

December 15, 2008



BARTON BLACK, CPA  
103 S BONHAM DR  
ALLEN, TX 75013-2729

\_\_\_\_\_ and \_\_\_\_\_

,

Dear \_\_\_\_\_ and \_\_\_\_\_:

I appreciate the opportunity to work with you on your income tax forms. This letter is for confirming and specifying the terms of the work I will do for you and to clarify the nature and extent of the services I will provide. In order to ensure a complete understanding of our mutual responsibilities, I ask all clients for whom tax forms are prepared to confirm the following arrangements. **Please sign and return this letter to me, even if you do not use the organizer worksheets.**

I will prepare your 2008 federal and any requested state income tax forms from information you will furnish. I 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. If you prefer, I will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of these forms will assist me in keeping pertinent information from being omitted, and will help me work more efficiently, allowing me to keep your fee to a minimum. Please notify me of changes in filing status, dependents, or other important matters. In some cases, prior year data is included on the worksheets for your reference.

It is your responsibility to provide all the information required for the preparation of complete and accurate tax forms. You should retain all the documents and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the forms to a taxing authority. **You have the final responsibility for the tax forms and, therefore, you should review them carefully before you sign them to make sure I have interpreted your data correctly.**

My work in connection with the preparation of your income tax forms does not include any procedures designed to discover defalcations or other irregularities, should any exist. I will render such accounting and bookkeeping assistance as determined to be necessary for the preparation of the income tax forms.

I will use professional judgement in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, I will resolve such questions in your favor whenever possible. **Recent IRS rules have imposed strict requirements on me in this area.**

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact me. Your forms may be selected for review by the taxing authorities. Any proposed adjustments are subject to certain rights of appeal. In the event of such government examination, I will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

My fee for these services will be based on the amount of time required at my standard billing rate plus out of pocket expenses. My hourly rate remains unchanged at \$200. All invoices are due and payable at the time you receive your forms from me. For your convenience, I accept cash, check, Visa, Mastercard, and Discover. On rare occasions, I allow a client to pick up a tax form without paying for it now, with the understanding that the client will return promptly with the payment. If payment is not received within 48 hours of pickup, I will charge an additional \$50 fee and commence interest at 18% APR. Accounts are also subject to any collection fees I incur in collecting payment from you.

Before beginning work on your tax forms, I request a deposit of \$175 and a copy of this signed letter. If you do not bring your deposit with your tax information, you will not be entitled to any of the discounts I offer during tax seasons as incentives.

**I offer a 10% DISCOUNT to my clients who bring me ALL their tax information and their deposit and this signed letter by February 12.** The deposit is only \$155 when you meet that deadline. Using the worksheets also keeps your fee at a minimum. IRS granted securities firms an extra 15 days to mail out 1099s this year, but did not give us extra time to file tax returns. You must have all information except broker 1099s to me by February 12 to receive the discount. Please bring me your broker 1099 promptly.

Based on experience, I should be able to complete all tax forms on time for those clients who bring me ALL their information by March 10. I will file an extension for free for all clients who bring me all their tax information and deposit between March 11 and April 10. The normal charge for filing an extension is \$15. Extensions can be complicated and can involve estimating your tax. Please contact me by March 10 if you know you will need an extension, so I can prepare it accurately.

**If the above fairly sets forth your understanding, please sign this letter in the space indicated and return it with your tax return data to my office.** If there are other tax forms you expect me to prepare, such as children's, gift, or property tax, please inform me by noting so at the end of this letter, near your signature.

I welcome all referrals and have a nice gift for you if your referral becomes a client. Thank you for your confidence in me.

Sincerely,



Barton Black, CPA

Tax engagement accepted by: \_\_\_\_\_

Date: \_\_\_\_\_



103 S BONHAM DR  
ALLEN, TX 75013-2729

## PRIVACY POLICY

CPAs, like all providers of personal financial services, inform clients of policies regarding privacy of client information. CPAs are bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, I have always protected your right to privacy.

## TYPES OF NONPUBLIC PERSONAL INFORMATION I COLLECT

I collect nonpublic personal information about you that is either provided to me by you or obtained by me with your permission.

## PARTIES TO WHOM I DISCLOSE INFORMATION

I do not disclose any nonpublic personal information obtained in the course of my practice except as required or permitted by law. Permitted disclosures include, for example, providing information to my employees, and, in limited situations, to unrelated third parties who need to know that information to assist me in providing services to you. In all such circumstances, I stress the confidential nature of the information being shared.

## PROTECTING THE CONFIDENTIALITY AND SECURITY OF CLIENT INFORMATION

I retain records relating to professional services that I provide so that I am better able to assist you with your needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, I maintain physical, electronic, and procedural safeguards that comply with my professional standards.

Please call if you have any questions, because your privacy, my professional ethics, and the ability to provide you with quality services are very important to me.

<b>2008</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
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**BARTON BLACK, CPA**  
 103 S BONHAM DR  
 ALLEN, TX 75013-2729  
 Telephone number: (972) 727-2829  
 Fax number: [972] 727-2949  
 E-mail address: bb@7cpatax.com

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2008 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table) . . . . .	2	<p align="center"><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse. . . . .		
	Year spouse died, if qualifying widow(er) (2006 or 2007). . . . .		
Taxpayer	First name and initial . . . . .	_____	
	Last name . . . . .	_____	
	Title/suffix . . . . .	_____	
	Social security number. . . . .	_____	
	Occupation . . . . .	_____	
	Date of birth (m/d/y) . . . . .	_____	
	Date of death (m/d/y) . . . . .	_____	
1=blind. . . . .	_____		
Spouse	First name and initial . . . . .	_____	
	Last name . . . . .	_____	
	Title/suffix . . . . .	_____	
	Social security number. . . . .	_____	
	Occupation . . . . .	_____	
	Date of birth (m/d/y) . . . . .	_____	
	Date of death (m/d/y) . . . . .	_____	
1=blind. . . . .	_____		
Address	In care of. . . . .	_____	
	Street address . . . . .	_____	
	Apartment number. . . . .	_____	
	City. . . . .	_____	
	State. . . . .	_____	
Foreign Address	ZIP code . . . . .	_____	
	Region . . . . .	_____	
	Postal code. . . . .	_____	
Country. . . . .	_____		

Please add, change or delete information for 2008.

**CLIENT INFORMATION**

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

<b>2008</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
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Please add, change or delete information for 2008.

**DEPENDENTS**

	Dependent 1	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Social security number .....		
Relationship .....		
Months lived at home .....	12	
Type of dependent (see table) .....	1	
Earned income credit (see table) .....	1	
Claimed by: 1=taxpayer, 2=spouse .....	1	

**Type of Dependent**

- 1 = Child living w/taxpayer
- 2 = Child not living w/taxpayer
- 3 = Dependent other than child
- 4 = Head of household only, not a dependent
- 5 = Earned income credit only, not a dependent

	Dependent	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Social security number .....		
Relationship .....		
Months lived at home .....		
Type of dependent (see table) .....		
Earned income credit (see table) .....		
Claimed by: 1=taxpayer, 2=spouse .....		

**Earned Income Credit**

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled age 19 or older
- 4 = Force
- 5 = Suppress

	Dependent	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Social security number .....		
Relationship .....		
Months lived at home .....		
Type of dependent (see table) .....		
Earned income credit (see table) .....		
Claimed by: 1=taxpayer, 2=spouse .....		

	Dependent	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Social security number .....		
Relationship .....		
Months lived at home .....		
Type of dependent (see table) .....		
Earned income credit (see table) .....		
Claimed by: 1=taxpayer, 2=spouse .....		

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If any of the following items pertain to you or your spouse for 2008, please check the appropriate box and provide additional information if necessary.

### PERSONAL INFORMATION

Yes      No

- Did your marital status change during the year?
- Did your address change during the year?
- Could you be claimed as a dependent on another person's tax return for 2008?

### DEPENDENTS

- Were there any changes in dependents? **If one of your children claims him/herself as a dependent, you cannot also claim that dependent exemption.**
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2008?
- Did you have any children under age 19 or full-time students under age 24 at the end of 2008, with with interest and dividend income in excess of \$900, or total investment income in excess of \$1,800?
- Did you pay for child care while you worked?
- Did you adopt or begin adoption proceedings in 2007 or 2008?
- Has the IRS sent you Form 8836, Qualifying Children Residency Statement?

### INCOME

- Did you receive unreported tip income of \$20 or more in any month?
- Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- Did you receive any disability income?
- Did you have any foreign income or pay any foreign taxes?
- Did you receive grants of stock options from your employer, exercise any stock options, or dispose of any stock acquired under a qualified employee stock purchase plan?

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**Miscellaneous Questions**

Have you received a punitive damage award or an award for damages other than for personal injuries or illness?

Did you engage in any bartering transactions?

**PURCHASES, SALES AND DEBT**

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

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

Did you buy or sell any stocks, bonds or other investment property in 2008?

**Did you sell or do you plan to sell any dividend-generating stocks or mutual funds during the first 60 days of 2009?**

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

Did you add energy efficient property to your home in 2008? Energy efficient property specifically refers to solar energy, solar water heating, fuel cell, small wind energy or a geothermal heat pump.

Did you purchase a new hybrid vehicle in 2008?

Did you have any debts cancelled or forgiven?

Did anyone owe you money which had become uncollectible?

**RETIREMENT PLANS**

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

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

Did you receive a distribution from a retirement plan that was subsequently rolled over into another retirement account within 60 days of receiving the distribution? If so, I need to see the Form 1099R.

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

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**Miscellaneous Questions**

- Did you receive a distribution from a retirement plan in order to pay medical bills or higher education costs or to purchase a home?

**EDUCATION**

- Did you, your spouse, or a dependent receive a distribution from an Education Savings Account or a Qualified Tuition Program?
- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
- Did you pay any student loan interest?

**ITEMIZED DEDUCTIONS**

- Did you incur a loss because of damaged or stolen property?
- Did you work out of town for part of the year?
- Did you use your car on the job (other than to and from work)?
- Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?

**ESTIMATED TAXES**

- Did you apply an overpayment of 2007 taxes to your 2008 estimated tax (instead of being refunded)?
- If you have an overpayment of 2008 taxes, do you want the excess applied to your 2009 estimated tax (instead of being refunded)?
- Do you expect your 2009 taxable income and withholdings to be different from 2008?

**MISCELLANEOUS**

- I am encouraging all clients to electronically file this year. Do you want to electronically file your tax return?
- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?

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## Miscellaneous Questions

- Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
- Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
- Was your home rented out or used for business?
- Did you sell your home in 2008?
- Did you (or someone on your behalf, including your employer) make contributions to a health savings account (HSA) this year? Or, did you receive an HSA distribution or acquire an interest in an HSA due to the death of the account beneficiary?
- Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
- Did you incur moving expenses due to a change of employment?
- Did you engage the services of any household employees(maid, child care, etc.)?
- Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
- Did you or your spouse make any gifts to an individual that total more than \$12,000, or any gifts to a trust?
- Were you or was any of your property located in a federally declared disaster area, such as those affected by the Midwest flooding or Hurricanes Gustav or Ike?
- Did you purchase a new vehicle in 2008?
- Did you receive the Stimulus payment in 2008, or was the Stimulus payment used to offset taxes due? If so, the amount of the stimulus payment was \$\_\_\_\_\_

Please enter all pertinent 2008 information.

**STIMULUS PAYMENT / DIRECT DEPOSIT OF REFUND / ELECTRONIC PAYMENT (3)**

Stimulus payment received from IRS .....		
1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

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

**2008 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2008 Voucher Amount
Overpayment applied from 2007 .....				
1st quarter payment (due 4/15/08) .....				
2nd quarter payment (due 6/16/08) .....				
3rd quarter payment (due 9/15/08) .....				
4th quarter payment (due 1/15/09) .....				

Additional Estimated Tax Payments				

Paid with extension (not later than 4/15/09) .....				
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**State**

	Amount Paid	Date Paid	TS	2008 Voucher Amount
Overpayment applied from 2007 .....				
1st quarter payment (due 4/15/08) .....				
2nd quarter payment (due 6/16/08) .....				
3rd quarter payment (due 9/15/08) .....				
4th quarter payment (due 1/15/09) .....				

Additional Estimated Tax Payments				

Paid with extension (not later than 4/15/09) .....				
--	--	--	--	--

**1 Type of Account**

1 = Savings  
2 = Checking

**2 Type of Investment**

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

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2008 information.

**APPLICATION OF 2008 OVERPAYMENT (7.1)**

If you have an overpayment of 2008 taxes, do you want the excess refunded?  or applied to 2009 estimate?

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2009 ESTIMATED TAX INFORMATION**

Do you expect your 2009 taxable income to be different from 2008? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2009 withholding to be different from 2008? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hash Total

7.1

<b>2008</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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Please enter all pertinent 2008 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2007 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	
1	.									

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/08	2007 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE	1=spouse						
1	.								

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2007 Winnings
				Federal (Box 2)	State (Box 14)	

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

	<b>2008 Amount</b>	<b>TS</b>	<b>2007 Amount</b>
Total gambling losses .....			
Winnings not reported on Form W-2G .....			

**10, 13.1, 13.2**

<b>2008</b>	<b>1040</b>	<b>US</b>	<b>Interest &amp; Dividend Income</b>	<b>11, 12</b>
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Please enter all pertinent 2008 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**INTEREST INCOME (11)**

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2007 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		
1	.								

**DIVIDEND INCOME (12)**

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2007 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		
1	.									

**Please enter all pertinent 2008 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.**

**MISCELLANEOUS INCOME**

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
Tier 1 RR retirement benefits (RRB-1099, box 5)...				
1=lump-sum election for SS benefits.....				
Alimony received.....				
Taxable scholarships and fellowships.....				
Jury duty pay				
Household employee income not on W-2.....				
Excess minister's allowance.....				
Alaska permanent fund dividends.....				
Income from rental of personal property.....				
Income subject to S/E tax:				
_____				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3)				
_____				
_____				
_____				
_____				
_____				

**TAX WITHHELD** (not entered elsewhere)

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

<b>2008</b>	<b>1040</b>	<b>US</b>	<b>Education Distributions (ESA's and QTP's)</b>	<b>14.3</b>
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**Please enter all pertinent 2008 amounts and attach all 1099-Q forms.  
Enter qualified education expenses below that are not entered elsewhere.  
Last year's amounts are provided for your reference.**

**ESA'S AND QTP'S (Form 1099-Q)**

		2008 Amount	2007 Amount
No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
	2008 contributions to this ESA.....		
Value of this account at 12/31/08 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/07.....			

No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
	2008 contributions to this ESA.....		
Value of this account at 12/31/08 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/07.....			

No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
	2008 contributions to this ESA.....		
Value of this account at 12/31/08 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/07.....			

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

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

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

INCOME

	2008 Amount	2007 Amount
Gross receipts or sales (Form 1099-MISC, box 7) .....		
Returns and allowances .....		
Other income:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

COST OF GOODS SOLD

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

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2008 Amount	2007 Amount
Accounting .....		
Advertising .....		
Answering service .....		
Bad debts from sales or service .....		
Bank charges .....		
Car and truck expenses (not entered elsewhere) .....		
Commissions .....		
Contract labor .....		
Delivery and freight .....		
Dues and subscriptions .....		
Employee benefit programs .....		
Insurance (other than health) .....		
Mortgage interest (paid to banks, etc.) .....		
Other interest (not entered elsewhere) .....		
Janitorial .....		
Laundry and cleaning .....		
Legal and professional .....		
Miscellaneous .....		
Office expense .....		
Outside services .....		
Parking and tolls .....		
Pension and profit sharing plans - contributions .....		
Pension and profit sharing plans - admin. and education costs .....		
Postage .....		
Printing .....		
Rent - vehicles, machinery, & equipment (not entered elsewhere) .....		
Rent - other .....		
Repairs .....		
Security .....		
Supplies .....		
Taxes - real estate .....		
Taxes - payroll .....		
Taxes - sales tax included in gross receipts .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Tools .....		
Travel .....		
Total meals and entertainment in full (50%) .....		
Department of Transportation meals in full (75%) .....		
Uniforms .....		
Utilities .....		
Wages .....		

Other expenses:

_____		
_____		
_____		
_____		
_____		

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

<b>2008</b>	<b>1040</b>	<b>US</b>	<b>Capital Gains &amp; Losses (Schedule D)</b>	<b>17</b>
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**If you sold any stocks, bonds, or other investment property in 2008, please list the pertinent information for each sale below or provide a spreadsheet file with this information.  
Be sure to attach all 1099-B forms and brokerage statements.**

No.	Quantity (Box 5)	Description of Property (Box 7)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								

**If you sold your home or moved in 2008, please complete the information below.  
For the sale of home, please provide Form 1099-S and closing statements from  
the purchase and sale of your home.**

**SALE OF HOME (17)**

Description of property (Box 3) .....	
Date acquired (m/d/y) .....	
Date sold (m/d/y) (Box 1) .....	
Sales price (Box 2) .....	
1=sale of home .....	
1=owned and used property as main home for at least 2 of 5 years before sale .....	
1=business use in year of sale .....	

**Adjusted Basis**

Original cost .....	
Improvements:	
_____	
_____	
_____	
Adjusted basis .....	

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

_____	
_____	
_____	
Total expenses of sale .....	

**Reduced Exclusion**

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

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

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

1=spouse, 2=joint .....	
1=armed forces move due to permanent change of station .....	
Miles from old home to new work place .....	
Miles from old home to old work place .....	
Expenses for transportation and storage of household goods and personal effects .....	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile) .....	
Parking fees and tolls .....	
Gas and oil .....	
Miles driven to new home (1/1/08 - 6/30/08) .....	
Miles driven to new home (7/1/08 - 12/31/08) .....	

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

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

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

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

INCOME

	2008 Amount	2007 Amount
Rents received (Form 1099-MISC, box 1) .....	<input type="text"/>	<input type="text"/>
Royalties received (Form 1099-MISC, box 2) .....	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

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

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

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

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**OIL AND GAS**

	2008 Amount	2007 Amount
Production type (preparer use only) .....		
Cost depletion .....		
Percentage depletion rate or amount .....		
State cost depletion, if different (-1 if none) .....		
State % depletion rate or amount, if different (-1 if none) .....		

**VACATION HOME**

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

**INDIRECT EXPENSES**

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

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

Other:

_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		





Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2008 Amount	2007 Amount
Description of vehicle .....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use .....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner .....		
Number of months your job required a vehicle (if not 12 months).....		

**AUTOMOBILE MILEAGE**

Total mileage .....		
Business mileage (1/1/08 - 6/30/08) .....		
Business mileage (7/1/08 - 12/31/08) .....		
Commuting mileage.....		
Average daily round-trip commute.....		

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only) .....		
Gasoline, lube, oil .....		
Repairs .....		
Tires .....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes) .....		
Personal property taxes (based on car's value) .....		
Interest (car loan) (for Schedule C, E & F) .....		
Vehicle rent or lease payments .....		
Inclusion amount (enter as positive) .....		
Value of employer-provided vehicle on Form W-2 (2106).....		

Please enter all pertinent 2008 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older) . . . . .				
Contributions made to date . . . . .				
1=covered by plan, 2=not covered . . . . .				
2008 payments from 1/1/09 to 4/15/09 . . . . .				

**ROTH IRA CONTRIBUTIONS**

	2008 Amount	2007 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older) . . . . .		
Contributions made to date . . . . .		

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) . . . . .				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) . . . . .				
Defined benefit contributions you expect to make . . . . .				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) . . . . .				
Plan contribution rate if not .25 (.xxxx) . . . . .				
Individual 401k: SE elective deferrals (except Roth) (1=max.) . . . . .				
Individual 401k: SE designated Roth contributions (1=max.) . . . . .				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum) . . . . .				
Employer matching rate if not .03 (.xxxx) . . . . .				
1=nonelective contributions (2%) . . . . .				
Contributions made to date . . . . .				

**ADJUSTMENTS TO INCOME**

	2008 Amount	2007 Amount
	Taxpayer	Spouse
Self-employed health insurance:		
Total premiums (excluding long-term care) . . . . .		
Long-term care premiums . . . . .		
Student loan interest paid (1098-E, box 1) . . . . .		
Educator expenses (kindergarten thru grade 12) . . . . .		
Jury duty pay given to employer . . . . .		
Expenses from rental of personal property . . . . .		
Other adjustments to income:		
_____		
_____		
_____		

Alimony paid:	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Recipient's first name . . . . .				
Recipient's last name . . . . .				
Recipient's SSN . . . . .				
Amount paid . . . . .				
		2007 amt:		2007 amt:

Please enter all pertinent 2008 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**MEDICAL AND DENTAL EXPENSES**

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

	2008 Amount	TS	2007 Amount
Prescription medicines and drugs .....			
Doctors, dentists and nurses .....			
Hospitals and nursing homes .....			
Insurance premiums not entered elsewhere (excl. long-term care & amts. paid w/pre-tax dollars) .....			
Long-term care premiums - taxpayer .....			
Long-term care premiums - spouse .....			
Insurance reimbursement (enter as a positive number) .....			
Lodging and transportation:			
Out-of-pocket expenses .....			
Medical miles driven (1/1/08 - 6/30/08) .....			
Medical miles driven (7/1/08 - 12/31/08) .....			
Other medical and dental expenses:			
_____			
_____			
_____			

**TAXES PAID** (State and local withholding and 2008 estimates are automatic.)

State income taxes - 1/08 payment on 2007 state estimate .....			
State income taxes - paid with 2007 state extension .....			
State income taxes - paid with 2007 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/08 payment on 2007 city/local estimate .....			
City/local income taxes - paid with 2007 city/local extension .....			
City/local income taxes - paid with 2007 city/local return .....			

**SALES AND USE TAXES PAID**

State and local sales taxes .....			
Use taxes paid on 2008 purchases .....			
Use taxes paid with 2007 state return .....			
Taxes paid on vehicles, boats, and aircraft .....			

**OTHER TAXES PAID**

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

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

**INTEREST PAID**

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

	2008 Amount	TS	2007 Amount
_____			
_____			
_____			

Home mortgage interest not reported on Form 1098:

Payee's name . . . . .	_____		
Payee's SSN or FEIN. . . . .	_____		
Payee's street address. . . . .	_____		
Payee's city, state, ZIP . . . . .	_____		
Amount paid . . . . .			

Points not reported on Form 1098:

_____			
_____			
_____			

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


Investment interest (interest on margin accounts):

_____			
_____			
_____			

Passive interest . . . . .


Certain home mortgage interest included above (6251) . . . . .


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

**CASH CONTRIBUTIONS**

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

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

Contributions by cash or check:

_____			
_____			
_____			
_____			
_____			

Contributions above made for Midwestern disaster relief . . . . .

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Midwestern disaster relief miles (5/2/08 - 6/30/08) . . . . .

Midwestern disaster relief miles (7/1/08 - 12/31/08) . . . . .


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

Contributions by cash or check:

_____			
_____			
_____			
_____			
_____			

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Midwestern disaster relief miles (5/2/08 - 6/30/08) . . . . .

Midwestern disaster relief miles (7/1/08 - 12/31/08) . . . . .


Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

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

50% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2008 Amount	TS	2007 Amount

30% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


**MISCELLANEOUS DEDUCTIONS** (subject to 2% AGI limit)

Union and professional dues.....

--	--	--

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Investment expense:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Tax return preparation fee.....

Safe deposit box rental.....


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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_




If your total noncash contributions are in excess of \$500 in 2008, please complete the information below for each donee using the following guidelines:

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

**DONATED PROPERTY INFORMATION**

No. <input style="width: 40px;" type="text"/>	Name of charitable organization (donee) .....		
	Street address .....		
	City, state, ZIP code .....		
	1=spouse, 2=joint .....		
	Property description .....		
	Date of contribution (m/d/y) * .....		
	Date acquired by donor (m/y) * .....		
	How acquired by donor (Table 1 or describe) .....		
	Donor's cost or basis .....		
	Fair market value .....		
Method used to determine FMV (Table 2 or describe) .....			

No. <input style="width: 40px;" type="text"/>	Name of charitable organization (donee) .....		
	Street address .....		
	City, state, ZIP code .....		
	1=spouse, 2=joint .....		
	Property description .....		
	Date of contribution (m/d/y) * .....		
	Date acquired by donor (m/y) * .....		
	How acquired by donor (Table 1 or describe) .....		
	Donor's cost or basis .....		
	Fair market value .....		
Method used to determine FMV (Table 2 or describe) .....			

No. <input style="width: 40px;" type="text"/>	Name of charitable organization (donee) .....		
	Street address .....		
	City, state, ZIP code .....		
	1=spouse, 2=joint .....		
	Property description .....		
	Date of contribution (m/d/y) * .....		
	Date acquired by donor (m/y) * .....		
	How acquired by donor (Table 1 or describe) .....		
	Donor's cost or basis .....		
	Fair market value .....		
Method used to determine FMV (Table 2 or describe) .....			

**1 How Property was Acquired**

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

**2 Method Used to Determine FMV**

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

For other methods, see IRS Pub. 561.

Please enter 2008 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

	2008 Amount	2007 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home.  
They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Other indirect expenses:		
_____		
_____		
_____		

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include  
painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		
_____		
_____		
_____		

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Occupation, if different from Form 1040.....

Form.....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.).....	<input type="text"/>	
1=spouse.....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	

**EMPLOYEE BUSINESS EXPENSES**

	2008 Amount	2007 Amount
Meal and entertainment expenses.....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1.....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (75% meal allowance).....	<input type="text"/>	
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight.....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2008 Amount	2007 Amount
1=vehicle used primarily by more than 5% owner .....		
1=vehicle is available for off-duty personal use .....		
1=no other vehicle is available for personal use.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		

VEHICLE 1

Description of vehicle .....		
Date placed in service (m/d/y) .....		
Total mileage .....		
Business mileage (1/1/08 - 6/30/08) .....		
Business mileage (7/1/08 - 12/31/08) .....		
Commuting mileage.....		
Average daily round-trip commute.....		
Number of months of vehicle business use (if not 12).....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil .....		
Repairs.....		
Tires .....		
Insurance.....		
Miscellaneous .....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

VEHICLE 2

Description of vehicle .....		
Date placed in service (m/d/y) .....		
Total mileage .....		
Business mileage (1/1/08 - 6/30/08) .....		
Business mileage (7/1/08 - 12/31/08) .....		
Commuting mileage.....		
Average daily round-trip commute.....		
Number of months of vehicle business use (if not 12).....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil .....		
Repairs.....		
Tires .....		
Insurance.....		
Miscellaneous .....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E and F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

2008

1040

US

Health Savings Accounts (8889)

32.1

Please enter all pertinent 2008 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.

**HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2008, a high deductible health plan is one with an annual deductible that is not less than \$1,100 for self-only coverage or \$2,200 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,600 for self-only coverage or \$11,200 for family coverage.

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage. ....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum) .....				
Contributions included above that were made after you became eligible for medicare .....				
Contributions made to date. ....				

**HSA DISTRIBUTIONS**

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

32.1

Please enter all pertinent 2008 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2008 . . .				
Employer-provided benefits forfeited in 2008 . . . . .				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2008 . . . . .		<b>2007 amt:</b>
	1=disabled . . . . .		
1=spouse, 2=joint . . . . .			

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2008 . . . . .		<b>2007 amt:</b>
	1=disabled . . . . .		
1=spouse, 2=joint . . . . .			

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2008 . . . . .		<b>2007 amt:</b>
	1=disabled . . . . .		
1=spouse, 2=joint . . . . .			

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .		
	Street address . . . . .		
	City, state, ZIP code . . . . .		
	Identification number (SSN or EIN) . . . . .		
	Amount paid to care provider in 2008 . . . . .		<b>2007 amt:</b>
	1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .		
	Street address . . . . .		
	City, state, ZIP code . . . . .		
	Identification number (SSN or EIN) . . . . .		
	Amount paid to care provider in 2008 . . . . .		<b>2007 amt:</b>
	1=spouse, 2=joint . . . . .		

Please enter all pertinent 2008 information. Last year's amounts are provided for your reference.

**ELIGIBLE CHILDREN**

2008 Amount

2007 Amount

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1991 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2008.....			
	Qualified Adoption Expenses Paid in	2007 for adoption not finalized by end of 2008.....		
		1997-2001 for adoption of foreign child finalized in 2008.....		
2007 and 2008 for adoption finalized in 2008.....				
2008 for adoption finalized before 2008.....				
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1991 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2008.....			
	Qualified Adoption Expenses Paid in	2007 for adoption not finalized by end of 2008.....		
		1997-2001 for adoption of foreign child finalized in 2008.....		
2007 and 2008 for adoption finalized in 2008.....				
2008 for adoption finalized before 2008.....				
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1991 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2008.....			
	Qualified Adoption Expenses Paid in	2007 for adoption not finalized by end of 2008.....		
		1997-2001 for adoption of foreign child finalized in 2008.....		
2007 and 2008 for adoption finalized in 2008.....				
2008 for adoption finalized before 2008.....				
1=spouse, 2=joint.....				

Please complete the information below if you paid qualified education expenses in 2008 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.  
Last year's amounts are provided for your reference.

**PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.**

		2008 Amount	2007 Amount
<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name .....	
		Last name .....	
		Social security number .....	
		1=hope credit, 2=lifetime learning credit .....	
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere) .....		
	Amount of prior year refund or assistance* .....		
<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name .....	
		Last name .....	
		Social security number .....	
		1=hope credit, 2=lifetime learning credit .....	
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere) .....		
	Amount of prior year refund or assistance* .....		
<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name .....	
		Last name .....	
		Social security number .....	
		1=hope credit, 2=lifetime learning credit .....	
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere) .....		
	Amount of prior year refund or assistance* .....		
<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name .....	
		Last name .....	
		Social security number .....	
		1=hope credit, 2=lifetime learning credit .....	
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere) .....		
	Amount of prior year refund or assistance* .....		
<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	
		First name .....	
		Last name .....	
		Social security number .....	
		1=hope credit, 2=lifetime learning credit .....	
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere) .....		
	Amount of prior year refund or assistance* .....		

\*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please enter all pertinent 2008 amounts & attach all 1099-INT and 1099-DIV forms. Last year's amounts are provided for your reference.

CHILD'S INFORMATION

Form with fields for Child's Information: First name, Last name, Social security number, Date of birth, 1=nontaxable to federal, 1=nontaxable to state.

INTEREST INCOME (Form 1099-INT)

Table for Interest Income with columns for 2008 Amount and 2007 Amount. Rows include Banks, credit unions, etc. (Box 1); U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3); Tax-exempt interest; Adjustments; Foreign; and Post 8/7/86 private activity bond interest.

DIVIDEND INCOME (Form 1099-DIV)

Table for Dividend Income with columns for 2008 Amount and 2007 Amount. Rows include Total ordinary dividends (Box 1a); Qualified dividends (Box 1b); Total capital gain distributions (Box 2a); Unrecaptured section 1250 gain (Box 2b); Section 1202 gain (Box 2c); Collectibles (28%) gain (Box 2d); Nontaxable distributions (Box 3); Tax-exempt interest; Nominee distributions; and Alaska permanent fund dividends included above.

