



2009
Tax Organizer

Dear Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the tax services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2009 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We have furnished you a Tax Organizer to assist you in gathering the necessary information. Your completion of the Tax Organizer will help to reduce the time necessary to complete your return. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns.

Please note that in order for us to prepare your tax returns in time for you to file by the initial due date of **April 15, 2010**, we would prefer to receive your tax information by **March 15, 2010**.

It is our policy to keep records related to this engagement for seven years after which they will be destroyed. However, we do not keep any of your original records. We will return those to you upon the completion of the engagement. It is then your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies. By signing this engagement letter, you acknowledge and agree that upon the expiration of the 2009 year period, we are free to destroy our records related to this engagement.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us. You have the final responsibility for the income tax returns, and therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist.

We will render any accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

Our fee for these services will be based upon the amount of time required at our standard billing rates, which currently range from \$65 to \$240 per hour, plus out-of-pocket expenses. All invoices are due and payable upon presentation.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

If any dispute arises among the parties hereto, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association (or other association) under its Rules for Professional Accounting and Related Services Disputes before resorting to litigation. All parties shall share the costs of any mediation proceedings equally. Notwithstanding the preceding, Batten Accountancy, Inc.'s maximum liability arising for any reason relating to services rendered under this engagement shall be limited to the fees paid for these services. In the event of a claim by a third party relating to services under this engagement, you will indemnify Batten Accountancy, Inc. and its personnel from all such claims, liabilities, costs and expenses, except to the extent determined to have resulted from the intentional or deliberate misconduct of the Batten Accountancy, Inc. personnel.

We have the right to withdraw from this engagement, at our discretion, if you do not provide us with any information we request in a timely manner, refuse to cooperate with our reasonable requests or misrepresent any facts. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement. You agree to compensate us for our time and out-of-pocket expenses through the date of our withdrawal.

If the foregoing correctly sets forth your understanding of our tax engagement, please sign this letter in the space below and return it to our office. If you disagree with any of these terms, please notify us immediately.

We want to express our appreciation for this opportunity to work with you.

Sincerely

BATTEN ACCOUNTANCY, INC.

Accepted by: _____

Date: _____

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	—	—
If yes, explain: _____		
Did your address change from last year?	—	—
Can you be claimed as a dependent by another taxpayer?	—	—
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	—	—
	Yes	No
Dependent Information		
Were there any changes in dependents from the prior year?	—	—
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1,900?	—	—
Do you have dependents who must file a tax return?	—	—
Did you provide over half the support for any other person(s) during the year?	—	—
Did you pay for child care while you worked or looked for work?	—	—
Did you pay any expenses related to the adoption of a child during the year?	—	—
	Yes	No
Purchases, Sales, and Debt Information		
Did you start a new business or purchase rental property during the year?	—	—
Did you acquire a new or additional interest in a partnership or S corporation?	—	—
Did you sell, exchange, or purchase any real estate during the year?	—	—
Did you purchase or sell a principal residence during the year?	—	—
Did you foreclose or abandon a principal residence or real property during the year?	—	—
Did you acquire or dispose of any stock during the year?	—	—
Did you take out a home equity loan this year?	—	—
Did you refinance a principal residence or second home this year?	—	—
Did you sell an existing business, rental, or other property this year?	—	—
Did you incur any non-business bad debts this year?	—	—
Did you have any debts canceled or forgiven this year?	—	—
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	—	—
Did you pay any student loan interest this year?	—	—
	Yes	No
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	—	—
Did you receive any income from property sold prior to this year?	—	—
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	—	—
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, SEP, or other qualified retirement plan?	—	—
Did you make any withdrawals/contributions from/to a retirement plan (including IRA) due to Midwestern Disaster area relief?	—	—
Did you make any withdrawals from an education savings or 529 Plan account?	—	—
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	—	—
Did you receive any disability income during the year?	—	—
Did you receive any Social Security benefits during the year?	—	—
Did you receive any unemployment benefits during the year?	—	—
Did you receive tip income not reported to your employer this year?	—	—
Did any of your life insurance policies mature, or did you surrender any policies?	—	—
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	—	—
	Yes	No
Itemized Deduction Information		
Did you incur a casualty or theft loss during the year?	—	—
Do you have evidence to substantiate charitable contributions?	—	—
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	—	—
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.	—	—
Did you have an expense account or allowance during the year?	—	—
Did you use your car on the job, for other than commuting?	—	—
Did you work out of town for part of the year?	—	—

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Itemized Deduction Information, Continued		
Did you have any expenses related to seeking a new job during the year?	—	—
Did you make any major purchases during the year (cars, boats, etc.)?	—	—
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?	—	—
	Yes	No
Miscellaneous Information		
Did you make gifts of more than \$13,000 to any individual?	—	—
Did you have any educational expenses during the year?	—	—
Did you make any contributions to an education savings or 529 Plan account?	—	—
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	—	—
Did you pay long-term health care premiums for yourself or your family?	—	—
Did you pay any COBRA health care coverage continuation premiums?	—	—
Did you engage in any bartering transactions?	—	—
Are you an active participant in a pension or retirement plan?	—	—
Did you retire or change jobs this year?	—	—
Did you incur moving costs because of a job change?	—	—
Did you, your spouse, or your dependents attend a post-secondary school during the year?	—	—
Did you pay any individual as a household employee during the year?	—	—
Did you make energy efficient improvements to your main home this year?	—	—
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	—	—
Did you receive correspondence from the State or Internal Revenue Service?	—	—
If yes, explain: _____		
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	—	—
Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.	—	—

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter the following information:

Primary account:

Financial institution routing transit number _____ [1]
 Name of financial institution _____ [2]
 Your account number _____ [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) _____ [4]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [5]

Secondary account #1:

Financial institution routing transit number _____ [8]
 Name of financial institution _____ [9]
 Your account number _____ [10]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) _____ [11]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [12]

Secondary account #2:

Financial institution routing transit number _____ [15]
 Name of financial institution _____ [16]
 Your account number _____ [17]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) _____ [18]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [19]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Client Contact Information**Preparer - Enter on Screen Contact**

Taxpayer email address _____ [6]
 Spouse email address _____ [7]

	Taxpayer	Spouse
Car telephone number	_____ [8]	_____ [15]
Fax telephone number	_____ [9]	_____ [16]
Mobile telephone number	_____ [10]	_____ [17]
Pager number	_____ [11]	_____ [18]
Other:	_____ [12]	_____ [19]
Telephone number	_____ [13]	_____ [20]
Extension	_____ [14]	_____ [21]

NOTES/QUESTIONS:

Please note that not all returns qualify for electronic filing under IRS rules

If you qualify for electronic filing, mark if you would like to file the return electronically with the IRS _____[1]

Mark if you would like your return prepared and filed electronically only if you receive a refund _____[4]

Mark if you would like your return prepared and filed electronically if your refund is greater than a certain amount _____[5]

Enter the minimum refund amount here _____[6]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[7]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[2]

Spouse self-selected Personal Identification Number (PIN) _____[3]

NOTES/QUESTIONS:

If you have an overpayment of 2009 taxes, do you want the excess:

Refunded _____ [43]

Applied to 2010 estimated tax liability _____ [44]

Do you expect a considerable change in your 2010 income? (Y, N) _____ [45]

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

Do you expect a considerable change in your deductions for 2010? (Y, N) _____ [50]

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

Do you expect a considerable change in the amount of your 2010 withholding? (Y, N) _____ [55]

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

Do you expect a change in the number of dependents claimed for 2010? (Y, N) _____ [60]

If yes, please explain any differences:

_____ [61]

_____ [62]

_____ [63]

_____ [64]

2009 Federal Estimated Tax Payments

2008 overpayment applied to 2009 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/09	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/09	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/09	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/15/10	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

2009 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2008 return + _____ [3]
 2008 overpayment applied to '09 estimates + _____ [4]
 Treat calculated amounts as paid _____ [8]

	Date Paid		Amount Paid						
1st quarter payment	_____ [9]	+	_____ [10]	<table border="0" style="width: 100%; height: 100%;"> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> <tr><td style="text-align: center;">_____</td></tr> </table>	_____	_____	_____	_____	_____

2nd quarter payment	_____ [11]	+	_____ [12]						
3rd quarter payment	_____ [13]	+	_____ [14]						
4th quarter payment	_____ [15]	+	_____ [16]						
Additional payment	_____ [17]	+	_____ [18]						

2009 City Estimated Tax Payments

<p>City #1</p> <p>City name _____ [28]</p> <p>Amount paid with 2008 return + _____ [31]</p> <p>2008 overpayment applied to '09 estimates + _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p>City #2</p> <p>City name _____ [50]</p> <p>Amount paid with 2008 return + _____ [53]</p> <p>2008 overpayment applied to '09 estimates + _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
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<table border="0" style="width: 100%;"> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Date Paid</th> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Amount Paid</th> </tr> <tr> <td>1st quarter payment</td> <td>_____ [37]</td> <td style="text-align: center;">+</td> <td>_____ [38]</td> </tr> <tr> <td>2nd quarter payment</td> <td>_____ [39]</td> <td style="text-align: center;">+</td> <td>_____ [40]</td> </tr> <tr> <td>3rd quarter payment</td> <td>_____ [41]</td> <td style="text-align: center;">+</td> <td>_____ [42]</td> </tr> <tr> <td>4th quarter payment</td> <td>_____ [43]</td> <td style="text-align: center;">+</td> <td>_____ [44]</td> </tr> </table>		Date Paid		Amount Paid	1st quarter payment	_____ [37]	+	_____ [38]	2nd quarter payment	_____ [39]	+	_____ [40]	3rd quarter payment	_____ [41]	+	_____ [42]	4th quarter payment	_____ [43]	+	_____ [44]	<table border="0" style="width: 100%;"> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Date Paid</th> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Amount Paid</th> </tr> <tr> <td>1st quarter payment</td> <td>_____ [59]</td> <td style="text-align: center;">+</td> <td>_____ [60]</td> </tr> <tr> <td>2nd quarter payment</td> <td>_____ [61]</td> <td style="text-align: center;">+</td> <td>_____ [62]</td> </tr> <tr> <td>3rd quarter payment</td> <td>_____ [63]</td> <td style="text-align: center;">+</td> <td>_____ [64]</td> </tr> <tr> <td>4th quarter payment</td> <td>_____ [65]</td> <td style="text-align: center;">+</td> <td>_____ [66]</td> </tr> </table>		Date Paid		Amount Paid	1st quarter payment	_____ [59]	+	_____ [60]	2nd quarter payment	_____ [61]	+	_____ [62]	3rd quarter payment	_____ [63]	+	_____ [64]	4th quarter payment	_____ [65]	+	_____ [66]
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1st quarter payment	_____ [37]	+	_____ [38]																																						
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4th quarter payment	_____ [65]	+	_____ [66]																																						

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

<p>City #3</p> <p>City name _____ [72]</p> <p>Amount paid with 2008 return + _____ [75]</p> <p>2008 overpayment applied to '09 estimates + _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p>City #4</p> <p>City name _____ [94]</p> <p>Amount paid with 2008 return + _____ [97]</p> <p>2008 overpayment applied to '09 estimates + _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
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1st quarter payment	_____ [103]	+	_____ [104]																																						
2nd quarter payment	_____ [105]	+	_____ [106]																																						
3rd quarter payment	_____ [107]	+	_____ [108]																																						
4th quarter payment	_____ [109]	+	_____ [110]																																						

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T/S/J	Type Code (*See codes below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		+						
		Amounts						
	2	Payer						
		+						
		Amounts						
	3	Payer						
		+						
		Amounts						
	4	Payer						
		+						
		Amounts						
	5	Payer						
		+						
		Amounts						
	6	Payer						
		+						
		Amounts						
	7	Payer						
		+						
		Amounts						
	8	Payer						
		+						
		Amounts						
	9	Payer						
		+						
		Amounts						
	10	Payer						
		+						
		Amounts						

*Interest Codes	
Blank = Regular Interest	6 = ABP Adjustment
3 = Nominee Distribution	7 = Series EE & I Bond
4 = Accrued Interest	
5 = OID Adjustment	

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.
 Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T S J	Type Code	Ordinary ⁽¹⁾ Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
	1	Payer Amounts	+									
	2	Payer Amounts	+									
	3	Payer Amounts	+									
	4	Payer Amounts	+									
	5	Payer Amounts	+									
	6	Payer Amounts	+									
	7	Payer Amounts	+									
	8	Payer Amounts	+									
	9	Payer Amounts	+									
	10	Payer Amounts	+									

*Dividend Codes

Blank = Other 3 = Nominee

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [13]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [14]
 State withholding (Box 10) + _____ [15]
 Local withholding (Box 13) + _____ [17]
 Amount of rollover + _____ [19]
 Mark if distribution was due to a pre-retirement age disability _____ [21]
 Mark if distribution was from an inherited IRA _____ [22]

	Control Totals +	
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Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [13]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [14]
 State withholding (Box 10) + _____ [15]
 Local withholding (Box 13) + _____ [17]
 Amount of rollover + _____ [19]
 Mark if distribution was due to a pre-retirement age disability _____ [21]
 Mark if distribution was from an inherited IRA _____ [22]

	Control Totals +	
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Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [13]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [14]
 State withholding (Box 10) + _____ [15]
 Local withholding (Box 13) + _____ [17]
 Amount of rollover + _____ [19]
 Mark if distribution was due to a pre-retirement age disability _____ [21]
 Mark if distribution was from an inherited IRA _____ [22]

	Control Totals +	
--	-------------------------	--

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [2]

Social Security Benefits

	2009 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2009 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2009 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Portion of Tier 1 Paid in 2009 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2009 or receive any prior year benefits in 2009. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[36]
	[37]
	[38]
	[39]
	[40]

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [64]

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [3]
 Name of creditor/lender _____ [4]
 Activity identification (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835) _____ [7]

Form 1099-C Cancellation of Debt

Date canceled (Box 1) _____ [9]
 Amount of debt canceled (Box 2) + _____ [10]
 Interest if included in box 2 (Box 3) + _____ [11]
 Personally liable for repayment of the debt? (Box 5) Yes ___ [12] No ___ [13]
 Bankruptcy (if checked) (Box 6) _____ [14]
 Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]
 Balance of principal outstanding (Box 2) + _____ [17]
 Fair market value of property (Box 4) + _____ [18]
 Personally liable for repayment of the debt? (Box 5) Yes ___ [19] No ___ [20]

	Control Totals +	
--	-------------------------	--

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [64]

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [3]
 Name of creditor _____ [4]
 Activity identification (C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835) _____ [7]

Form 1099-C Cancellation of Debt

Date canceled (Box 1) _____ [9]
 Amount of debt canceled (Box 2) + _____ [10]
 Interest if included in box 2 (Box 3) + _____ [11]
 Personally liable for repayment of the debt? (Box 5) Yes ___ [12] No ___ [13]
 Bankruptcy (if checked) (Box 6) _____ [14]
 Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]
 Balance of principal outstanding (Box 2) + _____ [17]
 Fair market value of property (Box 4) + _____ [18]
 Personally liable for repayment of the debt? (Box 5) Yes ___ [19] No ___ [20]

	Control Totals +	
--	-------------------------	--

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			[9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	Control Totals +	
--	-------------------------	--

Gambling Winnings #2

Please provide all copies of Form W-2G.

2009 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			[9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	Control Totals +	
--	-------------------------	--

NOTES/QUESTIONS:

Preparer use only

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [10]	
Business address, if different from home address on Organizer Form ID:1040		
Address	_____ [13]	
City/State/Zip	_____ [14] _____ [15] _____ [16]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [17]	
If other:	_____ [19]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [20]	
If other enter explanation:	_____ [22]	

Enter an explanation if there was a change in determining your inventory:		
_____	_____ [23]	

Did you "materially participate" in this business? (Y, N)	_____ [24]	
If not, number of hours you did significantly participate	_____ [26]	
Mark if you began or acquired this business in 2009	_____ [28]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [29]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [31]	
Medical insurance premiums paid by this activity	+ _____ [33]	
Long-term care premiums paid by this activity	+ _____ [35]	
Amount of wages received as a statutory employee	+ _____ [38]	

Business Income

	2009 Information	Prior Year Information
Gross receipts or sales	+ _____ [43]	
Returns and allowances	+ _____ [45]	
Other income:		
_____	+ _____ [47]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2009 Information	Prior Year Information
Beginning inventory	+ _____ [49]	
Purchases	+ _____ [51]	
Labor:		
_____	+ _____ [53]	
_____	+ _____	
Materials	+ _____ [55]	
Other costs:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [59]	

Preparer use only

Principal business or profession _____

	2009 Information	Prior Year Information
Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs:		
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		
Mortgage (Paid to banks, etc.)	+ _____ [22]	_____
Other:		
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [28]	_____
Pension and profit sharing:		
_____	+ _____ [30]	_____
_____	+ _____	_____
Rent or lease:		
Vehicles, machinery, and equipment	+ _____ [32]	_____
Other business property	+ _____ [34]	_____
Repairs and maintenance	+ _____ [36]	_____
Supplies	+ _____ [38]	_____
Taxes and licenses:		
_____	+ _____ [40]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel, meals, and entertainment:		
Travel	+ _____ [42]	_____
Meals and entertainment	+ _____ [44]	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [46]	_____
Utilities	+ _____ [50]	_____
Wages (Less employment credit):		
_____	+ _____ [52]	_____
_____	+ _____	_____
Other expenses:		
_____	+ _____ [54]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Preparer use only Carryovers	Regular	AMT
Operating	+ _____ [63]	+ _____ [64]
Schedule D - Short-term	+ _____ [65]	+ _____ [66]
Schedule D - Long-term	+ _____ [67]	+ _____ [68]
Schedule D - 28% rate	+ _____ [69]	+ _____ [70]
Form 4797 - Part I	+ _____ [71]	+ _____ [72]
Form 4797 - Part II	+ _____ [73]	+ _____ [74]
Section 179	+ _____ [77]	

Preparer use only

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Description:	_____ [3]	
	_____ [4]	
	_____ [5]	
State postal code	_____ [6]	
Type of activity (1 = Rental real estate, 2 = Substantially nondepreciable property, 3 = Royalty)	_____ [7]	
Percentage of ownership if not 100%	_____ [9]	
Business use percentage, if not 100% (Not vacation home percentage)	_____ [11]	

Rent and Royalty Income

	2009 Information	Prior Year Information
Gross rents received	+ _____ [18]	
Gross royalties received	+ _____ [20]	

Rent and Royalty Expenses

	2009 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [22]	_____ [23]	
Auto	+ _____ [25]	_____ [26]	
Travel	+ _____ [28]	_____ [29]	
Cleaning and maintenance	+ _____ [31]	_____ [32]	
Commissions:			
_____	+ _____ [34]	_____ [36]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [37]	_____ [39]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [40]	_____ [41]	
Management fees			
_____	+ _____ [43]	_____ [45]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)	+ _____ [46]	_____ [47]	
Other mortgage interest	+ _____ [49]	_____ [50]	
Qualified mortgage insurance premiums	+ _____ [52]	_____ [53]	
Other interest:			
_____	+ _____ [55]	_____ [57]	
_____	+ _____	_____	
Repairs	+ _____ [58]	_____ [59]	
Supplies	+ _____ [61]	_____ [62]	
Taxes:			
_____	+ _____ [64]	_____ [66]	
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____ [67]	_____ [68]	
Depreciation	+ _____ [70]	_____ [71]	
Depletion	+ _____ [73]	_____ [74]	
Other expenses:			
_____	+ _____ [79]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Refinancing points paid this year:			
Description	_____ [81]		
Total points paid/Current amort (Prep use only)	_____ + _____		
Date of Refinance	_____	Reported on 1098 in 2009	

Partnerships and S Corporations

Please provide copies of Schedule K-1s showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) _____ [11]
 Tax shelter registration number _____ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-3	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) _____ [11]
 Tax shelter registration number _____ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-3	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) _____ [11]
 Tax shelter registration number _____ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-3	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Other losses - 1040 pg.1	[76]	[77]
	Comm revitalization	[78]	[79]
	Section 179	[62]	

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[64]	[65]
	Schedule D - Short-term	[66]	[67]
	Schedule D - Long-term	[68]	[69]
	Schedule D - 28% rate	[70]	[71]
	Form 4797 - Part I	[72]	[73]
	Form 4797 - Part II	[74]	[75]
	Comm revitalization	[76]	[77]

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2009	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2009	+ _____ [9]	+ _____ [10]
Enter the nondeductible contribution amount made in 2010 for use in 2009	+ _____ [11]	+ _____ [12]
Traditional IRA basis	+ _____ [13]	+ _____ [14]
Value of all your traditional IRA's on December 31, 2009:	+ _____ [15]	+ _____ [16]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

Roth IRA

Please provide copies of any 1998 through 2008 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [25]	__ [26]
Enter the total Roth IRA contributions made for use in 2009	+ _____ [27]	+ _____ [28]
Enter the total amount of Roth IRA conversion recharacterizations for 2009	+ _____ [33]	+ _____ [34]
Enter the total contribution Roth IRA basis on December 31, 2008	+ _____ [37]	+ _____ [38]
Enter the total Roth IRA contribution recharacterizations for 2009	+ _____ [39]	+ _____ [40]
Enter the Roth conversion IRA basis on December 31, 2008	+ _____ [41]	+ _____ [42]
Value of all your Roth IRA's on December 31, 2009:	+ _____ [43]	+ _____ [44]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2009 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	_____ [4]	
State postal code _____	_____ [2]	
Archer MSA contributions made in 2009 and 2010 for 2009 (Box 1)	+ _____ [6]	
Total contributions made in 2009 (Box 2)	+ _____ [7]	
Total HSA or Archer MSA contributions made in 2010 for 2009 (Box 3)	+ _____ [8]	
Rollover contribution (Box 4)	+ _____ [9]	
Fair market value of HSA, Archer MSA, or MA MSA (Box 5)	+ _____ [10]	
Box 6 -		
HSA	__ [11]	
Archer MSA	__ [12]	
MA (Medicare Advantage) MSA	__ [13]	

Additional Information

	2009 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	__ [20]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of months in qualified high deductible health plan in 2009	__ [21]	
Excess contributions for 2008 taken as constructive contributions for 2009	+ _____ [23]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [30]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____ [32]	
If self-employed, enter earned income from business under which plan was established+	_____ [35]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2009? (Y, N)	__ [39]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter any qualified HSA distribution from health flexible spending arrangement (FSA)	+ _____ [41]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA)	+ _____ [42]	

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J		2009 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received		
__ [1]	_____	+ _____ [2]	
__	_____	+	
__	_____	+	
__	_____	+	
__	_____	+	
__	_____	+	
__	_____	+	
__	_____	+	
__	_____	+	
__ [4]	Medical insurance premiums you paid*: _____	+ _____ [5]	
__	_____	+	
__	_____	+	
__	_____	+	
__ [7]	Long-term care premiums you paid*: _____	+ _____ [8]	
__	_____	+	
__ [10]	Prescription medicines and drugs: _____	+ _____ [11]	
__	_____	+	
__ [13]	Miles driven for medical items _____	_____ [14]	
	*Not entered elsewhere		

Schedule A - Tax Expenses

T/S/J		2009 Information	Prior Year Information
	State/local income taxes paid:		
__ [18]	_____	+ _____ [19]	
__	_____	+	
__	_____	+	
__	_____	+	
__	_____	+	
__	_____	+	
__	_____	+	
__	_____	+	
__	_____	+	
__ [21]	2008 state and local income taxes paid in 2009: _____	+ _____ [22]	
__	_____	+	
__	_____	+	
__ [24]	Real estate taxes paid on: _____	+ _____ [25]	
__	_____	+	
__	_____	+	
__ [27]	Personal property taxes: _____	+ _____ [28]	
__	_____	+	
__ [30]	Other taxes, such as: foreign taxes and State disability taxes _____	+ _____ [31]	
__	_____	+	
__	_____	+	
__ [38]	Sales tax paid on major purchases: _____	+ _____ [39]	
__	_____	+	
__ [41]	Sales tax paid on actual expenses: _____	+ _____ [42]	
__	_____	+	
__	_____	+	
__ [33]	Description of new motor vehicle purchased between 2/17/09 - 12/31/09: _____	_____	_____
__	_____	_____	_____

Charitable Contributions

T/S/J		2009 Information	Prior Year Information
	Contributions made by cash or check		
__ [1]	_____	+ _____ [2]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__ [4]	Volunteer miles driven _____	_____ [5]	
	Noncash items, such as: Goodwill, Salvation Army		
__ [8]	_____	+ _____ [9]	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	

Miscellaneous Deductions

T/S/J		2009 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
__ [11]	_____	+ _____ [12]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__ [14]	Union dues: _____	+ _____ [15]	
__	_____	+ _____	
__ [17]	Tax preparation fees _____	+ _____ [18]	
	Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees		
__ [20]	_____	+ _____ [21]	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__ [23]	Safe deposit box rental _____	+ _____ [24]	
	Investment expenses, other than on K1s:		
__ [26]	_____	+ _____ [27]	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__ [30]	Other expenses, not subject to the 2% AGI limitation: _____	+ _____ [31]	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__	_____	+ _____	
__ [33]	Gambling losses: (Enter only if you have gambling income) _____	+ _____ [34]	
__	_____	+ _____	

Home Mortgage Interest Subject To Limitations #1

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2009 Information	Prior Year Information
Description of loan/property _____	[2]	<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home _____	+ [5]	
Number of months loan was outstanding in 2009, if not 12 _____	[7]	
Principal paid in 2009 _____	+ [9]	
Interest paid during 2009 _____	+ [11]	
Points reported on Form 1098 for 2009 _____	+ [13]	
Grandfather debt as of 12/31/08 (or first day mortgage was outstanding) _____	+ [15]	
Grandfather debt as of 12/31/09 (or last day mortgage was outstanding) _____	+ [17]	
Home acquisition/improvement debt as of 12/31/08 (or first day mortgage was outstanding) _____	+ [19]	
Home acquisition/improvement debt as of 12/31/09 (or last day mortgage was outstanding) _____	+ [21]	
Home equity debt as of 12/31/08 (or first day mortgage was outstanding) _____	+ [23]	
Home equity debt as of 12/31/09 (or last day mortgage was outstanding) _____	+ [25]	
Average balance in 2009 of grandfather debt _____	+ [27]	
Average balance in 2009 of home acquisition/improvement debt _____	+ [29]	
Average balance for 2009 all types of debt _____	+ [31]	

	Control Totals +	
--	-------------------------	--

Home Mortgage Interest Subject To Limitations #2

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2009 information	Prior Year Information
Description of loan/property _____	[2]	<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home _____	+ [5]	
Number of months loan was outstanding in 2009, if not 12 _____	[7]	
Principal paid in 2009 _____	+ [9]	
Interest paid during 2009 _____	+ [11]	
Points reported on Form 1098 for 2009 _____	+ [13]	
Grandfather debt as of 12/31/08 (or first day mortgage was outstanding) _____	+ [15]	
Grandfather debt as of 12/31/09 (or last day mortgage was outstanding) _____	+ [17]	
Home acquisition/improvement debt as of 12/31/08 (or first day mortgage was outstanding) _____	+ [19]	
Home acquisition/improvement debt as of 12/31/09 (or last day mortgage was outstanding) _____	+ [21]	
Home equity debt as of 12/31/08 (or first day mortgage was outstanding) _____	+ [23]	
Home equity debt as of 12/31/09 (or last day mortgage was outstanding) _____	+ [25]	
Average balance in 2009 of grandfather debt _____	+ [27]	
Average balance in 2009 of home acquisition/improvement debt _____	+ [29]	
Average balance for 2009 all types of debt _____	+ [31]	

NOTES/QUESTIONS:

	Control Totals +	
--	-------------------------	--

Preparer use only

Taxpayer/Spouse (T, S) _____
 Occupation in which expenses were incurred _____
 State postal code _____

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

	2009 Information	Prior Year Information
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	___[8]	___
Was another vehicle available for personal use? (Y, N)	___[10]	___
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	___[12]	___

Vehicles #1 and #2 Actual Expenses

Vehicle 1 description _____ [16]
 Comments _____
 Vehicle 2 description _____ [44]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	_____ [19]		_____ [47]	
Total mileage	_____ [21]		_____ [49]	
Business mileage	_____ [23]		_____ [51]	
Average daily round trip commuting mileage	_____ [26]		_____ [54]	
Total commuting mileage	_____ [28]		_____ [56]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [30]		+ _____ [58]	
Vehicle rentals	+ _____ [32]		+ _____ [60]	
Inclusion amount (Preparer use only)	+ _____ [34]		+ _____ [62]	
Value of employer-provided vehicle	+ _____ [40]		+ _____ [68]	
Depreciation	+ _____ [42]		+ _____ [70]	

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description _____ [74]
 Comments _____
 Vehicle 4 description _____ [102]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	_____ [77]		_____ [105]	
Total mileage	_____ [79]		_____ [107]	
Business mileage	_____ [81]		_____ [109]	
Average daily round trip commuting mileage	_____ [84]		_____ [112]	
Total commuting mileage	_____ [86]		_____ [114]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [88]		+ _____ [116]	
Vehicle rentals	+ _____ [90]		+ _____ [118]	
Inclusion amount (Preparer use only)	+ _____ [92]		+ _____ [120]	
Value of employer-provided vehicle	+ _____ [98]		+ _____ [126]	
Depreciation	+ _____ [100]		+ _____ [128]	

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2009 Information	Prior Year Information											
Total area of home	_____ [10]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>											
Area used exclusively for business	_____ [12]												
Information for day-care facilities only:													
Total hours used for day-care during this year	_____ [14]												
Total hours used this year, if less than 8,760	_____ [16]												
Special computation for certain day-care facilities:													
Area used regularly and exclusively for day-care business	_____ [18]												
Area used partly for day-care business	_____ [20]												

List as direct expenses any expenses which are attributable only to the business part of your home.
 List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2009 Information		Prior Year Information																				
	Direct Expenses	Indirect Expenses																					
Mortgage interest	+ _____ [25]	+ _____ [26]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>																				
Mortgage insurance premiums	+ _____ [28]	+ _____ [29]																					
Real estate taxes	+ _____ [31]	+ _____ [32]																					
Excess mortgage interest and insurance premiums	+ _____ [34]	+ _____ [35]																					
Insurance	+ _____ [37]	+ _____ [38]																					
Rent	+ _____ [40]	+ _____ [41]																					
Repairs & maintenance	+ _____ [43]	+ _____ [44]																					
Utilities	+ _____ [46]	+ _____ [47]																					
Other expenses, such as: Supplies & Security system	+ _____ [49]	+ _____ [50]																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
Excess casualty losses		+ _____ [52]																					
Carryovers:																							
Operating expenses		+ _____ [53]																					
Casualty losses		+ _____ [54]																					
Depreciation		+ _____ [56]																					
Business expenses not from business use of home, such as:																							
Travel, Supplies, Business telephone expenses		+ _____ [57]																					
Depreciation		+ _____ [61]																					

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles 1 - 2

Vehicle 1 - Date placed in service _____ [5]
 Description _____ [6]
 Comments _____
 Vehicle 2 - Date placed in service _____ [41]
 Description _____ [42]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____ [10]		_____ [46]	
Commuting miles	_____ [12]		_____ [48]	
Business miles	_____ [14]		_____ [50]	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [17]	_____	_____ [53]	_____
Was another vehicle available for personal use? (Y, N)	_____ [19]	_____	_____ [55]	_____
Do you have evidence to support your deduction? (Y, N)	_____ [21]	_____	_____ [57]	_____
Is this evidence written? (Y, N)	_____ [23]	_____	_____ [59]	_____
Parking, fees and tolls	+ _____ [25]		+ _____ [61]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [27]		+ _____ [63]	
Interest	+ _____ [29]		+ _____ [65]	
Registration	+ _____ [31]		+ _____ [67]	
Property taxes	+ _____ [33]		+ _____ [69]	
Vehicle rentals	+ _____ [35]		+ _____ [71]	
Inclusion amount (Preparer use only)	+ _____ [37]		+ _____ [73]	
Depreciation	+ _____ [39]		+ _____ [75]	

Vehicles 3 - 4

Vehicle 3 - Date placed in service _____ [77]
 Description _____ [78]
 Comments _____
 Vehicle 4 - Date placed in service _____ [113]
 Description _____ [114]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____ [82]		_____ [118]	
Commuting miles	_____ [84]		_____ [120]	
Business miles	_____ [86]		_____ [122]	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [89]	_____	_____ [125]	_____
Was another vehicle available for personal use? (Y, N)	_____ [91]	_____	_____ [127]	_____
Do you have evidence to support your deduction? (Y, N)	_____ [93]	_____	_____ [129]	_____
Is this evidence written? (Y, N)	_____ [95]	_____	_____ [131]	_____
Parking, fees and tolls	+ _____ [97]		+ _____ [133]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [99]		+ _____ [135]	
Interest	+ _____ [101]		+ _____ [137]	
Registration	+ _____ [103]		+ _____ [139]	
Property taxes	+ _____ [105]		+ _____ [141]	
Vehicle rentals	+ _____ [107]		+ _____ [143]	
Inclusion amount (Preparer use only)	+ _____ [109]		+ _____ [145]	
Depreciation	+ _____ [111]		+ _____ [147]	

Child and Dependent Care Expenses

Please enter all amounts paid in 2009 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2008 employer-provided dependent care benefits used during 2009 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2009	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2009		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2009 + _____ [7]

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2009 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2009 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2009 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2009 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2009 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2009 + _____

The American Recovery and Reinvestment Act of 2009 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property.

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)	_____	[2]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____	[3]
Enter the total amount of cost for exterior windows	+ _____	[4]
Enter the total amount of costs for exterior doors	+ _____	[5]
Enter the total amount of costs for qualified metal roofs	+ _____	[6]
Enter the total amount of costs for energy-efficient building property	+ _____	[7]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+ _____	[9]
Enter the total amount of costs for qualified solar electric property	+ _____	[10]
Enter the total amount of costs for qualified solar water heating property	+ _____	[11]
Enter the total amount of costs for qualified small wind energy property	+ _____	[12]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____	[13]
Enter the total amount of costs for qualified fuel cell property	+ _____	[14]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_____	[15]

NOTES/QUESTIONS:

California General Information

Mark if different from prior year return:

Prior year last name		Social security number(s)	____[3]
Taxpayer	_____ [1]	Address	_____ [4]
Spouse	_____ [2]	Filing status	_____ [5]

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund	_____ [6]	Peace Officer Memorial Foundation Fund	_____ [14]
Alzheimer's Disease/Related Disorders Fund	_____ [7]	Military Family Relief Fund	_____ [15]
Fund for Senior Citizens	_____ [8]	Sea Otter Fund	_____ [16]
Rare and Endangered Species Preservation Program	_____ [9]	Ovarian Cancer Research Fund	_____ [17]
Children's Trust Fund for the Prevention of Child Abuse	_____ [10]	Municipal Shelter Spay-Neuter Fund	_____ [18]
Breast Cancer Research Fund	_____ [11]	Cancer Research Fund	_____ [19]
Firefighters' Memorial Fund	_____ [12]	ALS Lou Gehrig's Disease Research Fund	_____ [20]
Emergency Food for Families Fund	_____ [13]		

Renter Information

Number of months rented principal residence in California in 2009	_____ [21]
Lived with person claiming dependency exemption for more than 6 months (Dependent of another only)	_____ [22]
Property rented was exempt from property tax in 2009	_____ [23]
Taxpayer claimed homeowner's property tax exemption in 2009	_____ [24]
Spouse claimed homeowner's property tax exemption during 2009	_____ [25]
Maintained separate residences for the entire year	_____ [26]

Addresses if more than one or different from mailing address

Address	_____ [27]		
City	_____	_____	
State	_____	_____	
Zip Code	_____	_____	
Date Rented From	_____	_____	
Date Rented To	_____	_____	

Landlord information

Name	_____ [28]		
Address	_____	_____	
City	_____	_____	
State	_____	_____	
Zip Code	_____	_____	
Telephone	_____	_____	

NOTES/QUESTIONS:

California Residency Information

Part-year, Nonresident only

	Taxpayer	Spouse
Enter the total number of days in California	_____ [1]	_____ [2]
Mark if owned CA home/property	_____ [3]	_____ [4]
If you became a resident:		
Enter the date of your move	_____ [5]	_____ [6]
Enter your state of prior residency	_____ [7]	_____ [8]
If you became a nonresident:		
Enter the date of your move	_____ [9]	_____ [10]
Enter your new state of residency	_____ [11]	_____ [12]
If you were a nonresident for the entire tax year:		
Enter your state of residency	_____ [13]	_____ [14]
Country of residence (If outside the USA)	_____ [15]	_____ [16]

Prior Year Residency Information

	Taxpayer	Spouse
If you were previously a resident, enter dates:		
From	_____ [17]	_____ [18]
To	_____ [19]	_____ [20]
Enter the date you entered California	_____ [21]	_____ [22]
Enter the date you left California	_____ [23]	_____ [24]

Military Personnel

Part-year, Nonresident only

	Taxpayer	Spouse
Enter your state of domicile	_____ [25]	_____ [26]
Enter the state where you were stationed	_____ [27]	_____ [29]
Enter the country where stationed (If outside the USA)	_____ [28]	_____ [30]

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____ [31]	_____ [32]
Date returned from overseas or combat zone/QHDA	_____ [33]	_____ [34]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	_____ [35]	_____ [36]
Combat Zone/QHDA Operation/Area served		
Taxpayer	_____ [37]	
Spouse	_____ [38]	

NOTES/QUESTIONS: