

2008	1040	US	Client Information	1
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**SWC BUSINESS ENTERPRISES PC**  
**5743 E THOMAS RD STE 6**  
**SCOTTSDALE, AZ 85251-7571**  
 Telephone number: **(602) 357-3275**  
 Fax number: **602-532-7088**  
 E-mail address: **info@swcbe.com**

Tax Return Appointment

Date:  
 Time:  
 Location:

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

CLIENT INFORMATION

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

Please add, change or delete information for 2008.

CLIENT INFORMATION

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

Please add, change or delete information for 2008.

**DEPENDENTS**

	Dependent	Dependent	
First name .....			<p style="text-align:center;"><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer                      2 = Child not living w/taxpayer                      3 = Dependent other than child                      4 = Head of household only,                      not a dependent                      5 = Earned income credit only,                      not a dependent</p> <p style="text-align:center;"><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                      2 = Student age 19 to 23                      3 = Disabled age 19 or older                      4 = Force                      5 = Suppress</p>
Last name .....			
Title/suffix .....			
Date of birth (m/d/y) .....			
Social security number .....			
Relationship .....			
Months lived at home .....			
Type of dependent (see table) .....			
Earned income credit (see table) .....			
Claimed by: 1=taxpayer, 2=spouse .....			
1=AZ only dependent .....			
1=qualifying AZ parent/ancestor .....			
	Dependent	Dependent	
First name .....			
Last name .....			
Title/suffix .....			
Date of birth (m/d/y) .....			
Social security number .....			
Relationship .....			
Months lived at home .....			
Type of dependent (see table) .....			
Earned income credit (see table) .....			
Claimed by: 1=taxpayer, 2=spouse .....			
1=AZ only dependent .....			
1=qualifying AZ parent/ancestor .....			
	Dependent	Dependent	
First name .....			
Last name .....			
Title/suffix .....			
Date of birth (m/d/y) .....			
Social security number .....			
Relationship .....			
Months lived at home .....			
Type of dependent (see table) .....			
Earned income credit (see table) .....			
Claimed by: 1=taxpayer, 2=spouse .....			
1=AZ only dependent .....			
1=qualifying AZ parent/ancestor .....			
	Dependent	Dependent	
First name .....			
Last name .....			
Title/suffix .....			
Date of birth (m/d/y) .....			
Social security number .....			
Relationship .....			
Months lived at home .....			
Type of dependent (see table) .....			
Earned income credit (see table) .....			
Claimed by: 1=taxpayer, 2=spouse .....			
1=AZ only dependent .....			
1=qualifying AZ parent/ancestor .....			

2008

1040

US

## Miscellaneous Questions

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

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new hybrid vehicle in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive the Economic Stimulus Payment (rebate) in 2008?

Please enter all pertinent 2008 information.

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

Stimulus payment received from IRS.....	84				
1=direct deposit of federal tax refund into bank account.....	18				
1=electronic payment of balance due.....	34				
1=electronic payment of estimated tax.....	36				
1=state direct deposit.....	959				
1=state electronic payment of balance due.....	611				

**BANK INFORMATION**

	Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)
19		24	20	21	22	71
44		45	47	48	49	72
50		51	67	68	69	73

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

Federal	Amount Paid	Date Paid	TS	2008 Voucher Amount
Overpayment applied from 2007.....	1			
1st quarter payment (due 4/15/08).....	2	3		13
2nd quarter payment (due 6/16/08).....	4	5		14
3rd quarter payment (due 9/15/08).....	6	7		15
4th quarter payment (due 1/15/09).....	8	9		16

Additional Estimated Tax Payments	38		39			
	40		41			
	42		43			
	44		45			

Paid with extension (not later than 4/15/09).....	10		11			
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State	Amount Paid	Date Paid	TS	2008 Voucher Amount
Overpayment applied from 2007.....	101			
1st quarter payment (due 4/15/08).....	102	103		113
2nd quarter payment (due 6/16/08).....	104	105		114
3rd quarter payment (due 9/15/08).....	106	107		115
4th quarter payment (due 1/15/09).....	108	109		116

Additional Estimated Tax Payments	138		139			
	140		141			
	142		143			
	144		145			

Paid with extension (not later than 4/15/09).....	110		111			
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1	Type of Account
	1 = Savings 2 = Checking

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

2008	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2008 information.

### APPLICATION OF 2008 OVERPAYMENT (7.1)

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

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

### 2009 ESTIMATED TAX INFORMATION

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

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

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

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

			Hash Total	7.1
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2008	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2008 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

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

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2007 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	
	800	1	2	3	4	6	8	14	18	

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2				Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/08	2007 Distribution
		Distribution code #1						Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE									
		1=spouse									
	800	1	2	810	196	3	4	6	9	34	

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

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2007 Winnings
				Federal (Box 2)	State (Box 14)	
	800	1	3	6	9	

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

	2008 Amount	TS	2007 Amount
Total gambling losses .....	12		
Winnings not reported on Form W-2G .....	10		

10, 13.1, 13.2

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

**INTEREST INCOME (11)**

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2007 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		
	800 (801, 813, 802, 803)	1	2	3	4	19	5	18	

**DIVIDEND INCOME (12)**

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2007 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		
	800	1	2	30	3	502	18	503	16	



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

**MISCELLANEOUS INCOME**

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....	2	52		
Medicare premiums paid (SSA-1099) .....	13	63		
Tier 1 RR retirement benefits (RRB-1099, box 5) .....	3	53		
1=lump-sum election for SS benefits .....	12	62		
Alimony received .....	5	55		
Taxable scholarships and fellowships .....	8	58		
Jury duty pay .....	28	78		
Household employee income not on W-2 .....	9	59		
Excess minister's allowance .....	24	74		
Alaska permanent fund dividends .....	21	71		
Income from rental of personal property .....	23	73		
Income subject to S/E tax:				
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
Other income (1099-MISC, box 3)				
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld .....	14	64		
State income tax withheld .....	15	65		
Local income tax withheld .....	16	66		

Please add, change or delete 2008 information as appropriate.  
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2008 1099-G Amount

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1).....	2	
	2008 Overpayment repaid.....	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund.....	9	
	Tax year for box 2 if not 2007 (Box 3).....	5	
	Federal income tax withheld (Box 4).....	6	
	Taxable grants:		
	Federal taxable amount (Box 6).....	12	
	State taxable amount, if different.....	17	
	Agriculture payments:		
	Agriculture payments (Box 7).....	13	
Number of farm.....	15		
1=box 2 is trade or business income (Box 8).....	14		
State income tax withheld.....	11		

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1).....	2	
	2008 Overpayment repaid.....	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund.....	9	
	Tax year for box 2 if not 2007 (Box 3).....	5	
	Federal income tax withheld (Box 4).....	6	
	Taxable grants:		
	Federal taxable amount (Box 6).....	12	
	State taxable amount, if different.....	17	
	Agriculture payments:		
	Agriculture payments (Box 7).....	13	
Number of farm.....	15		
1=box 2 is trade or business income (Box 8).....	14		
State income tax withheld.....	11		



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

**TRADITIONAL IRA CONTRIBUTIONS**

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older) . . . . .	1	51		
Contributions made to date . . . . .	3	53		
1=covered by plan, 2=not covered . . . . .	5	55		
2008 payments from 1/1/09 to 4/15/09 . . . . .	8	58		

**ROTH IRA CONTRIBUTIONS**

Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older) . . . . .	27	77		
Contributions made to date . . . . .	30	80		

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

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) . . . . .	10	60		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) . . . . .	11	61		
Defined benefit contributions you expect to make . . . . .	13	63		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) . . . . .	12	62		
Plan contribution rate if not .25 (.xxxx) . . . . .	501	551		
Individual 401k: SE elective deferrals (except Roth) (1=max.) . . . . .	44	94		
Individual 401k: SE designated Roth contributions (1=max.) . . . . .	144	194		

**SIMPLE contributions:**

Self-employed SIMPLE contributions you made or expect to make (1=maximum) . . . . .	22	72		
Employer matching rate if not .03 (.xxxx) . . . . .	502	552		
1=nonelective contributions (2%) . . . . .	24	74		
Contributions made to date . . . . .	14	64		

**ADJUSTMENTS TO INCOME**

**Self-employed health insurance:**

Total premiums (excluding long-term care) . . . . .	16	66		
Long-term care premiums . . . . .	26	76		
Student loan interest paid (1098-E, box 1) . . . . .	23	73		
Educator expenses (kindergarten thru grade 12) . . . . .	28	78		
Jury duty pay given to employer . . . . .	43	93		
Expenses from rental of personal property . . . . .	37	87		

**Other adjustments to income:**

	19	69		
	19	69		
	19	69		

**Alimony paid:**

	Taxpayer		Spouse	
Recipient's first name . . . . .	39.____		89.____	
Recipient's last name . . . . .	40.____		90.____	
Recipient's SSN . . . . .	41.____		91.____	
Amount paid . . . . .	18.____	2007 amt:	68.____	2007 amt:

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

### MEDICAL AND DENTAL EXPENSES

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

	2008 Amount	TS	2007 Amount
Prescription medicines and drugs .....	4		
Doctors, dentists and nurses .....	5		
Hospitals and nursing homes .....	6		
Insurance premiums not entered elsewhere (excl. long-term care & amts. paid w/pre-tax dollars) .....	7		
Long-term care premiums - taxpayer .....	17		
Long-term care premiums - spouse .....	58		
Insurance reimbursement (enter as a positive number) .....	8		
Lodging and transportation:			
Out-of-pocket expenses .....	9		
Medical miles driven (1/1/08 - 6/30/08) .....	52		
Medical miles driven (7/1/08 - 12/31/08) .....	59		
Other medical and dental expenses:			
_____	10		
_____	10		
_____	10		

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

State income taxes - 1/08 payment on 2007 state estimate .....	11		
State income taxes - paid with 2007 state extension .....	12		
State income taxes - paid with 2007 state return .....	13		
State income taxes - paid for prior years and/or to other state .....	14		
City/local income taxes - 1/08 payment on 2007 city/local estimate .....	211		
City/local income taxes - paid with 2007 city/local extension .....	212		
City/local income taxes - paid with 2007 city/local return .....	213		

### SALES AND USE TAXES PAID

State and local sales taxes .....	91		
Use taxes paid on 2008 purchases .....	92		
Use taxes paid with 2007 state return .....	96		
Taxes paid on vehicles, boats, and aircraft .....	93		

### OTHER TAXES PAID

Real estate taxes - principal residence:			
_____	15		
_____	15		
_____	15		
Real estate taxes - property held for investment .....	16		
Personal property taxes (including automobile fees in some states. Provide a copy of tax notice) .....	18		
Foreign income taxes .....	19		
Other taxes:			
_____	20		
_____	20		
_____	20		

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

**INTEREST PAID**

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

2008 Amount      TS      2007 Amount

_____	21		
_____	21		
_____	21		

Home mortgage interest not reported on Form 1098:

Payee's name . . . . .	85.____		
Payee's SSN or FEIN . . .	86.____		
Payee's street address . .	87.____		
Payee's city, state, ZIP . .	88.____		
Amount paid . . . . .	22.____		

Points not reported on Form 1098:

_____	23		
_____	23		
Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . . .	39		

Investment interest (interest on margin accounts):

_____	24		
_____	24		

Passive interest . . . . .

	27		
--	----	--	--

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

	30		
--	----	--	--

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

**CASH CONTRIBUTIONS**

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

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

Contributions by cash or check:

_____	32		
_____	32		
_____	32		
_____	32		
_____	32		

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

	38		
--	----	--	--

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

	31		
--	----	--	--

Number of charitable miles . . . . .

	53		
--	----	--	--

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

	61		
--	----	--	--

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

	239		
--	-----	--	--

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

Contributions by cash or check:

_____	41		
_____	41		
_____	41		
_____	41		
_____	41		

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

	40		
--	----	--	--

Number of charitable miles . . . . .

	54		
--	----	--	--

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

	62		
--	----	--	--

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

	240		
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Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

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

50% limitation (see above):

2008 Amount      TS      2007 Amount

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

33			
33			
33			
33			

30% limitation (see above):

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

34			
34			
34			
34			

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

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

35			
35			
35			
35			

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

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

36			
36			
36			
36			

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

Union and professional dues: .....

42			
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Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

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

43			
43			
43			
43			
43			
43			

Investment expense:

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

44			
44			
44			
44			
44			
44			

Tax return preparation fee: .....

45			
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Safe deposit box rental: .....

46			
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Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

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

47			
47			
47			
47			
47			
47			





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

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

**DONATED PROPERTY INFORMATION**

No. <input style="width:40px;" type="text"/>	Name of charitable organization (donee) .....	800	
	Street address .....	801	
	City, state, ZIP code .....	802	
	1=spouse, 2=joint .....	1	
	Property description .....	803	
	Date of contribution (m/d/y) * .....	5	
	Date acquired by donor (m/y) * .....	6	
	How acquired by donor (Table 1 or describe) .....	804	
	Donor's cost or basis .....	7	
	Fair market value .....	8	
Method used to determine FMV (Table 2 or describe) .....	805		

No. <input style="width:40px;" type="text"/>	Name of charitable organization (donee) .....	800	
	Street address .....	801	
	City, state, ZIP code .....	802	
	1=spouse, 2=joint .....	1	
	Property description .....	803	
	Date of contribution (m/d/y) * .....	5	
	Date acquired by donor (m/y) * .....	6	
	How acquired by donor (Table 1 or describe) .....	804	
	Donor's cost or basis .....	7	
	Fair market value .....	8	
Method used to determine FMV (Table 2 or describe) .....	805		

No. <input style="width:40px;" type="text"/>	Name of charitable organization (donee) .....	800	
	Street address .....	801	
	City, state, ZIP code .....	802	
	1=spouse, 2=joint .....	1	
	Property description .....	803	
	Date of contribution (m/d/y) * .....	5	
	Date acquired by donor (m/y) * .....	6	
	How acquired by donor (Table 1 or describe) .....	804	
	Donor's cost or basis .....	7	
	Fair market value .....	8	
Method used to determine FMV (Table 2 or describe) .....	805		

<b>1</b>	<b>How Property was Acquired</b>
	1 = Purchase
	2 = Gift
	3 = Inheritance
	4 = Exchange

<b>2</b>	<b>Method Used to Determine FMV</b>
	1 = Appraisal
	2 = Thrift shop value
	3 = Catalog
	4 = Comparable sales
	For other methods, see IRS Pub. 561.

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

**GENERAL INFORMATION**

Occupation, if different from Form 1040.....	800	
Form.....	13	
Number of form (1=first Schedule C, 2=second, etc.).....	14	
1=spouse.....	1	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	8	

**EMPLOYEE BUSINESS EXPENSES**

	2008 Amount	2007 Amount
Meal and entertainment expenses.....	44	
Reimbursements for meals and entertainment not on W-2, box 1.....	45	
1=Department of Transportation (75% meal allowance).....	50	
Local transportation (bus, taxi, train, etc.).....	7	
Travel expenses while away from home overnight.....	9	
Reimbursements not included on Form W-2, box 1.....	12	
Other business expenses:		
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	

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

**VEHICLE INFORMATION**

	2008 Amount	2007 Amount
1=vehicle used primarily by more than 5% owner .....	11	
1=vehicle is available for off-duty personal use .....	4	
1=no other vehicle is available for personal use.....	2	
1=no evidence to support your deduction .....	5	
1=no written evidence to support your deduction.....	6	

**VEHICLE 1**

Description of vehicle .....	801	
Date placed in service (m/d/y) .....	15	
Total mileage .....	16	
Business mileage (1/1/08 - 6/30/08) .....	17	
Business mileage (7/1/08 - 12/31/08) .....	113	
Commuting mileage .....	19	
Average daily round-trip commute .....	18	
Number of months of vehicle business use (if not 12) .....	80	
Parking fees and tolls (business portion only) .....	70	
Actual expenses:		
Gasoline, lube, oil .....	51	
Repairs .....	52	
Tires .....	53	
Insurance .....	54	
Miscellaneous .....	22	
Auto license (other than personal property taxes) .....	55	
Personal property taxes (based on car's value) .....	56	
Interest (car loan) (for Schedule C, E & F) .....	57	
Vehicle rent or lease payments .....	23	
Inclusion amount (enter as positive) .....	20	
Value of employer-provided vehicle on Form W-2 (2106) .....	24	

**VEHICLE 2**

Description of vehicle .....	802	
Date placed in service (m/d/y) .....	29	
Total mileage .....	30	
Business mileage (1/1/08 - 6/30/08) .....	31	
Business mileage (7/1/08 - 12/31/08) .....	114	
Commuting mileage .....	33	
Average daily round-trip commute .....	32	
Number of months of vehicle business use (if not 12) .....	112	
Parking fees and tolls (business portion only) .....	71	
Actual expenses:		
Gasoline, lube, oil .....	61	
Repairs .....	62	
Tires .....	63	
Insurance .....	64	
Miscellaneous .....	36	
Auto license (other than personal property taxes) .....	65	
Personal property taxes (based on car's value) .....	66	
Interest (car loan) (for Schedule C, E and F) .....	67	
Vehicle rent or lease payments .....	37	
Inclusion amount (enter as positive) .....	34	
Value of employer-provided vehicle on Form W-2 (2106) .....	38	

2008	1040	US	Health Savings Accounts (8889)	32.1
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Please enter all pertinent 2008 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.

**HSA CONTRIBUTIONS**

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

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage	3	53		
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)	5	55		
Contributions included above that were made after you became eligible for medicare	32	82		
Contributions made to date	39	89		

**HSA DISTRIBUTIONS**

Total HSA distribution received (1099-SA, box 1)	15	65		
Distributions included above that were rolled over to another HSA	16	66		
Total unreimbursed qualified medical expenses	17	67		

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

DEPENDENT CARE EXPENSES (33.1)	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2008 . . . . .	3	53		
Employer-provided benefits forfeited in 2008 . . . . .	6	56		

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

No. <input style="width:40px;" type="text"/>	First name . . . . .	17	
	Last name . . . . .	18	
	Date of birth (m/d/y) . . . . .	22	
	Social security number . . . . .	19	
	Qualified dependent care expenses incurred and paid in 2008 . . . . .	20	2007 amt:
	1=disabled . . . . .	23	
	1=spouse, 2=joint . . . . .	21	

No. <input style="width:40px;" type="text"/>	First name . . . . .	17	
	Last name . . . . .	18	
	Date of birth (m/d/y) . . . . .	22	
	Social security number . . . . .	19	
	Qualified dependent care expenses incurred and paid in 2008 . . . . .	20	2007 amt:
	1=disabled . . . . .	23	
	1=spouse, 2=joint . . . . .	21	

No. <input style="width:40px;" type="text"/>	First name . . . . .	17	
	Last name . . . . .	18	
	Date of birth (m/d/y) . . . . .	22	
	Social security number . . . . .	19	
	Qualified dependent care expenses incurred and paid in 2008 . . . . .	20	2007 amt:
	1=disabled . . . . .	23	
	1=spouse, 2=joint . . . . .	21	

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

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .	10	
	Street address . . . . .	11	
	City, state, ZIP code . . . . .	12	
	Identification number (SSN or EIN) . . . . .	13	
	Amount paid to care provider in 2008 . . . . .	14	2007 amt:
	1=spouse, 2=joint . . . . .	15	

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .	10	
	Street address . . . . .	11	
	City, state, ZIP code . . . . .	12	
	Identification number (SSN or EIN) . . . . .	13	
	Amount paid to care provider in 2008 . . . . .	14	2007 amt:
	1=spouse, 2=joint . . . . .	15	

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

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

		2008 Amount		2007 Amount	
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
	1=hope credit, 2=lifetime learning credit .....		15		
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere) .....		16		
	Amount of prior year refund or assistance* .....		20		
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
	1=hope credit, 2=lifetime learning credit .....		15		
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere) .....		16		
	Amount of prior year refund or assistance* .....		20		
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
	1=hope credit, 2=lifetime learning credit .....		15		
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere) .....		16		
	Amount of prior year refund or assistance* .....		20		
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
	1=hope credit, 2=lifetime learning credit .....		15		
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere) .....		16		
	Amount of prior year refund or assistance* .....		20		
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
	1=hope credit, 2=lifetime learning credit .....		15		
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere) .....		16		
	Amount of prior year refund or assistance* .....		20		

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

