

Miscellaneous Information

Name: _____

SSN: _____

Yes No

General Information

- | Yes | No | Question |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were there any changes to your filing status or number of dependents during 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Can you or your spouse be claimed as a dependent by someone else? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur any childcare expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you have a change in residence or job location during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you move during 2008? From where? _____ Date of move _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you reside in more than one state during 2008? If yes, which states? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Would you like a copy of your tax return sent to you via email? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you receive an Economic Stimulus Payment? How much? _____
If yes, please bring IRS Notice 1378 to your appointment. |

Yes No

Income Information

- | Yes | No | Question |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you received all W-2s from all employers? How many W-2s are attached? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you use your vehicle on the job other than for commuting to work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you work out of town at any time during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any disability income during the year? \$ _____. Attach 1099-R. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Did you have any income from, or pay taxes to, a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Did you engage in any bartering transactions during 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Did you surrender any U.S. Savings Bonds during 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Did you receive any state or local income tax refunds from prior years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you or your spouse have any IRA accounts? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Did you recharacterize any IRAs this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Did you receive any type of prize, award, or gambling winnings during 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Did you receive any income not shown in this organizer? If so, please list. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Does anyone owe you money that has become uncollectible? |

Comments: _____

Miscellaneous Information

Name:

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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: _____

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		<input type="checkbox"/> Blind		<input type="checkbox"/> Active military		Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>			
Spouse's Date of Birth		<input type="checkbox"/> Blind		<input type="checkbox"/> Active military		Does your spouse want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>			
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? <input type="checkbox"/>			Minor child with income over \$850? <input type="checkbox"/>			Minor child with income over \$850? <input type="checkbox"/>		

Income Taxes Paid			Federal			State			Local		
2008 Estimates:	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											

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 checked="" type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input checked="" 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

Information on your vehicle		2008	2007	
Date placed in service				Available when off duty <input type="checkbox"/> Yes <input type="checkbox"/> No
Business miles before July 1			Total miles for 2007	Another vehicle available <input type="checkbox"/> Yes <input type="checkbox"/> No
Business miles after June 30				You have evidence <input type="checkbox"/> Yes <input type="checkbox"/> No
Commuting miles				It is written <input type="checkbox"/> Yes <input type="checkbox"/> No
Other miles				

Other Information	2008	2007
Family Health Coverage		

Income	2008	2007
Gross receipts or sales		
Returns and allowances		
Other income (list on detail worksheet)		

Cost of Goods Sold	2008	2007
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.

Name: _____ **SSN:** _____

TS Payer's name: _____ Payer's FEIN: _____

Address:

City, State, Zip	2008	2007	State	2008	2007
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld		
Report as wages on 1040	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality		
Your percentage of total distribution			Local distribution		

TS Payer's name: _____ Payer's FEIN: _____

Address:

City, State, Zip	2008	2007	State	2008	2007
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld		
Report as wages on 1040	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality		
Your percentage of total distribution			Local distribution		

Social Security Benefit Statement

		2008	2007			2008	2007			2008	2007
TS	Net benefits			Medicare premiums				Income tax withheld			
TS	Net benefits			Medicare premiums				Income tax withheld			

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:			
MEDICAL and DENTAL	2008	2007	GIFTS TO CHARITY (attach receipts)	2008	2007
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		Total miles for 2007	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		
			JOB EXPENSES (list):		
TAXES					
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		
INTEREST			OTHER EXPENSE (list):		
Home mort. int. & points on Form 1098					
Home mort. int. not on Form 1098					
Name:					
Address:					
SSN/EIN:					
Points not reported on Form 1098			MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO 2% LIMIT		
Qualified mortgage insurance premiums					
Investment interest					

Auto Expense Worksheet

Name:

SSN:

For

Profession/Product

Business name

Description

Date placed in service

Do you have another vehicle available for personal use? Yes No

Was your vehicle available for use during off hours? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

a Business miles before July 1

Business miles after June 30

b Commuting

c Other

2008

2007

Total miles for 2007

Expenses:

2008

2007

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %