

Miscellaneous Information

Name: _____

SSN: _____

Yes No

General Information

- | Yes | No | Question |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were there any changes to your filing status or number of dependents during 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Can you or your spouse be claimed as a dependent by someone else? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur any childcare expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you have a change in residence or job location during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you move during 2008? From where? _____ Date of move _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you reside in more than one state during 2008? If yes, which states? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Would you like a copy of your tax return sent to you via email? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you receive an Economic Stimulus Payment? How much? _____
If yes, please bring IRS Notice 1378 to your appointment. |

Yes No

Income Information

- | Yes | No | Question |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you received all W-2s from all employers? How many W-2s are attached? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you use your vehicle on the job other than for commuting to work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you work out of town at any time during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any disability income during the year? \$ _____. Attach 1099-R. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Did you have any income from, or pay taxes to, a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Did you engage in any bartering transactions during 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Did you surrender any U.S. Savings Bonds during 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Did you receive any state or local income tax refunds from prior years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you or your spouse have any IRA accounts? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Did you recharacterize any IRAs this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Did you receive any type of prize, award, or gambling winnings during 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Did you receive any income not shown in this organizer? If so, please list. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Does anyone owe you money that has become uncollectible? |

Comments: _____

Miscellaneous Information

Name:

SSN:

Yes No

Business Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you start a new business or purchase any rental property during 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you own rental property? What percentage of time did you spend managing your rentals? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use? |

Yes No

Other Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were any tuition costs paid during 2008 (even if classes were attended in another year)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did anyone in your household attend higher education classes in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur a loss due to damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you purchase a home, for the first time, as a principal residence after April 8, 2008? If yes, please provide closing documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you make any gifts to any one person in 2008 in excess of \$12,000? If so, are you splitting this gift with your spouse? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)? |

To itemize deductions, bring receipts and documentation for these types of expenses:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Prescriptions, first-aid |
| <input type="checkbox"/> | State/local income taxes |
| <input type="checkbox"/> | Mortgage interest |
| <input type="checkbox"/> | Tax preparation fees |
| <input type="checkbox"/> | Gambling losses (up to amount of winnings) |
| <input type="checkbox"/> | Cash donations to charity (provide all receipts) |
| <input type="checkbox"/> | Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals) |
| <input type="checkbox"/> | Real estate and personal property taxes paid in 2008 |
| <input type="checkbox"/> | Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C) |
| <input type="checkbox"/> | Fair market value of property donated to charity |
| <input type="checkbox"/> | Purchase price of new goods donated or used in volunteer work |

Comments: _____

Miscellaneous Information

Name:

SSN:

Information to bring to your appointment:

Driver's license & social security card (for identity verification)

Copy of your 2007 income tax return (for comparison and review for all includible information)

Preprinted IRS label received

Original W-2s and other statements of income received from employers

1099s and other statements reporting interest/dividend/miscellaneous income

Records of other income received (tips, self-employment, SSI, combined bank reporting statements)

Cancelled checking/savings slip (for direct deposit/direct debit information)

IRS Notice 1378 for Economic Stimulus Payment

Concerns to discuss with preparer: _____

Personal Data

Taxpayer Name				SSN					
Spouse's Name				SSN					
Address				Apt no.					
Address									
City		State		ZIP					
County				School District					
Taxpayer phone Daytime:		Ext:		Evening:		Ext:		Cell:	
Spouse phone Daytime:		Ext:		Evening:		Ext:		Cell:	
Taxpayer email				Spouse email					
Taxpayer occupation				Spouse occupation					
Taxpayer Date of Birth		<input type="checkbox"/> Blind		<input type="checkbox"/> Active military		Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>			
Spouse's Date of Birth		<input type="checkbox"/> Blind		<input type="checkbox"/> Active military		Does your spouse want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>			
Date and time of this year's appointment				Economic Stimulus Payment Amount					

Your Dependents

Dependent # 1			Dependent # 2			Dependent # 3		
First name		M.I.	First name		M.I.	First name		M.I.
Last name		Suffix	Last name		Suffix	Last name		Suffix
SSN/ITIN			SSN/ITIN			SSN/ITIN		
Relationship			Relationship			Relationship		
No. of months lived with you			No. of months lived with you			No. of months lived with you		
Age/DOB			Age/DOB			Age/DOB		
Qualifying child care expenses incurred and paid in 2008			Qualifying child care expenses incurred and paid in 2008			Qualifying child care expenses incurred and paid in 2008		
Portion of qualifying expenses provided by your employer			Portion of qualifying expenses provided by your employer			Portion of qualifying expenses provided by your employer		
Hope Credit qualified expenses paid			Hope Credit qualified expenses paid			Hope Credit qualified expenses paid		
Lifetime Learning Credit qualified expenses paid			Lifetime Learning Credit qualified expenses paid			Lifetime Learning Credit qualified expenses paid		
Tuition and Fees Deduction			Tuition and Fees Deduction			Tuition and Fees Deduction		
Minor child with income over \$850? <input type="checkbox"/>			Minor child with income over \$850? <input type="checkbox"/>			Minor child with income over \$850? <input type="checkbox"/>		

Income Taxes Paid			Federal			State			Local		
2008 Estimates:	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.		
April 15, 2008											
June 16, 2008											
Sept. 15, 2008											
Jan. 15, 2009											
2007 overpayment applied											
2007 Balance due											
2007 Refund											
Additional payments made											
Additional payments made											
Additional payments made											

Child & Dependent Care

Name:

SSN:

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2008

Amount Paid in 2007

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2008

Amount Paid in 2007

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2008

Amount Paid in 2007

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2008

Amount Paid in 2007

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2008

Amount Paid in 2007

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2008

Amount Paid in 2007

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS		Federal I.D. No.	Company Name			
Federal wages		2008	2007	Federal tax	2008	2007
State wages		2008	2007	State tax	2008	2007
Locality		2008	2007	Local tax	2008	2007

TS		Federal I.D. No.	Company Name			
Federal wages		2008	2007	Federal tax	2008	2007
State wages		2008	2007	State tax	2008	2007
Locality		2008	2007	Local tax	2008	2007

TS		Federal I.D. No.	Company Name			
Federal wages		2008	2007	Federal tax	2008	2007
State wages		2008	2007	State tax	2008	2007
Locality		2008	2007	Local tax	2008	2007

TS		Federal I.D. No.	Company Name			
Federal wages		2008	2007	Federal tax	2008	2007
State wages		2008	2007	State tax	2008	2007
Locality		2008	2007	Local tax	2008	2007

TS		Federal I.D. No.	Company Name			
Federal wages		2008	2007	Federal tax	2008	2007
State wages		2008	2007	State tax	2008	2007
Locality		2008	2007	Local tax	2008	2007

TS		Federal I.D. No.	Company Name			
Federal wages		2008	2007	Federal tax	2008	2007
State wages		2008	2007	State tax	2008	2007
Locality		2008	2007	Local tax	2008	2007

TS		Federal I.D. No.	Company Name			
Federal wages		2008	2007	Federal tax	2008	2007
State wages		2008	2007	State tax	2008	2007
Locality		2008	2007	Local tax	2008	2007

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS

Employer's name and address:

EIN _____

	2008	2007		2008	2007
Wages, tips, other compensation			State		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

TS

Employer's name and address:

EIN _____

	2008	2007		2008	2007
Wages, tips, other compensation			State		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

Profit or Loss From Business

Schedule C General Information

Name: _____ **SSN:** _____

TS		Principal business or profession	Business code	
Employer I.D. number				
Business name				
Business address				

Accounting method Cash Accrual Other

Inventory method Cost Lower of Cost or Market Other Change of inventory method Yes No

Did you "materially participate" in the operation of this business? Yes No

You started or acquired this business during 2008 Statutory employee wages

Information on your vehicle	2008	2007		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date placed in service			Available when off duty	
Business miles before July 1		Total miles for 2007	Another vehicle available	
Business miles after June 30			You have evidence	
Commuting miles			It is written	
Other miles				

Other Information	2008	2007
Family Health Coverage		

Income	2008	2007
Gross receipts or sales		
Returns and allowances		
Other income (list on detail worksheet)		

Cost of Goods Sold	2008	2007
Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

Sale of Home

Name:

SSN:

Enter the date you purchased the home

Enter the date you sold the home

Enter the purchase price of your old home

Seller-paid points for old home if bought after 1990

Enter the selling price of the old home

Enter any expenses from the sale of the old home

Settlement fees or closing costs for old home.

Abstract and recording fees

Legal fees

Surveys

Title insurance

Transfer or stamp taxes

Amounts the seller owed that you agreed to pay

Other fees or closing cost

Cost of capital improvements to old home

Special tax assessments paid on old home for local improvements, such as streets

Other increases to basis:

Describe:

If home was used for business, enter any depreciation claimed

Other decreases to basis:

Describe:

Information on time lived in the home sold

You

Spouse

Enter the date that you first used the property as a main home

Enter the date that you first owned the property as a main home

Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?

 Yes No Yes No

If YES, answer the following:

Enter date of most recent sale of another home on which you excluded the gain

Please bring the contract for the sale of the home to your appointment.

Casualties and Thefts

Name:

SSN:

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident					
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident					
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident					
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident					
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident					
Fair market value after incident					

Installment Sale Income

Name:

SSN:

TSJ		Description of property:		
Date acquired		Date sold		
				2008
				Prior Years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

TSJ		Description of property:		
Date acquired		Date sold		
				2008
				Prior Years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

TSJ		Description of property:		
Date acquired		Date sold		
				2008
				Prior Years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

Supplemental Income and Loss

Part I - Income or Loss From Rental Real Estate and Royalties

Name: _____ **SSN:** _____

TS Property address _____

Property type: _____ Activity type: _____

Some investment at risk? Yes No

Property was 100% disposed of in 2008 Yes No

Was property used for personal purposes more than the greater of 14 days or 10% of total days rented at FMV? Yes No

If yes, was this your main home or second home? Yes No

Income:	2008	2007
Rents received		
Royalties received		

Expenses:	2008	2007
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		

Above amount includes private mortgage insurance

Legal and professional fees		
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Management fees		
-----------------	--	--

Mortgage interest		
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Other interest		
----------------	--	--

Repairs		
---------	--	--

Supplies		
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Taxes		
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Utilities		
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Other (list):		
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Other Information:		
Ownership percentage		

Ownership percentage _____

Farm Rental Income and Expenses

Name: _____ **SSN:** _____

TSJ

Activity type: _____

Some of your investment is NOT at risk Farm was 100% disposed of in 2008

Income	2008	2007
Income from production of livestock, grains, and other crops		
Total cooperative distributions received		
Taxable amount		
Agricultural program payments received		
Taxable amount		
Commodity Credit Corporation (CCC) loans:		
CCC loans reported under election		
CCC loans forfeited or repaid with certificates		
Taxable amount		
Crop insurance proceeds and certain disaster payments:		
Amount received in 2008		
Taxable amount		
Do you elect to defer to next year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount deferred from last year		
Federal and state gasoline or fuel tax credit or refund		
Other income (list):		

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name: _____ **SSN:** _____

TS Payer's name: _____ Payer's FEIN: _____

Address:

City, State, Zip	2008	2007	State	2008	2007
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld		
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution		
Gross distribution			Local income tax withheld		
Taxable amount			Name of locality		
Total distribution			Local distribution		
Capital gain			State		
Federal income tax withheld			State income tax withheld		
Employee contributions or insurance premiums			State distribution		
Distribution code(s)			Local income tax withheld		
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality		
Your percentage of total distribution			Local distribution		

TS Payer's name: _____ Payer's FEIN: _____

Address:

City, State, Zip	2008	2007	State	2008	2007
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld		
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution		
Gross distribution			Local income tax withheld		
Taxable amount			Name of locality		
Total distribution			Local distribution		
Capital gain			State		
Federal income tax withheld			State income tax withheld		
Employee contributions or insurance premiums			State distribution		
Distribution code(s)			Local income tax withheld		
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality		
Your percentage of total distribution			Local distribution		

Social Security Benefit Statement

		2008	2007			2008	2007			2008	2007
TS	Net benefits			Medicare premiums				Income tax withheld			
TS	Net benefits			Medicare premiums				Income tax withheld			

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name: _____ **SSN:** _____

Taxpayer's foreign address

Foreign city _____ ST _____

Postal code _____ Country _____

Country code _____

Employer's name

Employer: US address

City _____ ST _____ Zip _____

Employer: Foreign address

City _____ ST _____

Postal code _____ Country _____

Employer is: (check any that apply) A foreign entity A U.S. company Self

A foreign affiliate of a U.S. company Other (specify): _____

If after 1981, you filed Form 2555 or 2555-EZ to claim an exclusion, enter the last year you filed a Form 2555.

If you claimed an exclusion in an earlier year (after 1981), have you ever revoked your choice? Yes No

If "Yes", give the type of exclusion and the tax year for which the revocation was effective

Of what country are you a citizen/national?

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? Yes No

If "Yes" enter city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address

List your tax home(s) during your tax year and date(s) established

Part II - Taxpayers Qualifying Under Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Kind of living quarters in foreign country Purchased house Rented house or apartment Rented room
 Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? Yes No

If "Yes", who and for what period?

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? Yes No

Are you required to pay income tax to the country where you claim bona fide residence? Yes No

If you were present in the United States during the tax year:

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business	Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business

State any contractual terms or other conditions relating to the length of your employment abroad

State the type of visa under which you entered the foreign country

Did your visa limit the length of your stay or employment in a foreign country? (If "Yes", attach explanation) Yes No

Did you maintain a home in the United States while living abroad? Yes No

If "Yes", enter address of your home, whether it was rented, the names of the occupants, and their relationship to you

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name: _____ **SSN:** _____

Part III - Taxpayers Qualifying Under Physical Presence Test

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year

Enter all travel abroad during the 12-month period shown above. 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 the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." **Do not** include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)

Part IV - Foreign Earned Income

2008

2007

Total wages, salaries, bonuses, commissions, etc.

Allowable share of income for personal services performed:

In a business (including farming) or profession

In a partnership (list name, address, and type of income):

Noncash income:

Home (lodging)

Meals

Car

Other property or facility (specify)

Allowances, reimbursements, or expenses paid on your behalf for services performed:

Cost of living and overseas differential

Family

Education

Home leave

Quarters

Other (specify)

Other foreign earned income (specify):

Meals and lodging on line 24 that are excludable

Part VI - For Taxpayers Claiming the Housing Exclusion and/or Deduction

Qualified housing expenses for the tax year

Location where housing expenses incurred & days in qualifying period that fall within your 2008 tax year

Enter employer-provided amounts

Moving Expenses

Name:

SSN:

TSJ						2008	2007	
		Military move						
Enter the number of miles from your OLD home to your NEW workplace								
Enter the number of miles from your OLD home to your OLD workplace								
Transportation and storage of household goods and personal effects								
Travel and lodging incurred during move (do NOT include cost of meals)								
Amount of moving expenses reimbursed by your employer								

Foreign Moving Expenses

TSJ						2008	2007	
If you moved to a foreign country:								
City and country in which your old workplace was located								
City and country in which your new workplace is located								

Self-Employed Health Insurance and SE Pensions

TSJ						2008	2007	
Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents								
Qualified long term care amount								
Enter your wages from an S corporation								
Plan contribution rate as a decimal								
Enter your net profit from line 31, Schedule C; line 36, Schedule F; or box 14, code A, Schedule K-1								
Enter your allowable elective deferrals made during 2008								
Enter your catch-up contributions								

Noncash Charitable Contributions

TSJ								
		Donee I.D.						
Name of donee organization								
Address of donee organization								
City, State, & ZIP of donee organization								
Description of donated property						PROPERTY TYPE (if over \$5,000)		
Physical condition of donated property							Art valued more than \$20,000	
Valuation method used							Art valued less than \$20,000	
How was it acquired?							Collectibles	
Date acquired							Qualified Conservation Contribution	
Date contributed							Other Real Estate	
Donor's cost or adjusted basis							Intellectual Property	
Fair market value							Equipment	
Bargain sale price							Securities	
Average security price							Other	

Other Income and Adjustments

Name:

SSN:

Income

	Taxpayer		Spouse	
	2008	2007	2008	2007
Taxable scholarships received				
Interest income (If over \$1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)				
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions				
Unemployment compensation received				
Unemployment repaid in 2008				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employment health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2008				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				

Itemized Deductions

Name:		SSN:			
	2008	2007	GIFTS TO CHARITY (attach receipts)	2008	2007
MEDICAL and DENTAL			Total gifts by cash or check		
Health insurance premiums			Portion of amount above for disaster relief		
Long term care premiums					
Medical miles before July 1		Total miles for 2007	30% limitation		
Medical miles after June 30			Charitable miles		
Other medical and dental expenses (list):			Midwestern disaster relief miles before July 1		
			Midwestern disaster relief miles after July 1		
			Other than by cash or check		
			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			JOB EXPENSES (list):		
TAXES					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
			Tax preparation fees		
INTEREST			OTHER EXPENSE (list):		
Home mort. int. & points on Form 1098					
Home mort. int. not on Form 1098					
Name:					
Address:					
SSN/EIN:					
Points not reported on Form 1098			MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO 2% LIMIT		
Qualified mortgage insurance premiums					
Investment interest					

Mortgage Interest

Name: _____ **SSN:** _____

TSJ		For		Business name	
Federal ID #				Product	
Recipient/Lender:				2008	2007
Name				Mortgage interest	
Address				Points paid	
City, State, Zip				Refund overpaid interest	
Account Number				Real Estate taxes paid	

TSJ		For		Business name	
Federal ID #				Product	
Recipient/Lender:				2008	2007
Name				Mortgage interest	
Address				Points paid	
City, State, Zip				Refund overpaid interest	
Account Number				Real Estate taxes paid	

TSJ		For		Business name	
Federal ID #				Product	
Recipient/Lender:				2008	2007
Name				Mortgage interest	
Address				Points paid	
City, State, Zip				Refund overpaid interest	
Account Number				Real Estate taxes paid	

TSJ		For		Business name	
Federal ID #				Product	
Recipient/Lender:				2008	2007
Name				Mortgage interest	
Address				Points paid	
City, State, Zip				Refund overpaid interest	
Account Number				Real Estate taxes paid	

TSJ		For		Business name	
Federal ID #				Product	
Recipient/Lender:				2008	2007
Name				Mortgage interest	
Address				Points paid	
City, State, Zip				Refund overpaid interest	
Account Number				Real Estate taxes paid	

Expenses for Business Use of Your Home

Name:

SSN:

TS For

Business Use of Home	2008	2007
Area used regularly and exclusively for business		
Total area of home		
Use of Home for Daycare	2008	2007
Total hours used for daycare		
Did you live in the home all year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, enter the dates you lived in the home		

Expenses						
	Expenses directly related to business use only		Total Household expenses			
	2008	2007	2008	2007	2008	2007
Did you claim office in home expenses last year? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Deductible mortgage interest						
Real estate taxes						
Excess mortgage interest						
Insurance						
Rent						
Repairs and maintenance						
Utilities						
Other expenses						

Cost of Home	2008	2007
Enter the smaller of your home's adjusted basis or its fair market value		
Does this include the value of the land?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date placed in service		
Value of land		

Employee Business Expense

Name:

SSN:

TS Occupation override

Part I - Employee Business Expense and Reimbursements

2008

2007

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

Qualifying performing artist

Fee-based state or local government official

Business Vehicle Expenses

Vehicle Description

Vehicle 1

Vehicle 2

2008

2007

2008

2007

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2008

Business miles before July 1

Total miles for 2007

Total miles for 2007

Business miles after June 30

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)

Enter cost or other basis

Enter section 179 deduction

Enter depreciation method and percentage

If an employer provided vehicle, is personal use during off duty hours permitted? Yes No

Do you (or your spouse) have another vehicle available for personal use? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Credit for Federal Tax on Fuels

Name:		SSN:		Gallons USED	2007
1a Off-highway business use					
1b Use on a farm for farming purposes					
1c Other non-taxable use of gasoline		Type			
1d Exported					
2a Aviation gasoline used in commercial aviation					
2b Aviation gasoline other nontaxable use		Type			
2c Exported					
2d LUST tax on aviation fuels used in foreign trade					
3a Nontaxable use		Type		Visible evidence of dye	
3b Use on a farm for farming purposes					
3c Use in trains					
3d Used in intercity/local bus					
3e Exported					
4a Nontaxable use		Type		Visible evidence of dye	
4b Use on a farm for farming purposes					
4c Intercity and local buses					
4d Exported					
4e Nontaxable use taxed at \$.044		Type			
4f Nontaxable use taxed at \$.219		Type			
5a Kerosene taxed at \$.244					
5b Kerosene taxed at \$.219					
5c Nontaxable use taxed at \$.244		Type			
5d Nontaxable use taxed at \$.219		Type			
5e LUST tax on aviation fuel used in foreign trade					
6 Ultimate vendor ID #					
6a Use by a state or local government				Visible evidence of dye	
6b Use in certain intercity and local buses					
7 Ultimate vendor ID #					
7a Kerosene for state and local government				Visible evidence of dye	
7b Sales from blocked pump					
7c Certain intercity and local buses					
8 Ultimate vendor ID #					
8a Use in commercial aviation taxed at \$.219					
8b Commercial aviation taxed at \$.244					
8c Nonexempt noncommercial aviation					
8d Other nontaxable uses taxed at \$.244		Type			
8e Other nontaxable uses taxed at \$.219		Type			
8f LUST tax on aviation fuels used in foreign trade					

Credit for Federal Tax on Fuels

Name:		SSN:		Gallons USED	2007
9	Registration number				
9a	Ethanol alcohol mixtures				
9b	Alcohol mixtures other than ethanol				
10	Registration number				
10a	Biodiesel mix				
10b	Agri-biodiesel mix				
10c	Renewable diesel mixtures				
11a	Liquefied petroleum gas	Type			
11b	P series fuels	Type			
11c	Compressed Natural Gas (GCE = 126.67 cu. ft.)	Type			
11d	Liquefied hydrogen	Type			
11e	Any liquid fuel from the Fischer-Tropsch process	Type			
11f	Liquid hydrocarbons derived from biomass	Type			
11g	Liquefied natural gas	Type			
11h	Liquefied gas derived from biomass	Type			
12	Ultimate Vendor ID #				
12a	Liquefied petroleum gas				
12b	P series fuels				
12c	Compressed natural gas				
12d	Liquefied hydrogen				
12e	Liquid fuel derived from coal				
12f	Liquid hydrocarbons from biomass				
12g	Liquefied natural gas				
12h	Liquefied gas derived from biomass				
12i	Compressed gas derived from biomass (GGE = 122 cu. ft.)				
13	Registration number				
13a	State or local government diesel				
13b	State or local government kerosene				
13c	State or local government aviation				
14a	Nontaxable use	Type			
14b	Exported				
15	Registration number				
15a	Blender credit				
16a	Exported dyed diesel				
16b	Exported dyed kerosene				

Auto Expense Worksheet

Name:

SSN:

For

Profession/Product

Business name

Description

Date placed in service

Do you have another vehicle available for personal use? Yes No

Was your vehicle available for use during off hours? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

a Business miles before July 1

Business miles after June 30

b Commuting

c Other

2008

2007

Total miles
for 2007

Expenses:

2008

2007

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %