

# ***SUPPLEMENTAL INFORMATION SHEETS***

*Only complete these pages if indicated  
on Page 11 of the Organizer questionnaire.*

***Please only return completed pages.***

Client Name	
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## 2009 Client Tax Organizer – Supplemental Information Page S-1 - ITEMIZED DEDUCTIONS

<b>MEDICAL AND DENTAL EXPENSES</b>		
Medical and dental expenses are deductible on your federal return only if the net cost of expenses exceeds 7.5% of your Adjusted Gross Income. However, please list any medical expenses that you have incurred during the year as some states allow a medical deduction even though you may not qualify for a Federal deduction. <b>Please note: Do not include expenses reimbursed or paid by others.</b>		
Health insurance premiums (Do not include Medicare B premiums withheld from Social Security Benefits. Also, do not include self-employed health insurance premiums. Instead, self-employed health insurance premiums should be listed with the appropriate business activity elsewhere in this organizer.) .....		\$
Medicare B Premium withheld from Social Security Benefits (Deductible on some state returns) .....		\$
Qualified long-term care premiums .....	Taxpayer \$	Spouse \$
Expenses for qualified long-term care .....		\$
Number of miles driven for medical purposes:		miles
Lodging (while away from home primarily for and essential to medical care; cannot exceed \$50 / night / individual) .....		\$
Doctors, dentists, and other health-care professionals .....		\$
Hospitals, clinics, lab and X-ray fees, etc. ....		\$
Eyeglasses and contact lenses .....		\$
Prescription medications.....		\$
Medical equipment and supplies .....		\$
Ambulance fees and other medical transportation costs, etc. ....		\$
Other medical and dental expenses (list):		\$
_____		\$
_____		\$
_____		\$
_____		\$
_____		\$
Insurance reimbursement (received in current year for expenses paid in a previous tax year) .....		\$
Medical savings account (MSA) distributions .....		\$

<b>TAXES PAID (PROPERTY, STATE INCOME, AND SALES)</b>		
<b>Please note:</b> Do not enter in this section the state and local income taxes that were withheld and reported on a Form W-2 or Form 1099 or property taxes paid for your rental properties – see Rental Property Expenses. For 2009, a choice between general sales taxes or state or local income taxes is allowed as a deduction. Please include any sales taxes paid for qualifying new vehicles, light trucks, motorcycles or motor homes purchased between 2/16/09 and 12/31/09.		
<b>Select one:</b> <input type="checkbox"/> Income taxes or <input type="checkbox"/> General sales taxes or <input type="checkbox"/> Calculate optimum method		
Sales tax paid for a new motor vehicle, light truck, motorcycle or motor home – List: _____	\$	\$
List your local sales tax rate: _____ %		
Real estate taxes paid on principal residence .....		\$
City and state where principal residence is located .....		
Real estate taxes paid on additional homes or land ( <i>do not include taxes paid for your rental properties</i> ) .....		\$
Cities and states where additional properties are located .....		
Auto registration and licensing ( <b>only qualifies for deduction if the tax is imposed annually and assessed on the value of the automobile</b> ) .....		\$
Other personal property taxes (please describe).....		\$
Foreign income taxes (not taken as a credit).....		\$
Other taxes (list):		\$
_____		\$
_____		\$
_____		\$
_____		\$
_____		\$
_____		\$
_____		\$
_____		\$

**Itemized Deductions continued on next page.**

**2009 Client Tax Organizer – Supplemental Information Page S-2 - ITEMIZED DEDUCTIONS (cont'd)**

**MORTGAGE AND INVESTMENT INTEREST**

Please note: Do not enter in this section the mortgage interest paid for your rental properties, as they belong on Page S-13.

Home mortgage interest (if paid to an individual, complete **Individual's** information below): (do not include interest paid for your rental properties)

Payee: \_\_\_\_\_ \$

Payee: \_\_\_\_\_ \$

Points paid on loan to buy, build, or improve your main home (Please include a copy of the closing statement):

Payee: \_\_\_\_\_ \$

**Individual's** name, address, and social security number: \_\_\_\_\_ Name: \_\_\_\_\_

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

Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage: (Please include a copy of the closing statement)

Mortgage Company or Lender's Name	Date of Loan	Life of Loan (years)	Points Paid
			\$
			\$

Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) ..... \$

Private Mortgage Insurance (PMI) paid (from Form 1098, Box 4) ..... \$

If you pay Private Mortgage Insurance (PMI), was the loan obtained after 2006? .....  Yes  No

**MISCELLANEOUS DEDUCTIONS**

**Un-reimbursed Employee Business Expenses Subject to 2% Limitation:**

Professional dues and subscriptions (doesn't include amounts paid to an officers' club) ..... \$

Work-related educational expenses ..... \$

Uniform cost and upkeep (only allowed for uniforms that regulations prohibit you from wearing off duty) ..... \$

Costs of insignia of military rank ..... \$

Job search costs ..... \$

Other unreimbursed employee expenses: Be sure to complete Supplemental Page S-8 ..... See page S-8

**Other Expenses Subject to the 2% Limitation:**

Tax return preparation fees ..... \$

Investment counsel and advisory fees ..... \$

Certain attorney and accounting fees (describe legal services received as not all legal expenses are deductible) ..... \$

Safe deposit box rental used for storage of documents or items related to income-producing property ..... \$

IRA custodial fees (that are billed and paid separately from IRA contributions) ..... \$

Fees paid for paying taxes (taxes due or ES payments) via credit or debit card ..... \$

Other expenses (list): \_\_\_\_\_ \$

**Other Miscellaneous Deductions (not subject to the 2% limitation):**

Gambling losses (to the extent of gambling income reported on this return) ..... \$

Impairment-related work expenses (expenses necessary for an individual with a disability to work) ..... \$

Other (list): \_\_\_\_\_ \$

Reimbursements received from employer ..... \$

**CASH CHARITABLE CONTRIBUTIONS - you can either split out contributions by donee on the lines below or enter one total for all contributions (please remember that you are required to maintain documentation for all donations).**

Name of Donee Organization	Check if Stmt Exists for Gifts of \$250 or More	Amounts
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
	<input type="checkbox"/>	\$
Miles driven for charitable purposes .....		miles

Parking fees, tolls and local transportation paid for charitable purposes ..... \$

**2009 Client Tax Organizer – Supplemental Information Page S-3 – NON CASH CONTRIBUTIONS**  
**Please make additional copies of page S-3 as needed.**

**DONATED PROPERTY INFORMATION – DONATIONS WITH AN AGGREGATE TOTAL OF \$500 OR LESS:**

1.	Name of charitable organization (donee)	
	Fair market value (FMV) of combined (total) contributions	
2.	Name of charitable organization (donee)	
	Fair market value (FMV) of combined (total) contributions	

**DONATED PROPERTY INFORMATION – DONATIONS WITH AN AGGREGATE TOTAL OF \$501 OR MORE:**

**If your total non cash contributions are in excess of \$500 in 2009, 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, be sure to provide Form 1098-C or other written acknowledgement received from the donee organization.
- A deduction for contributions of clothing or other household items made after 8/17/06 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.
- If the value for a single item is more than \$5,000, an appraisal is required.

No. <input type="text"/>	Name of charitable organization (donee) .....	
	Street address .....	
	City, state, ZIP code .....	
	Property description .....	
	Type of donated property (Table 3 or describe) .....	
	Date of contribution (mm/dd/yy or "various") .....	
	Date acquired by donor (mm/dd/yy or "various") .....	
	How acquired by donor (Table 1 or describe) .....	
	Donor's cost or basis when originally acquired.....	
	Fair market value (FMV) at time of donation.....	
	Method used to determine FMV (Table 2 or describe)...	

No. <input type="text"/>	Name of charitable organization (donee) .....	
	Street address .....	
	City, state, ZIP code .....	
	Property description .....	
	Type of donated property (Table 3 or describe) .....	
	Date of contribution (mm/dd/yy or "various") .....	
	Date acquired by donor (mm/dd/yy or "various") .....	
	How acquired by donor (Table 1 or describe) .....	
	Donor's cost or basis when originally acquired.....	
	Fair market value (FMV) at time of donation.....	
	Method used to determine FMV (Table 2 or describe)...	

<b>Table 1 – How Property was Acquired</b>	<b>Table 2 – Method Used to Determine FMV</b>
Purchase Gift Inheritance Exchange	Appraisal Thrift shop value Catalog Comparable sales For other methods, see IRS Pub. 561

<b>Table 3 – Type of Donated Property</b>		
Household/clothing items Motor vehicle, boat or airplane Art, other than self-created Art, self-created Collectibles	Business equipment Business inventory Stock, publicly traded Stock, other than publicly traded Securities, other than stock	Intellectual property Real property, conservation property Real property, other than conservation Other personal property Other intangible property

**2009 Client Tax Organizer – Supplemental Information Page S-4a – ESTIMATED TAX PAYMENTS**

<b>2009 ESTIMATED TAX PAYMENTS (PAID TO IRS OR STATE &amp; LOCAL GOVERNMENTS)</b>								
Estimated tax is the method used to pay tax on income that is not subject to withholding, such as income from self-employment, interest, dividends, alimony, and gains from the sale of assets. Not all taxpayers are required to make estimated payments over and above their withholdings from wages, so this section may not apply. <b>DO NOT LIST 2008 FEDERAL EXTENSION PAYMENTS HERE.</b>								
Do not list federal payments applicable to prior tax years	Federal		State (list)		State (list)		Local (list)	
	Date	Amount	Date	Amount	Date	Amount	Date	Amount
1 a Quarter 1 due by 4/15/09 .....		\$		\$		\$		\$
b Quarter 2 due by 6/16/09 .....		\$		\$		\$		\$
c Quarter 3 due by 9/15/09 .....		\$		\$		\$		\$
d Quarter 4 due by 1/15/10.....		\$		\$		\$		\$
2 a Other payment		\$		\$		\$		\$
b Other payment		\$		\$		\$		\$
c Other payment		\$		\$		\$		\$
d Other payment		\$		\$		\$		\$
<b>OTHER TAX PAYMENTS</b>								
			Federal	State (list) _____	State (list) _____	Local (list) _____		
3 2008 overpayment applied to 2009 .....			\$	\$	\$	\$		
4 Balance due paid with 2008 return (State & Local only) .....				\$	\$	\$		
5 a 2008 estimated tax paid after 12/31/08 (State & Local only) .....				\$	\$	\$		
b 2008 extension payments paid in 2009 (State & Local only).....				\$	\$	\$		
6 Other taxes paid in 2009 for prior years (attach explanation) (State & Local only) .....				\$	\$	\$		

**2009 Client Tax Organizer – Supplemental Information Page S-4b – CHILD & DEPENDENT CARE EXPENSES**

<b>CHILD AND DEPENDENT CARE EXPENSES</b>				
<b>NOTE:</b> In order to qualify for the credit for child and dependent care expenses, your expenses must be work related. To be work related, the expenses must be necessary to allow you to work or to actively look for work. If you are married, the work requirement applies to both you and your spouse, with exceptions available for a full-time student or disabled spouse. <b>You should receive a Form W-10 from your care provider with this information.</b>				
Name of person(s) or organization(s) who provided care	Address and Phone Number	ID Number (+)	Amount Paid	Name of Child(ren) care provided for
1 .....	.....		\$	
			\$	
2 .....	.....		\$	
			\$	
3 .....	.....		\$	
			\$	
<i>(+) An ID number is the social security number of an individual or the employer identification number of a business. If the care provider is a nonprofit organization, write "Tax-exempt" in the space provided for the ID number.</i>				
If you paid \$1,700 or more during the year to an individual, were the services performed in your home? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No
Total employment taxes paid on wages for child care expenses .....				\$
Total expenses paid in 2009 but not incurred in 2009 .....				\$
Total expenses incurred in 2009 but not paid in 2009 .....				\$
If taxpayer or spouse was a full-time student or disabled, answer the following questions:			Taxpayer	Spouse
Enter the number of months that taxpayer/spouse did <b>not</b> work and was a full-time student or disabled .....			months	months
Enter earned income if the taxpayer/spouse who was a student or disabled did work .....			\$	\$

**2009 Client Tax Organizer – Supplemental Information Page S-5a – MOVING EXPENSES**

<b>Complete the following information if you moved your residence because of a change in job location.</b>		
Check here <b>only</b> if <b>all</b> of the following apply ..... <input type="checkbox"/>		
<ul style="list-style-type: none"> <li>• You moved in an earlier year;</li> <li>• You are claiming <b>only</b> storage fees while you are <b>away</b> from the United States; and</li> <li>• Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2</li> </ul>		
As a member of the armed forces, did you move due to a <b>permanent change of station</b> ? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
If <b>YES</b> , date of move (mm/dd/yy): .....		
If you drove your personal vehicle(s) for the move, and the dates are different than the dates you listed above, enter the dates: .....		
If you drove your personal vehicle(s) for the move, enter the number of miles driven .....		
A permanent change of station includes: <ul style="list-style-type: none"> <li>• A move from home to the first post of active duty,</li> <li>• A move from one permanent post of duty to another or a move from the last post of duty to your home or to a nearer point in the U.S.</li> </ul> The move must occur within one year of ending your active duty or within the period allowed under the Joint Travel Regulations.		
If <b>YES</b> , enter the total allowances and reimbursements received from the government (not included in your W2 Box 12 Code P – if 1099 received, please include copy) .....	\$	\$
Enter amount shown in Box 12 (Code P) on Form W2.....	\$	
If <b>NO</b> , answer the following three questions:		
Location of new workplace .....		
Number of miles from your <b>old home to new workplace</b> .....	miles	miles
Number of miles from your <b>old home to old workplace</b> .....	miles	miles
Expenses <b>you paid</b> for transport and storage of household goods and personal effects:		
Transportation expenses .....	\$	\$
Storage expenses (U.S. moves are limited to 30 days) .....	\$	\$
Expenses <b>you paid</b> for moving from old to new home:		
Travel (do <b>not</b> include meals/do <b>not</b> include fuel for POV if mileage claimed above) .....	\$	\$
Lodging (do <b>not</b> include meals) .....	\$	\$

**2009 Client Tax Organizer – Supplemental Information Page S-5b – EDUCATION TUITION & FEES**

<b>EDUCATION TUITION &amp; FEES (Include copies of Form 1098T)</b>				
Expenses qualifying for the education deduction/credit are tuition and fees required for enrollment and attendance at an eligible educational institution, including the cost of course materials. Course materials include books, supplies, and equipment. A computer is only considered equipment if it is required by the educational institution.				
Student Name (first & last)	Institution	Select Grade/Level	Qualified 2009 Expenses	Date Paid (mm/yy)
		<input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> Sr <input type="checkbox"/> Grad	\$	
		<input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> Sr <input type="checkbox"/> Grad	\$	
		<input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> Sr <input type="checkbox"/> Grad	\$	
		<input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> Sr <input type="checkbox"/> Grad	\$	
		<input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> Sr <input type="checkbox"/> Grad	\$	
Was any of the preceding tuition paid with funds withdrawn from an educational IRA? If <b>YES</b> , how much? \$				<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
If 1098-T shows an amount in Box 5, was the scholarship/grant used entirely for education expenses? If <b>NO</b> , what portion was NOT used for education expenses? \$				<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Student First Name	In the 1 <sup>st</sup> four years of post-secondary education?	At least a half-time student?	Earning a degree or other credential?	Drug offenses?
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Did you receive any reimbursement for tuition expenses from any source?				<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
			If <b>yes</b> , how much? \$	

**2009 Client Tax Organizer – Supplemental Information Page S-6 – BUSINESS INCOME & EXPENSES**  
**If you have more than one business, please make additional copies of pages S-6 and S-7 as needed.**

<b>BUSINESS QUESTIONS</b>		
Did you deduct expenses for the business use of your home? If yes, complete office in home schedule .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were any assets sold, retired or converted to personal use during the year? If yes, please complete Page S-12. ....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this business still in operation at the end of the year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List the states in which business was conducted:	a. _____	b. _____
		c. _____

<b>SELF-EMPLOYED RETIREMENT PLAN CONTRIBUTIONS</b>	<b>Taxpayer</b>	<b>Spouse</b>
Check if you have self-employment income and want to make a retirement plan contribution .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, select the type of retirement plan you have: .....	<input type="checkbox"/> SEP-IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Solo 401k <input type="checkbox"/> Keogh <input type="checkbox"/> Other: _____	<input type="checkbox"/> SEP-IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Solo 401k <input type="checkbox"/> Keogh <input type="checkbox"/> Other: _____
Do you wish to contribute the maximum amount for 2009? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Or enter the amount you wish to contribute.....	\$ _____	\$ _____
<b>DO YOU WISH TO BE CONTACTED CONCERNING THE SEP CALCULATION BEFORE YOUR RETURN IS COMPLETE?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>REQUIRED BUSINESS INFORMATION</b>			
Ownership .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<b>Note: Joint status is required to file 2 Schedules C (Taxpayer and Spouse) or a Partnership return – Form 1065</b>
Business name .....	_____		
Business address .....	_____		
Principal business description and code.....	_____ / _____		
Employer ID number .....	_____		
Was this business fully disposed of to an unrelated person during the year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Accounting method: .....	Cash <input type="checkbox"/>	Accrual <input type="checkbox"/>	Other (specify) <input type="checkbox"/> _____
Did you materially participate in the operation of this business during 2009? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you start or acquire this business during 2009? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
At-Risk Determination: a Is all of the investment in this activity at risk? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
b Is some of the investment in this activity not at risk? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have unallowed passive losses in 2008? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Please enter all pertinent 2009 information</b>			
<b>INCOME</b>			
Gross receipts or sales .....			\$ _____
Returns and allowances .....			\$ _____
Other income (list):			
	\$ _____		\$ _____
	\$ _____		\$ _____

**Please note that you must have adequate documentary evidence, such as receipts, canceled checks, or bills, to support your expenses.**  
**Adequate documentary evidence should show the amount, date, place, and essential character of the expense.**  
**PLEASE KEEP THESE FOR YOUR RECORDS. Thank you!**

**Business Income and Expenses continued on next page.**

**2009 Client Tax Organizer – Supplemental Information Page S-7 – BUSINESS INCOME & EXPENSES (cont'd)**

<b>EXPENSES</b>			
Advertising .....	\$	Pension and profit-sharing plans.....	\$
Car & truck expenses (complete Page S-9) .....	\$	Rent or lease of vehicles, machinery and equipment .....	\$
Commissions and fees .....	\$	Rent or lease of other business property .....	\$
Contract labor .....	\$	Repairs and maintenance .....	\$
Depletion .....	\$	Supplies (not included in cost of goods sold).....	\$
Depreciation and section 179 expense deduction .... (If applicable, complete Page S-12)	\$	Taxes and licenses .....	\$
Employee benefit programs other than pension and profit-sharing plans .....	\$	Travel .....	\$
Insurance (other than health).....	\$	Meals & entertainment subject to 50% limit .....	\$
Interest: Mortgage (paid to banks, etc) .....	\$	Utilities.....	\$
Interest: Other .....	\$	Telephone .....	\$
Legal and professional services .....	\$	Wages .....	\$
Office expenses .....	\$		

Other expenses (list):			
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**COST OF GOODS SOLD – IF APPLICABLE**

Method used to value closing inventory:	a. <input type="checkbox"/> Cost	b. <input type="checkbox"/> Lower of cost or market	c. <input type="checkbox"/> Other
If "other", explain:			
Was there any change in determining quantities, costs, or valuations between opening and closing inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			
Inventory at beginning of year .....			\$
Total purchases .....			\$
Cost of purchases withdrawn for personal use that was included in Total Purchases above .....			\$
Cost of labor (not included above). Do not include your salary .....			\$
Materials and supplies .....			\$
Other costs .....			\$
Inventory at end of year .....			\$

**2009 Client Tax Organizer – Supplemental Information Page S-8 – EMPLOYEE BUSINESS EXPENSES**

<b>Please enter all pertinent 2009 information</b>	
Occupation in which expenses were incurred .....	
Check this box if spouse's employee expenses. If blank, taxpayer assumed.....	<input type="checkbox"/>
Check this box if a fee-basis state or local government official.....	<input type="checkbox"/>
Check this box if subject to Department of Transportation (DOT) hours of service limits.....	<input type="checkbox"/>
Treat all MACRS assets for activity as qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treat all assets acquired after August 27, 2005 as qualified GO Zone property?.....	Regular <input type="checkbox"/> Extension <input type="checkbox"/> No <input type="checkbox"/>
<b>EXPENSES</b>	
Parking fees, tolls, and local transportation	\$
Travel expenses while away from home overnight (excluding meals/entertainment expenses) If you used your personal vehicle for travel, complete the Business Use of Vehicle on Page S-9.	\$
Meals and entertainment expenses	\$
Business gifts	\$
Education	\$
Trade publications	\$
Carryover of Section 179 expense from prior year	\$
Enter any advance earned income credit (EIC) payments	\$
<b>Other expenses (list):</b>	\$
_____	\$
_____	\$
_____	\$
_____	\$
<b>EMPLOYER REIMBURSEMENTS – enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in box 12 of Form W-2)</b>	
Reimbursements for other than meals and entertainment	\$
Reimbursements for meals and entertainment	\$
<b>QUALIFIED PERFORMING ARTIST</b>	
Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RESERVISTS</b>	
Did you incur travel expenses in connection with performance of services as a member of the U.S. Reserves or National Guard more than 100 miles from home? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, complete Expenses section above and Business Use of Vehicle on Page S-9.	
<b>IMPAIRMENT-RELATED WORK EXPENSES</b>	
If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If any property or equipment other than a vehicle was acquired or disposed of during 2009, please complete Page S-12. For vehicles, see Page S-9.</b>	

**2009 Client Tax Organizer – Supplemental Information Page S-9 – BUSINESS USE OF VEHICLE**

**VEHICLE USED – EMPLOYEE BUSINESS EXPENSE (or) BUSINESS EXPENSE (SCHEDULE C) (or) RESERVES**

There are two methods to determine the deduction for automobiles and trucks used for business: (1) actual expenses, or (2) standard mileage rate. You may claim the standard mileage method whether you own or lease your vehicle.

**Please enter all pertinent 2009 amounts**

Vehicle 1 used for	Employee Business <input type="checkbox"/>	Business Only (Sch. C or Sch. E) <input type="checkbox"/>	Reserves <input type="checkbox"/>
Vehicle 2 used for	Employee Business <input type="checkbox"/>	Business Only (Sch. C or Sch. E) <input type="checkbox"/>	Reserves <input type="checkbox"/>
	<b>Vehicle 1</b>		<b>Vehicle 2</b>
Description of vehicle (make and model).....			
Date vehicle first used for business (mm/dd/yy).....			
Cost of vehicle .....	\$	\$	
Total miles .....	miles	miles	
Business miles (\$0.55/mile) .....	miles	miles	
Commuting miles .....	miles	miles	
Average daily round-trip commute .....			
Number of months of vehicle business use (if not 12) .....			
Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was vehicle available during off duty hours? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parking and tolls .....	\$	\$	
Property taxes (if based on car's value) .....	\$	\$	
Interest paid on vehicle.....	\$	\$	
Supporting documentation available? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is the evidence written? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Actual expenses:			
Gasoline, lube, oil .....	\$	\$	
Repairs .....	\$	\$	
Tires .....	\$	\$	
Insurance .....	\$	\$	
Miscellaneous .....	\$	\$	
Auto license (other than personal property taxes) .....	\$	\$	
Auto registration .....	\$	\$	
Vehicle rent or lease payments .....	\$	\$	
Inclusion amount (enter as positive) .....	\$	\$	
Value of employer-provided vehicle on Form W-2 (2106) .....	\$	\$	

**Please note that you must have adequate documentary evidence, such as receipts, canceled checks, or bills, to support your vehicle expenses.**

**Adequate documentary evidence should show the amount, date, place, and essential character of the expense.**

**PLEASE KEEP THESE FOR YOUR RECORDS. Thank you!**

**2009 Client Tax Organizer – Supplemental Information Page S-10a – HOME OFFICE EXPENSES**

**GENERAL INFORMATION** – To qualify for an office in home deduction, the area must be used exclusively for business purposes on a regular basis in connection with your employer’s business and for your employer’s convenience. If you are self-employed, it must be your principal place of business or you must be able to show that income is actually produced there. If business use of home relates to daycare, provide total hours of business operation for the year.

Business or activity for which you have an office (Self employed, Employee Business Expense, Day Care, etc.)		Total area of the house (square feet)	Area of business portion (square feet)	Business percentage		
DEPRECIATION		Date Placed in Service	Cost/Basis	Depreciation Method Used	Depreciation Life Used	Prior Depreciation
House			\$			
Land			\$			
Total Purchase Price \$			\$			
Improvements (provide details)	a.		\$			
	b.		\$			
	c.		\$			
EXPENSES TO BE PRORATED			EXPENSES THAT APPLY DIRECTLY TO THE HOME OFFICE			
Mortgage interest .....		\$	Telephone (must be a separate business line)		\$	
Real estate taxes.....		\$	Maintenance		\$	
Utilities.....		\$	Other Expenses – itemize:			
Property insurance .....		\$			\$	
Rent.....		\$			\$	
Other Expenses – itemize:					\$	
		\$			\$	

**2009 Client Tax Organizer – Supplemental Information Page S-10b – PRIOR YEAR INSTALLMENT SALES**

**Please enter all pertinent amounts. Be sure to provide prior year Form 6252 if we did not prepare your return.**

No. <input type="checkbox"/>	Description of property from prior year Form 6252.....		
	Date acquired (mm/dd/yy) from prior year Form 6252...		
	Date sold (mm/dd/yy) from prior year Form 6252.....		
	Gross profit ratio (.xxxx) from prior year Form 6252.....		
	2009 principal payments.....	\$	
	2009 interest payments.....	\$	
No. <input type="checkbox"/>	Description of property from prior year Form 6252.....		
	Date acquired (mm/dd/yy) from prior year Form 6252...		
	Date sold (mm/dd/yy) from prior year Form 6252.....		
	Gross profit ratio (.xxxx) from prior year Form 6252.....		
	2009 principal payments.....	\$	
	2009 interest payments.....	\$	
No. <input type="checkbox"/>	Description of property from prior year Form 6252.....		
	Date acquired (mm/dd/yy) from prior year Form 6252...		
	Date sold (mm/dd/yy) from prior year Form 6252.....		
	Gross profit ratio (.xxxx) from prior year Form 6252.....		
	2009 principal payments.....	\$	
	2009 interest payments.....	\$	

**Installment Sale Income continued on next page.**

**2009 Client Tax Organizer – Supplemental Information Page S-11 – INSTALLMENT SALE INCOME (cont'd)**

<b>Attach all closing documents if this is the year of sale.</b>	
Was the property sold in this installment sale a rental or used in a trade or business? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Was the final installment received this year? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Description of property: Date acquired:                      Date sold:	
Check this box if ordinary gain from non-capital asset..... <input type="checkbox"/>	
<b>GROSS PROFIT INFORMATION (Complete for year of sale only)</b>	
Selling price, including mortgages and other debts .....	\$
Mortgages and other debts buyer assumed or took property subject to.....	\$
Cost or other basis of property sold .....	\$
Depreciation allowed or allowable .....	\$
Commission and other expenses of sale .....	\$
Was the final installment received this year? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>CURRENT TAXABLE PORTION</b>	
Gross profit percentage .....	
Payments received in current year .....	\$
Interest received in current year .....	
Depreciation allowed or allowable .....	
<b>Seller Financed Mortgage Information</b>	
Payer's Name	Address
SSN or EIN	
Payments received in prior years (do not include interest) ..... \$	
<b>SALES TO RELATED PARTIES</b>	
Was the property sold to a related party after May 14, 1980? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
If <b>yes</b> , was the property a marketable security? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<i>If yes, complete the rest of this form. If no, complete for year of sale and for 2 years after the sale. If you received the final installment payment this year, do not complete the rest of this form.</i>	
Give the name, address, and taxpayer identification number of related party: _____ _____	
Did the related party, during this tax year, resell or dispose of the property? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<i>If no, do not complete the rest of this form.</i>	
Answer <b>yes</b> to no more than one of the following questions.	
1. Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)?.. If <b>yes</b> , give date of disposition: _____	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
2. Was the first disposition a sale or exchange of stock to the issuing corporation? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
3. Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition?.....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
4. Did the second disposition occur after the death of the original seller or buyer? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
5. Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
If <b>yes</b> , give explanation _____	
If you answered no to the above 5 questions, enter sales price of the property sold by related party (attached Form 6252 for year of first sale) .....	\$

**2009 Client Tax Organizer – Supplemental Information Page S-12 – ASSET DISPOSITION & ACQUISITION**

**DISPOSITION/SALE**

If you disposed of any business assets in 2009, please enter date sold, sales price, and expenses of sale.  
For real estate transactions, be sure to provide all 1099-S forms and closing statements.

No.	Description of Property	Date Placed in Service	Date Sold	Sales Price	Cost or Basis	Expenses of Sale
1.				\$	\$	\$
2.				\$	\$	\$
3.				\$	\$	\$
4.				\$	\$	\$
5.				\$	\$	\$
6.				\$	\$	\$
7.				\$	\$	\$
8.				\$	\$	\$
9.				\$	\$	\$
10.				\$	\$	\$
11.				\$	\$	\$
12.				\$	\$	\$

**ACQUISITION/PURCHASE**

If you purchased any business assets in 2009 (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2009, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Date Placed in Service	Cost or Basis	If allowed, do you want to take Section 179 depreciation?
1.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 179** of the United States Internal Revenue Code (26 U.S.C. § 179), allows a taxpayer to elect to deduct the cost of certain types of property on their income taxes, as an expense rather than requiring the property to be capitalized and depreciated.

**2009 Client Tax Organizer – Supplemental Information Page S-13 – RENTAL OR ROYALTY INCOME**  
**If you have more than two rental properties, please make copies of this page as needed.**

Please enter all pertinent 2009 information and provide copies of prior depreciation schedules (if you are a new client).		
GENERAL INFORMATION	Property #1	Property #2
Description of property .....		
If a NEW rental in the current year, provide the original purchase price.....	\$	\$
If a NEW rental in the current year, provide the FMV of the property on the day it became a rental .....	\$	\$
If a NEW rental in the current year, provide the original purchase date.....		
Property address (city, state and zip required) .....		
Check property owner [T = Taxpayer, S = Spouse, J = Joint] .....	T <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/>	T <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/>
Enter the ownership percentage (if not 100%) .....	%	%
Check this box if this investment was <b>not all</b> at risk .....	<input type="checkbox"/>	<input type="checkbox"/>
Is this a rental property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What date did the property become available for rent?	/ /	/ /
Did you have personal use of this rental property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>yes</b> , enter number of days: Rented / Personal Use / Owned .....	/ /	/ /
Did you actively participate in this property's management during the year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you materially participate in this property's management during the year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you fully dispose of this property during 2009? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NEW TAX SERVICES CLIENTS:</b> Attach Form 4562, Form 8582, and depreciation schedule (if applicable).		
INCOME	Property #1	Property #2
Rents received (Form 1099-MISC, box 1) .....	\$	\$
Royalties received (Form 1099-MISC, box 2) .....	\$	\$
EXPENSES	Property #1	Property #2
Advertising .....	\$	\$
Association dues .....	\$	\$
Auto and travel (other than auto expenses listed on page S-9) .....	\$	\$
Cleaning and maintenance .....	\$	\$
Commissions .....	\$	\$
Insurance .....	\$	\$
Gardening .....	\$	\$
Legal and professional fees .....	\$	\$
Management fees .....	\$	\$
Miscellaneous .....	\$	\$
Mortgage interest paid to banks .....	\$	\$
Other interest (not entered elsewhere) .....	\$	\$
Repairs .....	\$	\$
Supplies .....	\$	\$
Taxes – real estate .....	\$	\$
Taxes – other .....	\$	\$
Telephone .....	\$	\$
Utilities .....	\$	\$
Other expenses (list):		
	\$	\$
	\$	\$
	\$	\$
VACATION HOME	Property #1	Property #2
Number of days rented at fair market value.....		
Number of days personal use .....		

**2009 Client Tax Organizer – Supplemental Information Page S-14a – Casualty or Theft Losses  
or Disaster Relief**

<b>CASUALTY OR THEFT LOSSES OR DISASTER RELIEF</b>			
	<b>Property 1</b>	<b>Property 2</b>	<b>Property 3</b>
Description of property			
Date acquired			
Cost	\$	\$	\$
Date of loss			
Description of loss			
Is the property on a Federally declared disaster area or Midwestern disaster area? *			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property business property or personal property?		<input type="checkbox"/> PERSONAL	<input type="checkbox"/> BUSINESS
* <b>Please Note:</b> Due to the recent changes to the casualty loss requirements for Federally declared and Midwestern disaster areas, we may need to contact you for additional information regarding your casualty loss.			

**2009 Client Tax Organizer – Supplemental Information Page S-14b – FOREIGN EARNED INCOME**

<b>GENERAL INFORMATION – please enter all pertinent 2009 information</b>	
1 Your foreign address (including country:.....)	
2 Your Occupation:	
3 Employer's Name .....	
4a Employer's U.S. address.....	
4b Employer's foreign address.....	
5 Employer is (check any that apply) .....	<input type="checkbox"/> A foreign entity <input type="checkbox"/> A U.S. company <input type="checkbox"/> Self <input type="checkbox"/> A foreign affiliate of a U.S. company <input type="checkbox"/> Other (specify):
6a If, after 1981, you filed Form 2555 or Form 2555-EZ, enter the last year you filed the form	
6b If you did not file Form 2555 or 2555-EZ after 1981 to claim either of the exclusions, check here <input type="checkbox"/> and go to line 7.	
7 Of what country are you a citizen/national? .....	
8a Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
8b If YES, enter city and country of the separate foreign residence.	
Also, enter the number of days during your tax year that you maintained a second household at that address?.....	
9 List your tax home(s) during your tax year and date(s) established:	Date established
Address 1:	
Address 2:	
Address 3:	
<b>Taxpayers Claiming the Housing Exclusion and/or Deduction</b>	
2009 foreign housing expenses	\$
Enter location where housing expenses incurred	

<b>FOREIGN EARNED INCOME EXCLUSION - Be sure to provide Form 2555 from your 2008 tax return, if we did not prepare it. Based on the qualification determined below, complete the appropriate section on the following page.</b>	
Do you qualify for the bona fide residence test? (See definition below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Bona fide residence test:</b> You were a bona fide resident if you are a U.S. citizen who is a bona fide resident of a foreign country or countries for an uninterrupted period that includes an entire tax year (January 1 – December 31), <b>OR</b> a U.S. resident alien who is a citizen or national of a country with which the U.S. has an income tax treaty in effect and who is a bona fide resident of a foreign country, or countries, for an uninterrupted period that includes an entire tax year (January 1 – December 31).  * Please note that overseas active military duty personnel and US government employees do not qualify for the exclusion.	
Do you qualify for the physical presence test? (See definition below) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Physical presence test:</b> You were physically present in a foreign country or countries for at least 330 full days during 2009 <b>or</b> any other period of 12 months in a row starting or ending in 2009.  * Please note that overseas active military duty personnel and US government employees do not qualify for the exclusion.	

**Foreign Earned Income continued on next page.**

**2009 Client Tax Organizer – Supplemental Information Page S-15 – FOREIGN EARNED INCOME (cont'd)**

TAXPAYERS QUALIFYING UNDER THE BONA FIDE RESIDENCE TEST				
10a Beginning date for bona fide residence (mm/dd/yy) .....				
10b Ending date for bona fide residence (mm/dd/yy) .....				
11 Kind of living quarters in foreign country .....		<input type="checkbox"/> Purchased house	<input type="checkbox"/> Rented house or apartment	
		<input type="checkbox"/> Rented room	<input type="checkbox"/> Quarters furnished by employer	
12a Did any of your family live with you abroad during any part of the tax year? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No
12b If <b>YES</b> , who and for what period? .....				
13a Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No
13b Are you required to pay income tax to the country where you claim bona fide residence?.....				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you answered "yes" to question 13a and "no" to question 13b, you do not qualify as a bona fide resident. Do not complete the rest of this part.</b>				
14 If you were present in the United States or its possessions during the tax year, complete the table below.				
<b>Travel types:    1 = travel to U.S.    2 = travel to foreign country    3 = travel to restricted country</b>				
Travel Type (enter number from above)	Name of Country (if not United States)	Date Arrived (mm/dd/yy)	Date Left (mm/dd/yy)	Days in U.S. on business
15a Contractual terms relating to length of employment abroad .....				
15b Type of visa you entered foreign country under.....				
15c Did your visa limit the length of your stay or employment in a foreign country? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , explain: .....				
15d Did you maintain a home in the United States while living abroad? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , complete section below:				
Address of home in U.S. maintained while living abroad	U.S. home rented	Names of occupants in U.S. home	Relationship of occupants in U.S. home	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

TAXPAYERS QUALIFYING UNDER THE PHYSICAL PRESENCE TEST				
16 The physical presence test is based on the 12-month period from.....				through
(Note: the 12-month period could start in 2008 or end in 2010)				
17 Enter your principal country of employment during your tax year .....				
18 If you traveled abroad during the 12-month period entered on line 3, complete the table below. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If you have no travel to report during the period, enter "Physically present in a foreign country or countries for the entire 12-month period".				
Name of Country (including U.S.)	Date Arrived (mm/dd/yy)	Date Left (mm/dd/yy)	Full days present in country	Number of days in U.S. on business

**2009 Client Tax Organizer – Supplemental Information Page S-16 - Qualified Adoption Expenses**

ELIGIBLE CHILDREN			
No. <input style="width: 20px; height: 20px;" type="text"/>	First name .....		
	Last name .....		
	Identification number .....		
	Date of birth (mm/dd/yy) .....		
	Born before 1992 and was disabled? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special needs child? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Foreign child? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Total 2003 – 2009 employer-provided adoption benefits you received from the adoption of a foreign child .....	\$	
	Adoption was final in 2009? If not, what year: .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Adoption was final in 2009? If not, what year: .....	\$	
Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009 .....	\$	
	1997-2001 for adoption of foreign child finalized in 2009 .....	\$	
	2008 and 2009 for adoption finalized in 2009 .....	\$	
	2009 for adoption finalized before 2009 .....	\$	

No. <input style="width: 20px; height: 20px;" type="text"/>	First name .....		
	Last name .....		
	Identification number .....		
	Date of birth (mm/dd/yy) .....		
	Born before 1992 and was disabled? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special needs child? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Foreign child? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Total 2003 – 2009 employer-provided adoption benefits you received from the adoption of a foreign child .....	\$	
	Adoption was final in 2009? If not, what year: .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Adoption was final in 2009? If not, what year: .....	\$	
Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009 .....	\$	
	1997-2001 for adoption of foreign child finalized in 2009 .....	\$	
	2008 and 2009 for adoption finalized in 2009 .....	\$	
	2009 for adoption finalized before 2009 .....	\$	

No. <input style="width: 20px; height: 20px;" type="text"/>	First name .....		
	Last name .....		
	Identification number .....		
	Date of birth (mm/dd/yy) .....		
	Born before 1992 and was disabled? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special needs child? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Foreign child? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Total 2003 – 2009 employer-provided adoption benefits you received from the adoption of a foreign child .....	\$	
	Adoption was final in 2009? If not, what year: .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Adoption was final in 2009? If not, what year: .....	\$	
Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009 .....	\$	
	1997-2001 for adoption of foreign child finalized in 2009 .....	\$	
	2008 and 2009 for adoption finalized in 2009 .....	\$	
	2009 for adoption finalized before 2009 .....	\$	

**2009 Client Tax Organizer – Supplemental Information Page S-17 - Household Employment Taxes**

**HOUSEHOLD EMPLOYMENT TAXES - Please enter all pertinent 2009 information**

If you paid any one household employee cash wages of \$1,500 or more in 2009; withheld federal income tax during 2009 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2008 or 2009 to household employees, please complete the following:

Employer identification number .....	
1. Did you pay <b>any one</b> household employee cash wages of \$1,700 or more in 2009? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you withhold federal income tax during 2009 for any household employee? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Did you pay total cash wages of \$1,000 or more to household employees <b>in any calendar quarter</b> of 2008 or 2009? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Complete if you answered "yes" to question 1 or 2 above**

Enter total cash wages paid during 2009 that were:

a. Subject to social security taxes .....	\$
b. Subject to Medicare taxes .....	\$
b. Subject to FUTA taxes .....	\$
Enter federal income tax withheld during 2009 .....	\$
Enter any advance earned income credit (EIC) payments .....	\$

**Complete if you answered "yes" to question 3 above**

Federal Unemployment Tax (FUTA) Questions:

Did you pay unemployment contributions to only one state? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pay all state unemployment contributions for 2009 by April 15, 2010? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

Enter any unemployment compensation you paid for 2009:

State Name	State Reporting Number	Taxable Wages	Contributions Paid to State Unemployment Fund
		\$	\$
		\$	\$
		\$	\$

**Complete the following if you know your state experience rate:**

State experience rate (e.g., 5.5%).....

If your state experience rate is 5.4% or higher:

State experience rate period – starting date (mm/dd/yy).....

State experience rate period – ending date (mm/dd/yy).....

State A	State B

**2009 Client Tax Organizer – Supplemental Information Page S-18 – Report of Foreign Bank & Financial Accounts**  
**Please make additional copies of page S-18 as needed.**

<b>REPORT OF FOREIGN BANK &amp; FINANCIAL ACCOUNTS</b>	
<p>Each United States person, who has a financial interest in or signature authority, or other authority over any financial accounts, including bank, securities, or other types of financial accounts in a foreign country, if the aggregate value of these financial accounts exceeds \$10,000 at any time during the calendar year, must report that relationship each calendar year by <b>filing TDF 90-22.1 with the Department of the Treasury on or before June 30, of the succeeding year.</b></p> <p>Report any financial account (except a military banking facility) that is located in a foreign country, even if it is held at an affiliate of a United States bank or other financial institution. A "foreign country" includes all geographical area located outside the United States, Guam, Puerto Rico, and the Virgin Islands.</p> <p>Do not consider as an account in a foreign country, an account in an institution known as a "U.S. military banking facility" or "U.S. military finance facility" operated by a U.S. financial institution designated by the U.S. Government to serve U.S. Government installations abroad, even if the U.S. military banking facility is located in a foreign country.</p> <p>* <b>Please Note:</b> If you have multiple foreign accounts, you may need to file multiple copies of Form TDF 90-22.1.</p>	
<b>COMPLETE THE INFORMATION BELOW FOR EACH SEPARATE FOREIGN FINANCIAL ACCOUNT</b>	
Owner(s) of foreign financial account .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Maximum value of account during the 2009 calendar year .....	
Type of account: <input type="checkbox"/> Bank <input type="checkbox"/> Securities <input type="checkbox"/> Other (specify):	
Name of Financial Institution with which account is held .....	
Account number or other designation .....	
<b>Complete mailing address</b> of financial institution in which account is held .....	
Number of joint owners on this account .....	
Taxpayer identification number of principal owner .....	
Name of principal owner (please specify either Taxpayer or Spouse) .....	
Address of principal owner (if different than address listed on Page 6 of CTO) .....	
Do you have a financial interest in this account? (see below) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>COMPLETE THE INFORMATION BELOW FOR EACH SEPARATE FOREIGN FINANCIAL ACCOUNT</b>	
Owner(s) of foreign financial account .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Maximum value of account during the 2009 calendar year .....	
Type of account: <input type="checkbox"/> Bank <input type="checkbox"/> Securities <input type="checkbox"/> Other (specify):	
Name of Financial Institution with which account is held .....	
Account number or other designation .....	
<b>Complete mailing address</b> of financial institution in which account is held .....	
Number of joint owners on this account .....	
Taxpayer identification number of principal owner .....	
Name of principal owner (please specify either Taxpayer or Spouse) .....	
Address of principal owner (if different than address listed on Page 6 of CTO) .....	
Do you have a financial interest in this account? (see below) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. persons with <b>Authority Over</b> but <b>No Financial Interest</b> in an Account – You must provide the name, address, and identifying number of each owner of an account over which you had authority.	

**2009 Client Tax Organizer – Supplemental Information Page S-19 – Sale of Home/First Time Homebuyer Credit**

<b>SALE OF YOUR HOME – Provide copies of closing statements (HUD-1, etc.) from the sale of your home.</b>			
Address of home sold.			
Owner of the home that was sold. ....		T <input type="checkbox"/>	S <input type="checkbox"/> J <input type="checkbox"/>
Are you a widow(er) who has not remarried AND this home sale was within 2 years of your spouse's death AND your spouse qualified for the exclusion immediately before his/her death? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you use this home partially or completely in a trade or business or hold it for investment AND dispose of it in a like-kind (Sec. 1031) exchange? If <b>YES</b> , we may contact you for additional information about the Sec. 1031 like-kind exchange. ....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the gain on the sale of your residence \$250,000 or less (\$500,000 or less if married filing joint)? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Please provide the information and any closing statements for both the purchase and sale of your home.</b>	Original Purchase Date	Date of Sale	Active Duty Military?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Original cost of home & major improvements \$	Selling price of home \$		
Did you acquire this home in a like-kind (Sec. 1031) exchange and sell it within 5 years after acquiring it? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wish to use the home sale exclusion for the sale of your principal residence? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did <b>you</b> own and use your residence as a principal residence for a total of at least 2 years within the 5-year period ending on the date of sale? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If married filing a joint return, did your <b>spouse</b> live in the home as a principal residence for a total of at least 2 years within the 5-year period ending on the date of sale? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have <b>you</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, give date of sale .....			
If married filing a joint return, has your <b>spouse</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, give date of sale .....			
Did you or your spouse use any part of your residence for rental or business purposes after May 6, 1997? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>Yes</b> , provide the amount of depreciation deductions with respect to the rental or business use after May 6, 1997?		\$	
Did you receive a Form 1099-S? If <b>YES</b> , please provide a copy. ....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>NON-QUALIFYING USE OF HOME SALE EXCLUSION</b>			
Was the property not used as the principal residence of the taxpayer, spouse or former spouse for <b>ANY PERIOD AFTER 2008</b> ? ..		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , provide the number of days the property was <b>NOT</b> used as the principal residence (the nonqualified use days) after December 31, 2008. ....			

<b>HOMEBUYER CREDIT – Provide copies of closing statements (HUD-1, etc.) from the purchase of your home.</b>	
<p><b>For specific information about the revised Homebuyer Credit rules for first-time homebuyers and long-time residents, please refer to <u>PAGE 3 of the "Noticeable Changes for the 2009 Tax Year" insert</u> that you received with your CTO.</b></p> <p><b>For specific information about the revised Homebuyer Credit rules for military personnel, please refer to <u>PAGE 4 of the "Noticeable Changes for the 2009 Tax Year" insert.</u></b></p>	
If you purchased a qualifying home, are you interested in using the Homebuyer Credit? .....	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address of home qualifying for the Homebuyer Credit	
Date acquired (must be after December 31, 2008 and before May 1, 2010) .....	
If you are choosing to claim the credit on your 2009 return for a main home bought after January 1, 2010 and before May 1, 2010, check here .....	
<input type="checkbox"/>	
<b>DISPOSITION OF MAIN HOME IN WHICH HOMEBUYER CREDIT HAS BEEN CLAIMED</b>	
Did you sell your main home after claiming the Homebuyer Credit? .....	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you change the use of your main home (i.e., convert from main home to rental) after claiming the Homebuyer Credit? .....	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES to either question above, provide the date the home was sold or converted to another use. ....	
<b>PLEASE NOTE: If the Homebuyer Credit recapture applies, we will contact you for additional information regarding the sale or conversion of your home.</b>	

**2009 Client Tax Organizer – Supplemental Information Page S-20 - Farm Income and Expenses**

**Please enter all pertinent 2009 amounts.**

**GENERAL INFORMATION**

Principal product .....	
Employer ID number .....	

Agricultural activity code .....		
Accounting method .....	<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual
Farm rental .....	\$	
Crop insurance proceeds election .....	\$	
Did you "materially participate" (Schedule F only) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you actively participate (Form 4835 only) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real estate professional (Form 4835 only) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
% of ownership if not 100% (Form 4835 only) .....	%	

**FARM INCOME**

<b>Cash method:</b>		
Sales of livestock, etc. bought for resale .....	\$	
Cost or basis of livestock, etc. bought for resale .....	\$	
Sales of livestock, etc. you raised .....	\$	
<b>Accrual method:</b>		
Sales of livestock, produce, grains, etc. ....	\$	
Inventory of livestock, etc. at beginning of year .....	\$	
Cost of livestock, etc. purchased .....	\$	
Inventory of livestock, etc. at end of year .....	\$	
<b>Other farm income:</b>		
Total cooperative distributions .....	\$	
Taxable cooperative distributions .....	\$	
Total agricultural program payments .....	\$	
Taxable agricultural program payments .....	\$	
Commodity credit loans reported under election .....	\$	
Total commodity credit loans forfeited or repaid .....	\$	
Taxable commodity credit loans forfeited or repaid .....	\$	
Total crop insurance proceeds received in 2009 .....	\$	
Taxable crop insurance proceeds received in 2009 .....	\$	
Taxable crop insurance proceeds deferred in 2008 .....	\$	
Custom hire (machine work) income .....	\$	
<b>Other income:</b>		
_____	\$	
_____	\$	
_____	\$	
_____	\$	
_____	\$	

**Farm Income and Expenses continued on next page.**



**2009 Client Tax Organizer – Supplemental Information Page S-22 – Cost Basis**

**If you traded/sold any stocks; cashed in mutual funds or transferred mutual funds/stocks – you may receive a Form 1099B. Form 1099B lists the selling price of your transaction and is considered fully taxable unless you offset (subtract from this amount) with the purchase price or cumulative purchase price (cost basis). The resulting amount is your capital gain or capital loss, which is reported on Schedule D. Without your cost basis amount, the IRS will consider the selling price amount fully taxable and taxes will be due on this amount.**

**If you have not calculated the cost basis on your sale, or if it was not provided to you by the fund company, please refer to the fees below and check the appropriate box:**

Cost Basis calculation services, per account (Average Cost method only)  
e.g. account opened in 1995 = \$140 CB calc. fee

\$10 per year (\$200 maximum) and  
**INCLUDES** cost of statements where First Command is the broker/dealer.

**PLEASE SELECT ONE:**

I authorize First Command Tax Services to calculate the gain/loss and agree to all fees, which will be added to my final invoice.	<input type="checkbox"/>
I would like Tax Services to calculate the gain/loss on my behalf, but please contact me with a fee estimate before proceeding. <b>I understand that this may delay the preparation of my tax return.</b>	<input type="checkbox"/>
Use my cost basis information basis information in the chart below.	<input type="checkbox"/>

**If your Forms 1099-B do not show the cost basis (gain/loss), and you have calculated the basis yourself, please complete this section:**

**Short-Term Capital Gains and Losses—Assets Held One Year or Less**

Description of Property	Date Acquired	Date Sold	Sales Price	Cost Basis
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

**Long-Term Capital Gains and Losses—Assets Held More Than One Year**

Description of Property	Date Acquired	Date Sold	Sales Price	Cost Basis
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

**Cost Basis Method Used:**       Average Basis       Specific Identification or FIFO       Unknown

**REMINDER:** Combined 1099's from First Command for Select Investor and Core Plan (Asset Management Solution) clients may not be mailed to clients until mid-March, 2010. **DO NOT WAIT** to receive these documents before sending your information to Tax Services. Please submit your completed information without the AMS 1099's **before March 5, 2010 to receive the Early Bird Discount.** **Tax Services will request the forms from the SIP department as soon as they are available.**