

## Questions

Please check the appropriate box and include all necessary details.

Yes    No

### Personal Information

Did your marital status change during the year?

—    —

If yes, explain: \_\_\_\_\_

Did your address change from last year?

—    —

Can you be claimed as a dependent by another taxpayer?

—    —

Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?

—    —  
Yes    No

### Dependent Information

Were there any changes in dependents from the prior year?

—    —

If yes, explain: \_\_\_\_\_

Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1800?

—    —

Did you pay for child care while you worked or looked for work?

—    —

Did you pay any expenses related to the adoption of a child during the year?

—    —  
Yes    No

### Purchases, Sales, and Debt Information

Did you start a new business or purchase rental property during the year?

—    —

Did you acquire a new or additional interest in a partnership or S corporation?

—    —

Did you sell, exchange, or purchase any real estate during the year?

—    —

Did you acquire or dispose of any stock during the year?

—    —

Did you take out a home equity loan this year?

—    —

Did you refinance a principal residence or second home this year?

—    —

Did you sell an existing business, rental, or other property this year?

—    —

Did you incur any non-business bad debts this year?

—    —

Did you purchase a new hybrid or alternative motor vehicle this year?

—    —

Did you pay any student loan interest this year?

—    —  
Yes    No

### Income Information

Did you have any foreign income or pay any foreign taxes during the year?

—    —

Did you receive any income from property sold prior to this year?

—    —

Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?

—    —

Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, or SEP account?

—    —

Did you make any withdrawals/contributions from/to a retirement plan (including IRA) due to Midwestern Disaster area relief?

—    —

Did you make any withdrawals from an education savings or 529 Plan account?

—    —

Did you receive any distributions from a health savings account (HSA), Archer MSA, or Medicare Advantage (MSA) this year?

—    —

Did you receive any disability income during the year?

—    —

Did you receive tip income not reported to your employer this year?

—    —

Did any of your life insurance policies mature, or did you surrender any policies?

—    —

Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

—    —  
Yes    No

### Itemized Deduction Information

Did you incur a casualty or theft loss during the year?

—    —

Do you have evidence to substantiate charitable contributions?

—    —

Did you make any noncash charitable contributions (clothes, furniture, vehicles, etc.)?

—    —

Did you have an expense account or allowance during the year?

—    —

Did you use your car on the job, for other than commuting?

—    —

Did you work out of town for part of the year?

—    —

Did you have any educational expenses during the year?

—    —

Did you have any expenses related to seeking a new job during the year?

—    —

Did you make any major purchases during the year (cars, boats, etc.)?

—    —

Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?

—    —  
Yes    No

### Miscellaneous Information

Did you make gifts of more than \$12,000 to any individual?

—    —

Did you make any contributions to an education savings or 529 Plan account?

—    —

Please check the appropriate box and include all necessary details.

Yes No

**Miscellaneous Information, Continued**

Did you pay long-term health care premiums for yourself or your family?	—	—
Did you engage in any bartering transactions?	—	—
Are you covered by a pension or retirement plan?	—	—
Did you retire or change jobs this year?	—	—
Did you incur moving costs because of a job change?	—	—
Did you, your spouse, or your dependents attend a post-secondary school during the year?	—	—
Did you make energy efficient improvements to your main home this year?	—	—
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	—	—
Did you receive correspondence from the State or Internal Revenue Service?	—	—
If yes, explain: _____		
Do you want to designate \$3 to the Presidential Election Campaign Fund?	—	—
If you check yes, it will not change your tax or reduce your refund.		
Did you receive an economic stimulus (tax rebate) payment from the IRS?	—	—
Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.	—	—

## Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [1]  
 Mark if you were married but living apart all year \_\_\_\_\_ [2]

	Taxpayer	Spouse
Social security number	_____ [3]	_____ [4]
First name	_____ [5]	_____ [6]
Last name	_____ [7]	_____ [8]
Occupation	_____ [9]	_____ [10]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [11]	_____ [13]
Mark if legally blind	_____ [14]	_____ [15]
Mark if dependent of another taxpayer	_____ [16]	_____ [17]
Taxpayer between 19 and 23 and full-time student? (1 = Yes, 2 = No)	_____ [18]	
Mark if member of U.S. Armed Forces in 2008	_____ [21]	_____ [22]
Date of birth	_____ [23]	_____ [24]
Date of death	_____ [25]	_____ [26]
Work/daytime telephone number/ext number	_____ [27] _____ [28]	_____ [29] _____ [30]
Home/evening telephone number	_____ [31]	_____ [32]
Do you authorize us to discuss your return with the IRS? (1 = Yes, 2 = No)	_____ [33]	

## Present Mailing Address

Address \_\_\_\_\_ [37]  
 Apartment number \_\_\_\_\_ [38]  
 City, state postal code, zip code \_\_\_\_\_ [39] \_\_\_\_\_ [40] \_\_\_\_\_ [41]  
 In care of addressee \_\_\_\_\_ [42]

## Dependent Information

(\*Please refer to Dependent Codes located at the bottom)

[43] First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in your home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_ [44]  
 Social security number of qualifying person \_\_\_\_\_ [45]

### Dependent Codes

- |   |   |
|---|---|
| <p><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you</li> <li>3 = Other dependent</li> <li>4 = Claimed under pre-1985 agreement</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit</li> <li>9 = Qualifying child for Child Tax Credit only, who is not a dependent</li> <li>10 = Qualifying child for Earned Income Credit and Child Tax Credit only, who is not a dependent</li> </ul> | <p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul> |
|---|---|





# Interest Income

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

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

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

## Dividend Income

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

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

*Dividend Codes	
Blank = Other	3 = Nominee



## Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

**2008 Information**

**Prior Year Information**

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


Control Totals +

## Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

**2008 Information**

**Prior Year Information**

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


Control Totals +

## Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

**2008 Information**

**Prior Year Information**

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


Control Totals +

Please provide all Forms 1099 showing miscellaneous income and any IRS Notice received such as Notice 1378

The Economic Stimulus Act of 2008 provided for economic stimulus payments (rebates) to be distributed to eligible individuals who filed a 2007 tax return. The stimulus payment you received is not taxable income to you. Since the economic stimulus payment was based upon your 2007 tax return, you may be entitled to a recovery rebate credit on your 2008 return. Enter the amount of the stimulus payment (before offset) you received below. If you filed a joint return in 2007, and your filing status did not change in 2008, fill in only the Taxpayer/Joint column. However, if your filing status changed to married filing joint in 2008 and your spouse received a separate stimulus payment, enter the amount in the Spouse column. If you did not receive a stimulus payment (before offset), indicate by checking the box provided below.

	<b>Taxpayer/Joint</b>		<b>Spouse</b>
Economic stimulus payment (rebate) received in 2008	+ _____ [23]		+ _____ [24]
Mark if you did not receive an economic stimulus payment (rebate)	_____ [26]		_____ [27]

	<b>2008 Information</b>		<b>Prior Year Information</b>
State and local income tax refunds	+ _____ [1]		<div style="text-align: center;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>
	<b>Taxpayer</b>	<b>Spouse</b>	
Alimony received	+ _____ [3]	+ _____ [4]	
Unemployment compensation	+ _____ [8]	+ _____ [9]	
Unemployment compensation federal withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation state withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation repaid	+ _____ [11]	+ _____ [12]	
Veterans' disability or death benefits	+ _____ [16]	+ _____ [17]	
Alaska Permanent Fund dividends	+ _____ [18]	+ _____ [19]	

	<b>Self-Employment Income ?</b>		<b>2008 Information</b>	<b>Prior Year Information</b>
<b>T/S/J</b>	1 = Yes, 2 = No			
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [14]	<div style="text-align: center;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
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—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	







**Preparer use only**  
 Description \_\_\_\_\_

**Vacation Home Information**

**Preparer - Enter on Screen Rent**

**2008 Information**

**Prior Year Information**

Number of days home was used personally		_____ [78]
Number of days home was rented		_____ [80]
Number of day home owned, if not 365		_____ [82]
Carryover of disallowed operating expenses into 2008	+ _____	[84]
Carryover of disallowed depreciation expenses into 2008	+ _____	[85]

_____
_____
_____
_____

**Passive and Other Information**

<b>Preparer use only</b>				
<b>Carryovers</b>		<b>Regular</b>		<b>AMT</b>
Operating	+	[10]	+	[11]
Schedule D - Short-term	+	[12]	+	[13]
Schedule D - Long-term	+	[14]	+	[15]
Schedule D - 28% rate	+	[16]	+	[17]
Form 4797 - Part I	+	[18]	+	[19]
Form 4797 - Part II	+	[20]	+	[21]
Comm revitalization	+	[22]	+	[23]
Section 179	+	[24]		

**NOTES/QUESTIONS:**

## Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (1 = Yes, 2 = No) .	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2008	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2008	+ _____ [9]	+ _____ [10]
Enter the nondeductible contribution amount made in 2009 for use in 2008	+ _____ [11]	+ _____ [12]
Traditional IRA basis	+ _____ [13]	+ _____ [14]
Value of all your traditional IRA's on December 31, 2008:	+ _____ [15]	+ _____ [16]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

## Roth IRA

**Please provide copies of any 1998 through 2007 Form 8606 not prepared by this office**

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [25]	__ [26]
Enter the total Roth IRA contributions made for use in 2008	+ _____ [27]	+ _____ [28]
Enter the total amount of Roth IRA conversion recharacterizations for 2008	+ _____ [33]	+ _____ [34]
Enter the total contribution Roth IRA basis on December 31, 2007	+ _____ [37]	+ _____ [38]
Enter the total Roth IRA contribution recharacterizations for 2008	+ _____ [39]	+ _____ [40]
Enter the Roth conversion IRA basis on December 31, 2007	+ _____ [41]	+ _____ [42]
Value of all your Roth IRA's on December 31, 2008:	+ _____ [43]	+ _____ [44]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**NOTES/QUESTIONS:**





**Preparer use only**

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

**Vehicle Questions**

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

	<b>2008 Information</b>	<b>Prior Year Information</b>
Was the vehicle available for off-duty personal use? (1 = Yes, 2 = No, Blank = Not applicable)	____ [8]	_____
Was another vehicle available for personal use? (1 = Yes, 2 = No)	____ [10]	_____
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	____ [12]	_____

**Vehicles #1 and #2 Actual Expenses**

Vehicle 1 description \_\_\_\_\_ [16]  
 Comments \_\_\_\_\_  
 Vehicle 2 description \_\_\_\_\_ [44]  
 Comments \_\_\_\_\_

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	_____ [19]		_____ [47]	
Total mileage	_____ [21]		_____ [49]	
Business mileage from 1/1/08 through 6/30/08	_____ [23]		_____ [51]	
Business mileage from 7/1/08 through 12/31/08	_____ [25]		_____ [52]	
Average daily round trip commuting mileage	_____ [26]		_____ [54]	
Total commuting mileage	_____ [28]		_____ [56]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [30]		+ _____ [58]	
Vehicle rentals	+ _____ [32]		+ _____ [60]	
Inclusion amount (Preparer use only)	+ _____ [34]		+ _____ [62]	
Value of employer-provided vehicle	+ _____ [40]		+ _____ [68]	
Depreciation	+ _____ [42]		+ _____ [70]	

**Vehicles #3 and #4 Actual Expenses**

Vehicle 3 description \_\_\_\_\_ [74]  
 Comments \_\_\_\_\_  
 Vehicle 4 description \_\_\_\_\_ [102]  
 Comments \_\_\_\_\_

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	_____ [77]		_____ [105]	
Total mileage	_____ [79]		_____ [107]	
Business mileage from 1/1/08 through 6/30/08	_____ [81]		_____ [109]	
Business mileage from 7/1/08 through 12/31/08	_____ [83]		_____ [111]	
Average daily round trip commuting mileage	_____ [84]		_____ [112]	
Total commuting mileage	_____ [86]		_____ [114]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [88]		+ _____ [116]	
Vehicle rentals	+ _____ [90]		+ _____ [118]	
Inclusion amount (Preparer use only)	+ _____ [92]		+ _____ [120]	
Value of employer-provided vehicle	+ _____ [98]		+ _____ [126]	
Depreciation	+ _____ [100]		+ _____ [128]	

**NOTES/QUESTIONS:**

## Noncash Contributions Exceeding \$500

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

	<b>Control Totals +</b>	
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## Noncash Contributions Exceeding \$500

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

	<b>Control Totals +</b>	
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## Noncash Contributions Exceeding \$500

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

	<b>Control Totals +</b>	
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**NOTES/QUESTIONS:**

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

**Preparer use only**

Description of business or profession \_\_\_\_\_ [3]

**Vehicles 1 - 2**

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

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____ [10]	_____	_____ [46]	_____
Commuting miles	_____ [12]	_____	_____ [48]	_____
Business miles from 1/1/08 through 6/30/08	_____ [14]	_____	_____ [50]	_____
Business miles from 7/1/08 through 12/31/08	_____ [16]	_____	_____ [52]	_____
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (1 = Yes, 2 = No)	___ [17]	___	___ [53]	___
Was another vehicle available for personal use? (1 = Yes, 2 = No)	___ [19]	___	___ [55]	___
Do you have evidence to support your deduction? (1 = Yes, 2 = No)	___ [21]	___	___ [57]	___
Is this evidence written? (1 = Yes, 2 = No)	___ [23]	___	___ [59]	___
Parking, fees and tolls	+ _____ [25]	_____	+ _____ [61]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [27]	_____	+ _____ [63]	_____
Interest	+ _____ [29]	_____	+ _____ [65]	_____
Registration	+ _____ [31]	_____	+ _____ [67]	_____
Property taxes	+ _____ [33]	_____	+ _____ [69]	_____
Vehicle rentals	+ _____ [35]	_____	+ _____ [71]	_____
Inclusion amount ( <b>Preparer use only</b> )	+ _____ [37]	_____	+ _____ [73]	_____
Depreciation	+ _____ [39]	_____	+ _____ [75]	_____

**Vehicles 3 - 4**

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

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____ [82]	_____	_____ [118]	_____
Commuting miles	_____ [84]	_____	_____ [120]	_____
Business miles from 1/1/08 through 6/30/08	_____ [86]	_____	_____ [122]	_____
Business miles from 7/1/08 through 12/31/08	_____ [88]	_____	_____ [124]	_____
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (1 = Yes, 2 = No)	___ [89]	___	___ [125]	___
Was another vehicle available for personal use? (1 = Yes, 2 = No)	___ [91]	___	___ [127]	___
Do you have evidence to support your deduction? (1 = Yes, 2 = No)	___ [93]	___	___ [129]	___
Is this evidence written? (1 = Yes, 2 = No)	___ [95]	___	___ [131]	___
Parking, fees and tolls	+ _____ [97]	_____	+ _____ [133]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [99]	_____	+ _____ [135]	_____
Interest	+ _____ [101]	_____	+ _____ [137]	_____
Registration	+ _____ [103]	_____	+ _____ [139]	_____
Property taxes	+ _____ [105]	_____	+ _____ [141]	_____
Vehicle rentals	+ _____ [107]	_____	+ _____ [143]	_____
Inclusion amount ( <b>Preparer use only</b> )	+ _____ [109]	_____	+ _____ [145]	_____
Depreciation	+ _____ [111]	_____	+ _____ [147]	_____

## Child and Dependent Care Expenses

**Please enter all amounts paid in 2008 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2007 employer-provided dependent care benefits used during 2008 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2008	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2008		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (1 = Yes, 2 = No)		_____ [12]

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2008 + \_\_\_\_\_ [7]

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2008 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2008 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2008 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2008 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2008 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2008 + \_\_\_\_\_

Itemized: A1

**Medical and Dental Expenses**

T/S/J		2008 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid	_____	_____
—	Long-term care premiums you paid	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items 1/1/08 through 6/30/08 _____ 7/1/08 through 12/31/08 _____	_____	_____

Itemized: A1

**Tax Expenses**

T/S/J		2008 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2007 state and local income taxes paid in 2008	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2

**Interest Expenses**

T/S/J		2008 Information	Prior Year Information
—	Home mortgage interest: From Form 1098	_____	_____
Other, such as: Home mortgage interest paid to individuals			
T/S/J	Name	SSN	2008 Information
—	_____	_____	_____
Address _____			
T/S/J		2008 Information	Prior Year Information
—	Investment interest expense, other than on K-1s:	_____	_____
		Refinance #1	Refinance #2
Refinancing Information:			
T/S/J	Description	_____	_____
	Total points paid	_____	_____
	Date of refinance	_____	_____
	Total number of payments	_____	_____
	Reported on Form 1098 in 2008	_____	_____

Itemized: A3

**Charitable Contributions**

T/S/J		2008 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3

**Miscellaneous Deductions**

T/S/J		2008 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
Other expenses, subject to 2% AGI limitation:			
—	_____	_____	_____
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
Investment expenses, other than on K1s:			
Other expenses, not subject to the 2% AGI limitation:			
—	_____	_____	_____
—	_____	_____	_____
—	Gambling losses: (Enter only if you have gambling income)	_____	_____

## Indiana General Information

School corporation name (as of January 1 of tax year) \_\_\_\_\_ [1]

School corporation code (as of January 1 of tax year) \_\_\_\_\_ [2]

	<b>Taxpayer</b>	<b>Spouse</b>
County of residence (as of January 1 of tax year)	_____ [3]	_____ [4]
County of employment (as of January 1 of tax year)	_____ [5]	_____ [6]

**Household employment taxes:**

Employee Name \_\_\_\_\_ Employee SSN \_\_\_\_\_ [7]

Income \_\_\_\_\_ State Tax Withheld \_\_\_\_\_

County Tax Withheld \_\_\_\_\_ County Code \_\_\_\_\_

### Contribution

**Amount of contribution you wish to make to:**

Nongame and Endangered Wildlife Fund \_\_\_\_\_ [8]

## College Credit

Taxpayer, Spouse (T,S) \_\_\_\_\_ Eligible institution name #1 \_\_\_\_\_ [9]

Date of contribution \_\_\_\_\_ Amount of contribution \_\_\_\_\_

Taxpayer, Spouse (T,S) \_\_\_\_\_ Eligible institution name #2 \_\_\_\_\_

Date of contribution \_\_\_\_\_ Amount of contribution \_\_\_\_\_

Taxpayer, Spouse (T,S) \_\_\_\_\_ Eligible institution name #3 \_\_\_\_\_

Date of contribution \_\_\_\_\_ Amount of contribution \_\_\_\_\_

## Renter's Information

Taxpayer, Spouse, Joint (T,S,J) \_\_\_\_\_ Principal address #1 \_\_\_\_\_ [10]

Landlord name and address \_\_\_\_\_

Number of months rented \_\_\_\_\_ Total rent paid \_\_\_\_\_

Taxpayer, Spouse, Joint (T,S,J) \_\_\_\_\_ Principal address #2 \_\_\_\_\_

Landlord name and address \_\_\_\_\_

Number of months rented \_\_\_\_\_ Total rent paid \_\_\_\_\_

## Part-year Resident and Nonresident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Indiana**

	<b>Taxpayer</b>	<b>Spouse</b>
Part-year residency dates:		
From	_____ [11]	_____ [13]
To	_____ [12]	_____ [14]

Other state(s) lived in during the tax year (Part-year resident or full-year nonresident)

Taxpayer, Spouse(T,S)	State Postal Code	From Date	To Date
_____	_____	_____	_____ [15]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	<b>Taxpayer</b>	<b>Spouse</b>
State of residence (Nonresidents only)	_____ [16]	_____ [17]

**NOTES/QUESTIONS:**