

**Individual Income Tax Organizer for**

**2008**

**Compliments of:**

**Thomas A. Lawler, C.P.A., P.C.**

**Certified Public Accountants**

**One Albion Street Second Floor**

**Wakefield, MA 01880-2801**

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## Personal Data

Taxpayer Name		SSN	
Spouse's Name		SSN	
Address		Apt no.	
Address			
City	State	ZIP	
County		School District	
Taxpayer phone Daytime:	Ext:	Evening:	Ext: Cell:
Spouse phone Daytime:	Ext:	Evening:	Ext: Cell:
Taxpayer email		Spouse email	
Taxpayer occupation		Spouse occupation	
Taxpayer Date of Birth	Blind	Active military	Do you want \$3 to go to the Presidential Election Campaign Fund?
Spouse's Date of Birth	Blind	Active military	Does your spouse want \$3 to go to the Presidential Election Campaign Fund?
Date and time of this year's appointment		Economic Stimulus Payment Amount	

### Your Dependents

Dependent # 1			Dependent # 2			Dependent # 3		
First name	M.I.	First name	M.I.	First name	M.I.			
Last name	Suffix	Last name	Suffix	Last name	Suffix			
SSN/ITIN		SSN/ITIN		SSN/ITIN				
Relationship		Relationship		Relationship				
No. of months lived with you		No. of months lived with you		No. of months lived with you				
Age/DOB		Age/DOB		Age/DOB				
Qualifying child care expenses incurred and paid in 2008		Qualifying child care expenses incurred and paid in 2008		Qualifying child care expenses incurred and paid in 2008				
Portion of qualifying expenses provided by your employer		Portion of qualifying expenses provided by your employer		Portion of qualifying expenses provided by your employer				
Hope Credit qualified expenses paid		Hope Credit qualified expenses paid		Hope Credit qualified expenses paid				
Lifetime Learning Credit qualified expenses paid		Lifetime Learning Credit qualified expenses paid		Lifetime Learning Credit qualified expenses paid				
Tuition and Fees Deduction		Tuition and Fees Deduction		Tuition and Fees Deduction				
Minor child with income over \$850?		Minor child with income over \$850?		Minor child with income over \$850?				

2008 Estimates:	Federal			State			Local		
	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
April 15, 2008									
June 16, 2008									
Sept. 15, 2008									
Jan. 15, 2009									
2007 overpayment applied									
2007 Balance due									
2007 Refund									
Additional payments made									
Additional payments made									
Additional payments made									

## Miscellaneous Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Yes No

### General Information

		1. Were there any changes to your filing status or number of dependents during 2008?
		2. Can you or your spouse be claimed as a dependent by someone else?
		3. Did you incur any childcare expenses?
		4. Did you have a change in residence or job location during the year?
		5. Did you move during 2008? From where? _____ Date of move _____
		6. Did you reside in more than one state during 2008? If yes, which states? _____
		7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
		8. Would you like a copy of your tax return sent to you via email?
		9. Did you receive an Economic Stimulus Payment? How much? _____ If yes, please bring IRS Notice 1378 to your appointment.

Yes No

### Income Information

		1. Have you received all W-2s from all employers? How many W-2s are attached? _____
		2. Did you use your vehicle on the job other than for commuting to work?
		3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
		4. Did you work out of town at any time during the year?
		5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
		6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
		7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
		8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
		9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
		10. Did you have any income from, or pay taxes to, a foreign country?
		11. Did you engage in any bartering transactions during 2008?
		12. Did you surrender any U.S. Savings Bonds during 2008?
		13. Did you receive any state or local income tax refunds from prior years?
		14. Do you or your spouse have any IRA accounts?
		15. Did you recharacterize any IRAs this year?
		16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
		17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
		18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
		19. Did you receive any type of prize, award, or gambling winnings during 2008?
		20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
		21. Did you receive any income not shown in this organizer? If so, please list. _____
		22. Does anyone owe you money that has become uncollectible?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

## Miscellaneous Information

Name:

SSN:

Yes No

### Business Information

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you start a new business or purchase any rental property during 2008?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you own rental property? What percentage of time did you spend managing your rentals? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?   |

Yes No

### Other Information

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were any tuition costs paid during 2008 (even if classes were attended in another year)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did anyone in your household attend higher education classes in 2008?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur a loss due to damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you purchase a home, for the first time, as a principal residence after April 8, 2008? If yes, please provide closing documentation.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you make any gifts to any one person in 2008 in excess of \$12,000? If so, are you splitting this gift with your spouse?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?  |

**To itemize deductions, bring receipts and documentation for these types of expenses:**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Prescriptions, first-aid  |
| <input type="checkbox"/> | State/local income taxes  |
| <input type="checkbox"/> | Mortgage interest   |
| <input type="checkbox"/> | Tax preparation fees  |
| <input type="checkbox"/> | Gambling losses (up to amount of winnings)  |
| <input type="checkbox"/> | Cash donations to charity (provide all receipts)  |
| <input type="checkbox"/> | Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals) |
| <input type="checkbox"/> | Real estate and personal property taxes paid in 2008  |
| <input type="checkbox"/> | Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)         |
| <input type="checkbox"/> | Fair market value of property donated to charity  |
| <input type="checkbox"/> | Purchase price of new goods donated or used in volunteer work   |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Miscellaneous Information

Name:

SSN:

## Information to bring to your appointment:

Driver's license & social security card (for identity verification)

Copy of your 2007 income tax return (for comparison and review for all includible information)

Preprinted IRS label received

Original W-2s and other statements of income received from employers

1099s and other statements reporting interest/dividend/miscellaneous income

Records of other income received (tips, self-employment, SSI, combined bank reporting statements)

Cancelled checking/savings slip (for direct deposit/direct debit information)

IRS Notice 1378 for Economic Stimulus Payment

Concerns to discuss with preparer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Child & Dependent Care

Name:

SSN:

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2008		Amount Paid in 2007	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2008		Amount Paid in 2007	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2008		Amount Paid in 2007	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2008		Amount Paid in 2007	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2008		Amount Paid in 2007	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2008		Amount Paid in 2007	

# Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS		Federal I.D. No.		Company Name			
		Federal wages	2008	2007	Federal tax	2008	2007
		State wages	2008	2007	State tax	2008	2007
		Locality	2008	2007	Local tax	2008	2007

TS		Federal I.D. No.		Company Name			
		Federal wages	2008	2007	Federal tax	2008	2007
		State wages	2008	2007	State tax	2008	2007
		Locality	2008	2007	Local tax	2008	2007

TS		Federal I.D. No.		Company Name			
		Federal wages	2008	2007	Federal tax	2008	2007
		State wages	2008	2007	State tax	2008	2007
		Locality	2008	2007	Local tax	2008	2007

TS		Federal I.D. No.		Company Name			
		Federal wages	2008	2007	Federal tax	2008	2007
		State wages	2008	2007	State tax	2008	2007
		Locality	2008	2007	Local tax	2008	2007

TS		Federal I.D. No.		Company Name			
		Federal wages	2008	2007	Federal tax	2008	2007
		State wages	2008	2007	State tax	2008	2007
		Locality	2008	2007	Local tax	2008	2007

TS		Federal I.D. No.		Company Name			
		Federal wages	2008	2007	Federal tax	2008	2007
		State wages	2008	2007	State tax	2008	2007
		Locality	2008	2007	Local tax	2008	2007

TS		Federal I.D. No.		Company Name			
		Federal wages	2008	2007	Federal tax	2008	2007
		State wages	2008	2007	State tax	2008	2007
		Locality	2008	2007	Local tax	2008	2007

## Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS  Employer's name and address: \_\_\_\_\_ EIN \_\_\_\_\_

	2008	2007		2008	2007
Wages, tips, other compensation			State		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

TS  Employer's name and address: \_\_\_\_\_ EIN \_\_\_\_\_

	2008	2007		2008	2007
Wages, tips, other compensation			State		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			





## Profit or Loss From Business

### Schedule C General Information

Name:

SSN:

TS	Principal business or profession	Business code	
Employer I.D. number			
Business name			
Business address			
Accounting method	Cash      Accrual      Other		
Inventory method	Cost      Lower of Cost or Market      Other	Change of inventory method	Yes      No
Did you "materially participate" in the operation of this business?		Yes	No
You started or acquired this business during 2008		Statutory employee wages	
<b>Information on your vehicle</b>			
	<b>2008</b>	<b>2007</b>	
Date placed in service			Available when off duty      Yes      No
Business miles before July 1		<b>Total miles for 2007</b>	Another vehicle available      Yes      No
Business miles after June 30			You have evidence      Yes      No
Commuting miles			It is written      Yes      No
Other miles			
<b>Other Information</b>			
	<b>2008</b>	<b>2007</b>	
Family Health Coverage			
<b>Income</b>			
	<b>2008</b>	<b>2007</b>	
Gross receipts or sales			
Returns and allowances			
Other income (list on detail worksheet)			
<b>Cost of Goods Sold</b>			
	<b>2008</b>	<b>2007</b>	
Inventory at beginning of the year			
Purchases (less cost of items withdrawn for personal use)			
Cost of labor			
Materials and supplies			
Other costs (list on detail worksheet)			
Inventory at end of year			





## Sale of Home

**Name:**

**SSN:**

Enter the date you purchased the home

Enter the date you sold the home

Enter the purchase price of your old home

Seller-paid points for old home if bought after 1990

Enter the selling price of the old home

Enter any expenses from the sale of the old home

**Settlement fees or closing costs for old home.**

Abstract and recording fees

Legal fees

Surveys

Title insurance

Transfer or stamp taxes

Amounts the seller owed that you agreed to pay

Other fees or closing cost

Cost of capital improvements to old home

Special tax assessments paid on old home for local improvements, such as streets

**Other increases to basis:**

Describe:

If home was used for business, enter any depreciation claimed

**Other decreases to basis:**

Describe:

**Information on time lived in the home sold**

**You**

**Spouse**

Enter the date that you first used the property as a main home

Enter the date that you first owned the property as a main home

Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?

**Yes**

**No**

**Yes**

**No**

If YES, answer the following:

Enter date of most recent sale of another home on which you excluded the gain

**Please bring the contract for the sale of the home to your appointment.**



## Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

<b>Name:</b>				<b>SSN:</b>			
Payer's name:				Payer's FEIN:			
Address:							
City, State, Zip				<b>2008</b>		<b>2007</b>	
	<b>2008</b>	<b>2007</b>	State				
Disability indicator		<input type="checkbox"/>	State income tax withheld				
Report as wages on 1040		<input type="checkbox"/>	State distribution				
Gross distribution			Local income tax withheld				
Taxable amount			Name of locality				
Total distribution			Local distribution				
Capital gain			State				
Federal income tax withheld			State income tax withheld				
Employee contributions or insurance premiums			State distribution				
Distribution code(s)			Local income tax withheld				
IRA/SEP/SIMPLE Roth: Y/N		<input type="checkbox"/>	Name of locality				
Your percentage of total distribution			Local distribution				

<b>Name:</b>				<b>SSN:</b>			
Payer's name:				Payer's FEIN:			
Address:							
City, State, Zip				<b>2008</b>		<b>2007</b>	
	<b>2008</b>	<b>2007</b>	State				
Disability indicator		<input type="checkbox"/>	State income tax withheld				
Report as wages on 1040		<input type="checkbox"/>	State distribution				
Gross distribution			Local income tax withheld				
Taxable amount			Name of locality				
Total distribution			Local distribution				
Capital gain			State				
Federal income tax withheld			State income tax withheld				
Employee contributions or insurance premiums			State distribution				
Distribution code(s)			Local income tax withheld				
IRA/SEP/SIMPLE Roth: Y/N		<input type="checkbox"/>	Name of locality				
Your percentage of total distribution			Local distribution				

## Social Security Benefit Statement

		<b>2008</b>	<b>2007</b>		<b>2008</b>	<b>2007</b>		<b>2008</b>	<b>2007</b>
TS	Net benefits			Medicare premiums			Income tax withheld		
TS	Net benefits			Medicare premiums			Income tax withheld		

## Moving Expenses

Name:

SSN:

	2008	2007
TSJ <input type="checkbox"/> Military move <input type="checkbox"/> Enter the number of miles from your OLD home to your NEW workplace		
Enter the number of miles from your OLD home to your OLD workplace		
Transportation and storage of household goods and personal effects		
Travel and lodging incurred during move (do NOT include cost of meals)		
Amount of moving expenses reimbursed by your employer		

### Foreign Moving Expenses

	2008	2007
If you moved to a foreign country:		
City and country in which your old workplace was located		
City and country in which your new workplace is located		

## Self-Employed Health Insurance and SE Pensions

	2008	2007
TSJ <input type="checkbox"/> <input type="checkbox"/> Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents		
Qualified long term care amount		
Enter your wages from an S corporation		
Plan contribution rate as a decimal		
Enter your net profit from line 31, Schedule C; line 36, Schedule F; or box 14, code A, Schedule K-1		
Enter your allowable elective deferrals made during 2008		
Enter your catch-up contributions		

## Noncash Charitable Contributions

TSJ <input type="checkbox"/> <input type="checkbox"/> Donee I.D.		
Name of donee organization		
Address of donee organization		
City, State, & ZIP of donee organization		
Description of donated property	<b>PROPERTY TYPE (if over \$5,000)</b>	
Physical condition of donated property	Art valued more than \$20,000	
Valuation method used	Art valued less than \$20,000	
How was it acquired?	Collectibles	
Date acquired	Qualified Conservation Contribution	
Date contributed	Other Real Estate	
Donor's cost or adjusted basis	Intellectual Property	
Fair market value	Equipment	
Bargain sale price	Securities	
Average security price	Other	

## Other Income and Adjustments

Name:

SSN:

### Income

	Taxpayer		Spouse	
	2008	2007	2008	2007
Taxable scholarships received				
Interest income (If over \$1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)				
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over?    Yes    No				
Pension distributions				
Unemployment compensation received				
Unemployment repaid in 2008				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

### Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employment health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid    Name:				
SSN:				
Alimony paid    Name:				
SSN:				
IRA contributions for 2008				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				

## Itemized Deductions

Name:		SSN:			
	2008	2007	GIFTS TO CHARITY (attach receipts)	2008	2007
<b>MEDICAL and DENTAL</b>					
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			Portion of amount above for disaster relief		
Medical miles before July 1		<b>Total miles for 2007</b>	30% limitation		
Medical miles after June 30			Charitable miles		
Other medical and dental expenses (list):			Midwestern disaster relief miles before July 1		
			Midwestern disaster relief miles after July 1		
			Other than by cash or check		
			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			<b>JOB EXPENSES (list):</b>		
<b>TAXES</b>					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
			Tax preparation fees		
<b>INTEREST</b>			<b>OTHER EXPENSE (list):</b>		
Home mort. int. & points on Form 1098					
Home mort. int. not on Form 1098					
Name:					
Address:					
SSN/EIN:					
Points not reported on Form 1098			<b>MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO 2% LIMIT</b>		
Qualified mortgage insurance premiums					
Investment interest					

## Mortgage Interest

**Name:**

**SSN:**

Name: _____ SSN: _____									
TSJ		For			Business name				
Federal ID #					Product				
Recipient/Lender:					2008	2007			
Name					Mortgage interest				
Address					Points paid				
City, State, Zip					Refund overpaid interest				
Account Number					Real Estate taxes paid				
TSJ		For			Business name				
Federal ID #					Product				
Recipient/Lender:					2008	2007			
Name					Mortgage interest				
Address					Points paid				
City, State, Zip					Refund overpaid interest				
Account Number					Real Estate taxes paid				
TSJ		For			Business name				
Federal ID #					Product				
Recipient/Lender:					2008	2007			
Name					Mortgage interest				
Address					Points paid				
City, State, Zip					Refund overpaid interest				
Account Number					Real Estate taxes paid				
TSJ		For			Business name				
Federal ID #					Product				
Recipient/Lender:					2008	2007			
Name					Mortgage interest				
Address					Points paid				
City, State, Zip					Refund overpaid interest				
Account Number					Real Estate taxes paid				
TSJ		For			Business name				
Federal ID #					Product				
Recipient/Lender:					2008	2007			
Name					Mortgage interest				
Address					Points paid				
City, State, Zip					Refund overpaid interest				
Account Number					Real Estate taxes paid				

## Expenses for Business Use of Your Home

Name:

SSN:

TS

For

**Business Use of Home**

2008

2007

Area used regularly and exclusively for business

Total area of home

**Use of Home for Daycare**

2008

2007

Total hours used for daycare

Did you live in the home all year?

Yes

No

If not, enter the dates you lived in the home

**Expenses**

Expenses directly related to business use only

Total Household expenses

Did you claim office in home expenses last year?

Yes

No

2008

2007

2008

2007

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

**Cost of Home**

2008

2007

Enter the **smaller** of your home's adjusted basis or its fair market value

Does this include the value of the land?

Yes

No

Date placed in service

Value of land

## Employee Business Expense

Name:

SSN:

TS  Occupation override

### Part I - Employee Business Expense and Reimbursements

2008

2007

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

Qualifying performing artist

Fee-based state or local government official

### Business Vehicle Expenses

Vehicle Description	Vehicle 1		Vehicle 2	
	2008	2007	2008	2007
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2008				
Business miles before July 1		<b>Total miles for 2007</b>		<b>Total miles for 2007</b>
Business miles after June 30				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation method and percentage				
If an employer provided vehicle, is personal use during off duty hours permitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes", is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

