8867	Preparer Checklist- EIC	\$19
8880	Credit Qualified Retire. Savings Contrib.	\$29
8889	Health Savings Accounts	\$49
8917	Tuition and Fees Deduction	\$49
9465	Installment Agreement Request	\$79
<u>Schedule</u>	<u>Description</u>	<u>Fee</u>
Schedule A	Itemized Deductions	\$99
B	Interest/Dividends	\$39 up to 5 entries/\$6 per entry thereafter
C	Sole Proprietorship Profit/Loss	\$199
C- EZ	Short Form- Sole Proprietorship	\$99
F	Farm Income/Expenses	\$199
D	Capital Gains/Losses	\$59 or \$8 per entry (whichever is higher)
E	Rent/Royalty Income/Loss	\$50/property/\$50 min.
EIC	Earned Income Credit	\$25
H	Household Employment Taxes	\$59
R	Credit for Elderly/Disabled	\$49
SE	Self-Employment Tax	\$49

Corporation/Partnership/LLC/Fiduciary

940	Federal Unemployment Tax Return	\$79
941	Federal Quarterly Payroll Return	\$89
1041	Fiduciary Income Tax Return	\$600 and up
1065	Partnership Income Tax Return	\$600 and up
1099	Miscellaneous Income Statement	\$29 each
1118	Foreign Tax Credit- Corporations	\$129
1120	Corporate Income Tax Return	\$600 and up
1120S	S-Corporation Income Tax Return	\$600 and up
3115	Change in Accounting Method	\$129 and up
K-1	First 2 Free- then per additional K-1	\$49
W-2	Wages- Employee Withholding	\$49
7004	Extension for Corporations/Entities	\$25
8800	Extension for Partnerships/LLC's	\$25
8825	Rental Property Income or Loss	\$50/Property/\$50 minimum

State Tax Returns

Basic: Included with Basic Federal Return Package	No Charge
Other State Tax Forms	Call For Quote
Any form NOT LISTED	Call For Quote

The prices listed on this form are general prices and we expressly reserve the right to adjust prices as the facts and circumstances may dictate. For instance, a Schedule C with only 2 entries would have the price potentially adjusted downward, while the same form with numerous computations would have the cost adjusted upward. Please discuss these fees with us prior to having the return prepared if you have any questions or concerns.

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

Sincerely,
Scott Estill, Esq.
Stephanie F. Long, Esq.
Renet Greer, Esq.
Robert Kraft, CPA
Karen Fleming, Paralegal
Melissa Christenson, Office Manager/Paralegal

General Information

Taxpayer

Spouse

First Name

Middle Initial

Last Name

Suffix

Social Security Number

Date of Birth

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

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 _____

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	
<input type="checkbox"/>	<input type="checkbox"/>	1 Did your marital status change since last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Are there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you have any children under 19 (or 24 if a full time student) who received more than \$850 in investment income?
<input type="checkbox"/>	<input type="checkbox"/>	4 Are all your dependents either US residents or citizens?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you provide over half of the support for someone you aren't claiming as a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	6 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
<input type="checkbox"/>	<input type="checkbox"/>	7 Were either you or your spouse in the military or National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you purchase or sell your principal residence?
<input type="checkbox"/>	<input type="checkbox"/>	9 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
<input type="checkbox"/>	<input type="checkbox"/>	10 Were there any changes to a prior year's income, deductions, or credits?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you make gifts of more than \$12,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you file Form 8839, Adoption Credit, in a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did your purchase any special fuels for non-highway use?
<input type="checkbox"/>	<input type="checkbox"/>	14 Do you want to e-file your return?
<input type="checkbox"/>	<input type="checkbox"/>	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?
		<input type="checkbox"/> Direct deposit (please provide a voided blank check)
		<input type="checkbox"/> Check sent to you in the mail
		<input type="checkbox"/> Instant refund (IRAL)
		<input type="checkbox"/> Other quick refund via a bank product
		<input type="checkbox"/> Apply to next year's estimates
		If you owe taxes, how do you want to pay them?
		<input type="checkbox"/> Paper check sent with my return
		<input type="checkbox"/> Direct debit from my bank account (please provide a voided blank check)
		<input type="checkbox"/> Credit card

Income

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

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 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 34 Did you convert a traditional IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | 35 Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 36 Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 37 Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 38 Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 39 Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 40 Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 41 Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 42 Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 43 Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 44 Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 45 Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 46 Did you receive any income not reported in this Organizer? |

Business and Rental Property Income

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 47 If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 48 Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 49 Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 50 Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 51 Did you remove any of your business assets for personal use? |

Business and Rental Property Deductions

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

Other Deductions

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

Name _____

SSN _____

Wages and Retirement Income

W-2 Information

Enter "X"
if spouse

W-2	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				

1099-R Information

	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 12a State Distribution	Box 10a State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

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

*F/S/J	Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

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

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

Name _____

SSN _____

Seller Financed Mortgage Interest

		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 Name _____ Address _____		
<input type="checkbox"/>	2 Name _____ Address _____		
<input type="checkbox"/>	3 Name _____ Address _____		
<input type="checkbox"/>	4 Name _____ Address _____		
<input type="checkbox"/>	5 Name _____ Address _____		
<input type="checkbox"/>	6 Name _____ Address _____		
<input type="checkbox"/>	7 Name _____ Address _____		
<input type="checkbox"/>	8 Name _____ Address _____		
<input type="checkbox"/>	9 Name _____ Address _____		
<input type="checkbox"/>	10 Name _____ Address _____		
<input type="checkbox"/>	11 Name _____ Address _____		
<input type="checkbox"/>	12 Name _____ Address _____		
<input type="checkbox"/>	13 Name _____ Address _____		
<input type="checkbox"/>	14 Name _____ Address _____		
<input type="checkbox"/>	15 Name _____ Address _____		
<input type="checkbox"/>	16 Name _____ Address _____		
<input type="checkbox"/>	17 Name _____ Address _____		
<input type="checkbox"/>	18 Name _____ Address _____		
<input type="checkbox"/>	19 Name _____ Address _____		
<input type="checkbox"/>	20 Name _____ Address _____		
<input type="checkbox"/>	21 Name _____ Address _____		
<input type="checkbox"/>	22 Name _____ Address _____		
<input type="checkbox"/>	23 Name _____ Address _____		
<input type="checkbox"/>	24 Name _____ Address _____		

Name _____

SSN _____

Exclusion of Interest From Series EE and I US Savings Bonds Issued After 1989

If you cashed series EE or I U.S. savings bonds in 2008 that were issued after 1989, you may be able to exclude from your income part or all of the interest on those bonds.

- 1 Total tuition and fees paid 1 -----
- 2 Nontaxable education benefits received 2 -----
- 3 Enter total proceeds (principal and interest) from EE or I bonds issued after 1989 and cashed in 2008 3 -----
- 4 Enter the face value of all post - 1989 series EE bonds cashed in 2008 4 -----
- 5 Enter the face value of all series I bonds cashed in 2008 5 -----

Name of person (you, your spouse, or your dependent) who was enrolled at or attended an eligible educational institution

Eligible Educational Institution

	First Name	M I	Last Name
1	-----		
2	-----		
3	-----		

1	Name	-----
	Address	-----
	City, State, Zip	-----
2	Name	-----
	Address	-----
	City, State, Zip	-----
3	Name	-----
	Address	-----
	City, State, Zip	-----



Name _____

SSN _____

Alimony Received

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

Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/> F/S*	1		
<input type="checkbox"/>	2		
<input type="checkbox"/>	3		
<input type="checkbox"/>	4		
<input type="checkbox"/>	5		
<input type="checkbox"/>	6		
<input type="checkbox"/>	7		
<input type="checkbox"/>	8		
<input type="checkbox"/>	9		

Alimony Paid

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

Recipient's Name		Recipient's SSN	Current Year Amount	Prior Year Amount
<input type="checkbox"/> F/S*	1	1		
<input type="checkbox"/>	2	2		
<input type="checkbox"/>	3	3		
<input type="checkbox"/>	4	4		
<input type="checkbox"/>	5	5		
<input type="checkbox"/>	6	6		
<input type="checkbox"/>	7	7		
<input type="checkbox"/>	8	8		
<input type="checkbox"/>	9	9		

Name _____

SSN _____

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.

- 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

	Current Year Amount	Prior Year Amount
9		
10		
11		
12		
13		
14		
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

- 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

	Current Year Amount	Prior Year Amount
18		
19		
20		
21		
22		
23		

Assets Placed in Service This Year

Description:

- A _____ A
- B _____ B
- C _____ C
- D _____ D
- E _____ E
- F _____ F
- G _____ G

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

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
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	<input type="checkbox"/>	<input type="checkbox"/>
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 _____

Business _____

Vehicle Information (Schedule C)

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	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 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	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 _____

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					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name _____

SSN _____

Installment Sale Income

New Sale (Only)

Note: If the property was sold this year complete the New Sale section.

Description	Selling price including mortgages DO NOT include interest	Mortgages the buyer assumed	Cost or other basis of property	Commissions and other expenses of sale
1
2
3
4
5
6

Description	Date Acquired	Date Sold	Interest	Principal
1
2
3
4
5
6

Prior Year Sale (Only)

Note: If the property was sold in a previous year complete the Prior Year Sale section below.

Description	Date Acquired	Date Sold	Payments Received in 2008	
			Interest	Principal
1
2
3
4
5
6

Description	Gross profit percentage	Payments received in prior years (DO NOT include interest)
1
2
3
4
5
6

Name _____

SSN _____

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		
2 Enter "X" if you actively participated? 2	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use? 3a	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented? 3b	<input type="text"/>	<input type="text"/>

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		
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		
12 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		
16 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 _____

Property _____

Other Expenses (Schedule E)

Other Expense

18

19

20

21

22

23

24

25

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

Travel Expenses

26

27

28

29

30

31

32

33

	Current Year	Prior Year
26		
27		
28		
29		
30		
31		
32		
33		

Meals and Entertainment Expense

34

35

36

37

38

39

40

41

	Current Year	Prior Year
34		
35		
36		
37		
38		
39		
40		
41		

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	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 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	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 _____

Farm Rental 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 Description of the principal crop or activity
- 3 Did you actively participate in the operation of this farm? Enter "X" in the appropriate box Yes No

Farm Rental Income

		Current Year Amount	Prior Year Amount
4	Income from production of livestock, produce, grains, and other crops		
5	Total cooperative distributions		
6	CCC loans reported under election		
7	Total CCC loans forfeited		
8	Crop insurance proceeds and certain disaster payments		
9	If election to defer, "X" the box.	<input type="checkbox"/>	<input type="checkbox"/>
10	Amount deferred		

Other income (including Federal and state gasoline or fuel tax credit or refund)

11	-----		
12	-----		
13	-----		
14	-----		
15	-----		

Assets Placed in Service This Year

(Description):

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

Name _____

SSN _____

Activity _____

Farm Rental Expenses Cont.

		Current Year Amount	Prior Year Amount
Expenses			
26	Chemicals	26	
27	Conservation expenses	27	
28	Custom hire (machine work)	28	
29	Employee benefit programs (other than on line 43)	29	
30	Feed purchased	30	
31	Fertilizers and lime	31	
32	Freight and trucking	32	
33	Gasoline, fuel, and oil	33	
34	Insurance (other than health)	34	

Interest:

35	Mortgage (paid to banks, etc.)	35	
36	Other	36	

37	Labor hired (less employment credits)	37	
38	Pension and profit-sharing plans	38	

Rent or lease:

39	Machinery rental or lease	39	
40	Equipment rental or lease	40	
41	.....	41	
42	.....	42	
43	.....	43	
44	.....	44	
45	.....	45	
46	.....	46	

Other (land, animals, etc.)

47	.....	47	
48	.....	48	
49	.....	49	
50	.....	50	
51	.....	51	
52	.....	52	
53	.....	53	
54	.....	54	
55	.....	55	

56	Repairs and maintenance	56	
57	Seeds and plants purchased	57	
58	Storage and warehousing	58	
59	Supplies purchased	59	
60	Taxes	60	
61	Utilities	61	
62	Veterinary, breeding, and medicine	62	

Other expenses (specify):

63	.....	63	
64	.....	64	
65	.....	65	
66	.....	66	
67	.....	67	
68	.....	68	
69	.....	69	

Name _____

SSN _____

Miscellaneous Income

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state			1		
2 Unemployment compensation			2		
3 Prizes and awards			3		
4 Scholarships and fellowships			4		
5 Bartering income			5		
6 Fees received for jury duty			6		
7 Income from rental of personal property, if not in the business of renting such property			7		
8 Precinct election board duty			8		
9 Alaska Permanent Fund Dividends			9		
10 -----			10		
11 -----			11		
12 -----			12		
13 Other income not provided for in this Organizer			13		

Adjustments to Income

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

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses	1		
<input type="checkbox"/>	2	Student loan interest	2		
<input type="checkbox"/>	3	Health Savings account deduction	3		
<input type="checkbox"/>	4	Moving expenses	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings	6		
<input type="checkbox"/>	7	Tuition and fees deduction	7		

Miscellaneous Deductions

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

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses	1		
<input type="checkbox"/>	2	Foreign housing deduction	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer	3		
<input type="checkbox"/>	4	Reforestation amortization	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18) pension plans	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions.	7		
<input type="checkbox"/>	8	Employee business expenses of fee-basis state or local government officials	8		
<input type="checkbox"/>	9	Expenses from the rental of personal property but were not in the business of renting such property	9		
<input type="checkbox"/>	10	Contributions by chaplains to section 403(b) plans	10		
<input type="checkbox"/>	11	Archer MSA deduction	11		
<input type="checkbox"/>	12	-----	12		
<input type="checkbox"/>	13	-----	13		

Name _____

SSN _____

IRA Contribution Information

Traditional IRA Contributions

Filer

- 1 Enter total traditional IRA contributions made for 2008 1
- 2 Enter contributions, on line 1, made after 12/31/2008 and before 04/15/2009 2
- 3 Enter value of all traditional IRAs as of 12/31/2008 3

Current Year Amount	Prior Year Amount

Spouse

- 4 Enter total traditional IRA contributions made for 2008 4
- 5 Enter contributions, on line 4, made after 12/31/2008 and before 04/15/2009 5
- 6 Enter value of all traditional IRAs on 12/31/2008 6

Roth Contributions

Filer

- 1 Enter 2008 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2008 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2008 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2008 4

SIMPLE IRA

Filer

- 1 Enter value of all SIMPLE IRAs on 12/31/2008 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2008 2

--	--

Education IRA (Coverdell ESA)

Filer

- 1 Enter 2008 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2008 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2008 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2008 4

Name _____

SSN _____

Interest - Itemized Deductions

Home Mortgage Interest and Points Reported on Form 1098

37 Lender 37
 38 Lender 38
 39 Lender 39
 40 Lender 40

Current Year Amount	Prior Year Amount

Home Mortgage Interest Not Reported on Form 1098

41 Name: 41
 Address:
 SSN:

--	--

42 Mortgage insurance paid on 2008 acquisition indebtedness for principal residence 42

--	--

Refinancing Points

43 Description 43
 Points paid
 Date of loan
 Total number of scheduled loan payments
 Number of payments made in 2008

44 Description 44
 Points paid
 Date of loan
 Total number of scheduled loan payments
 Number of payments made in 2008

45 Description 45
 Points paid
 Date of loan
 Total number of scheduled loan payments
 Number of payments made in 2008

46 Investment interest paid 46

--	--

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions

Current Year Amount	Prior Year Amount
---------------------	-------------------

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

47	Union dues	47		
48	Professional journals and subscriptions	48		
49	Uniform and protective clothing costs and cleaning	49		
50	Job search costs (resumes, travel, postage, etc.)	50		
51	.....	51		
52	.....	52		
53	.....	53		
54	.....	54		
55	.....	55		
56	.....	56		
57	.....	57		

Other Miscellaneous Expenses - Itemized Deductions

If investment related enter "X"

Current Year Amount	Prior Year Amount
---------------------	-------------------

58	Certain attorney and accounting fees		58		
59	Safe deposit box rental		59		
60	IRA Custodial fees		60		
61	Investment counsel and advisory fees		61		
62	.....		62		
63	.....		63		
64	.....		64		
65	.....		65		
66	.....		66		
67	.....		67		
68	.....		68		
69	.....		69		
70	.....		70		
71	.....		71		
72	.....		72		
73	.....		73		

Other Miscellaneous Deductions

74	Tax preparation fees	74		
75	Gambling losses (if gambling income)	75		
76	Amortizable bond premiums on bonds acquired before 10/23/86	76		
77	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction	77		
78	.....	78		
79	.....	79		
80	.....	80		
81	.....	81		
82	.....	82		
83	.....	83		
84	.....	84		

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
1	Name Address	
2	Name Address	
3	Name Address	
4	Name Address	
5	Name Address	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name _____

SSN _____

Employee Business Expenses

Enter "X" in one box: Occupation in which you incurred the expenses

- Filer
- Spouse

Meals and Entertainment

		Current Year Amount	Prior Year Amount
1	Meals and entertainment expenses		
2	Enter "X" in the box if subject to DOT hours of service limits	<input type="checkbox"/>	<input type="checkbox"/>

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 1 -

Vehicle 2 -

Vehicle Information

	Current Year Amount	Prior Year Amount	Current Year Amount	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 _____

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: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
7	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
8	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
9	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
10	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		