

# State Information Worksheet

ORG60

## GENERAL INFORMATION

	<b>Taxpayer</b>	<b>Spouse</b>
1 Enter your state of residence .....	_____	_____
2 Check the appropriate box if:	<b>Taxpayer</b>	<b>Spouse</b>
a Full year resident .....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident .....	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident .....	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____ School district: _____ School district number: _____		
	<b>Taxpayer</b>	<b>Spouse</b>
5 Check if disabled .....	<input type="checkbox"/>	<input type="checkbox"/>

## STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## MISCELLANEOUS QUESTIONS

		<b>Yes</b>	<b>No</b>
8 Did you file a state return for 2007? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded .....	<input type="checkbox"/>	b Apply to 2009 estimates .....	<input type="checkbox"/>
		c Apply to 2009 taxes .....	<input type="checkbox"/>
12 Additional state information: _____			
_____			
_____			

# K-1 Estate & Trust – Beneficiary's Questions

ORG47

<b>▶</b>	<input checked="" type="checkbox"/>	<b>Attach all copies of K-1's from estates and trusts.</b>
<b>1</b>	Name of estate or trust . . . . _____ <hr/> Estate or trust identification no. . . . _____ Tax shelter registration number . . . . _____ <hr/> 1 Beneficiary . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Name of estate or trust . . . . _____ <hr/> Estate or trust identification no. . . . _____ Tax shelter registration number . . . . _____ <hr/> 1 Beneficiary . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3</b>	Name of estate or trust . . . . _____ <hr/> Estate or trust identification no. . . . _____ Tax shelter registration number . . . . _____ <hr/> 1 Beneficiary . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4</b>	Name of estate or trust . . . . _____ <hr/> Estate or trust identification no. . . . _____ Tax shelter registration number . . . . _____ <hr/> 1 Beneficiary . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5</b>	Name of estate or trust . . . . _____ <hr/> Estate or trust identification no. . . . _____ Tax shelter registration number . . . . _____ <hr/> 1 Beneficiary . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b>	Name of estate or trust . . . . _____ <hr/> Estate or trust identification no. . . . _____ Tax shelter registration number . . . . _____ <hr/> 1 Beneficiary . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

# K-1 S Corporation – Shareholder's Questions

ORG46

**Attach all copies of K-1s from S Corporations.**

<b>1</b>	<p>Name of S Corporation . . . . . _____</p> <p>S Corporation identification number _____ Tax shelter registration number . . . . . _____</p> <p>1 Ownership . . . . . <input type="checkbox"/> Taxpayer                      <input type="checkbox"/> Spouse                      <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this S Corporation? . . . . . <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<b>2</b>	<p>Name of S Corporation . . . . . _____</p> <p>S Corporation identification number _____ Tax shelter registration number . . . . . _____</p> <p>1 Ownership . . . . . <input type="checkbox"/> Taxpayer                      <input type="checkbox"/> Spouse                      <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this S Corporation? . . . . . <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<b>3</b>	<p>Name of S Corporation . . . . . _____</p> <p>S Corporation identification number _____ Tax shelter registration number . . . . . _____</p> <p>1 Ownership . . . . . <input type="checkbox"/> Taxpayer                      <input type="checkbox"/> Spouse                      <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this S Corporation? . . . . . <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<b>4</b>	<p>Name of S Corporation . . . . . _____</p> <p>S Corporation identification number _____ Tax shelter registration number . . . . . _____</p> <p>1 Ownership . . . . . <input type="checkbox"/> Taxpayer                      <input type="checkbox"/> Spouse                      <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this S Corporation? . . . . . <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<b>5</b>	<p>Name of S Corporation . . . . . _____</p> <p>S Corporation identification number _____ Tax shelter registration number . . . . . _____</p> <p>1 Ownership . . . . . <input type="checkbox"/> Taxpayer                      <input type="checkbox"/> Spouse                      <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this S Corporation? . . . . . <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<b>6</b>	<p>Name of S Corporation . . . . . _____</p> <p>S Corporation identification number _____ Tax shelter registration number . . . . . _____</p> <p>1 Ownership . . . . . <input type="checkbox"/> Taxpayer                      <input type="checkbox"/> Spouse                      <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this S Corporation? . . . . . <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>

## K-1 Partnership – Partner's Questions

ORG45

<b>▶</b>	<input checked="" type="checkbox"/>	Attach all copies of K-1s from partnerships.		
<b>1</b>	Name of partnership .....			
	Partnership identification number .....		Tax shelter registration number .....	
	1	Ownership .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
	2	Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2</b>	Name of partnership .....			
	Partnership identification number .....		Tax shelter registration number .....	
	1	Ownership .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
	2	Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>3</b>	Name of partnership .....			
	Partnership identification number .....		Tax shelter registration number .....	
	1	Ownership .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
	2	Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>4</b>	Name of partnership .....			
	Partnership identification number .....		Tax shelter registration number .....	
	1	Ownership .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
	2	Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>5</b>	Name of partnership .....			
	Partnership identification number .....		Tax shelter registration number .....	
	1	Ownership .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
	2	Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6</b>	Name of partnership .....			
	Partnership identification number .....		Tax shelter registration number .....	
	1	Ownership .....	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
	2	Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

# Tax Payments

ORG40

## 2008 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/15/08								
2 Qtr 2 due by 06/16/08								
3 Qtr 3 due by 09/15/08								
4 Qtr 4 due by 01/15/09								
5a Additional payments ..								
b Additional payments ..								
c Additional payments ..								
d Additional payments ..								

## OTHER TAX PAYMENTS

	Federal	State	Local
6 2007 overpayment applied to 2008 .....			
7 Balance due paid with 2007 return .....			
8a 2007 Quarter 4 payments paid in 2008 .....			
b 2007 extension payments paid in 2008 .....			
9 Other taxes paid in 2008 for prior years (include explanation) .....			

## 2009 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2009, please enter the increase or decrease below.

### Income

10 Wages .....	Taxpayer .....	
	Spouse .....	
11 Self-Employment Income .....	Taxpayer .....	
	Spouse .....	
12 Capital Gains (sale of stock, real estate, etc) .....		
13 Other Income:		
Description .....		

### Deductions

14 Allowable Itemized Deductions .....	
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description .....	
16 Federal Withholding .....	
17 Number of personal exemptions expected for 2009 .....	

## ADDITIONAL INFORMATION

- 18 Check to use your 2008 tax amount for your 2009 estimate .....
- 19 If you have an overpayment of 2008 taxes, check the box to indicate how you want your overpayment applied.
- a Apply entire overpayment to next year and refund excess .....
- b Apply entire overpayment to first quarter and refund excess .....
- 20 Amount to apply if not entire overpayment .....
- 21 Number of installments for estimated tax (1 - 4) .....

## Education Information

ORG36

### EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified education expense.

Student's Name		Student's Social Security Number	1. First/second year of post-secondary education? 2. At least 1/2 time? 3. Earning degree or other credential? 4. No drug offenses?	
First Name Last Name	Middle Initial Suffix		Yes	No
-----	-----		<input type="checkbox"/>	<input type="checkbox"/>
-----	-----		<input type="checkbox"/>	<input type="checkbox"/>
-----	-----		<input type="checkbox"/>	<input type="checkbox"/>
-----	-----		<input type="checkbox"/>	<input type="checkbox"/>

EDUCATOR EXPENSES	2008	2007
<b>1 a</b> Taxpayer educator expenses .....		
<b>b</b> Spouse educator expenses .....		

STUDENT LOAN INTEREST PAID	2008	2007
<b>2</b> Enter the total interest you paid in 2008 on qualified student loans .....		

### FORM 1099-Q

State Code	Name of Payer or Program	Check if Spouse	Gross Distribution Box 1	Earnings Box 2	Type Box 5
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

## Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES			
Enter below the persons or organizations who provided the child and dependent care.			
Name	Address	ID Number	Amount Paid
1 -----	-----		
2 -----	-----		
3 -----	-----		
4 -----	-----		
EXPENSES		2008	2007
1 Total employment taxes paid on wages for child care expenses .....			
2 Total expenses paid in 2008 but not incurred in 2008 .....			
3 Total expenses incurred in 2008 but not paid in 2008 .....			
4 Medical expenses paid for qualifying persons unable to care for themselves .....			
STUDENT/DISABLED PERSON INFORMATION		Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled, answer the following questions:			
a Enter the number of months that taxpayer/spouse did <b>not</b> work and was a full-time student or disabled .....			
b Enter earned income if the taxpayer/spouse who was a student or disabled did work .....			

# Rent and Royalty Income and Expenses

ORG25

## BASIC PROPERTY INFORMATION

Property type: \_\_\_\_\_

Property location: \_\_\_\_\_

1 Check property owner .....  **Taxpayer**       **Spouse**       **Joint**

**Yes**   **No**

2 Enter the ownership percentage (if not 100%) ..... \_\_\_\_\_  
 If not 100%, are you reporting 100% of the income and expenses? .....  **Yes**    **No**

3 Check this box if some of this investment was **not** at-risk .....  **Yes**    **No**

4 Is this a rental property? (If **yes**, answer questions 5 through 7; if **no**, skip to question 8.) .....  **Yes**    **No**

5 Did you have personal use of this rental property? .....  **Yes**    **No**  
 If **yes**, enter number of days: Rented .....      Personal use .....      Owned .....

6 Does this rental have multiple living units and you live in one of the units? .....  **Yes**    **No**  
 If **yes**, enter percentage of rental use ..... \_\_\_\_\_

7 Did you actively participate in this property's management during 2008? .....  **Yes**    **No**

8 Did you materially participate in this property's management during 2008? .....  **Yes**    **No**

9 Do you want to treat this property as non-passive? .....  **Yes**    **No**

10 Did you dispose of this property in a fully taxable transaction? .....  **Yes**    **No**

11 Did this property have unallowed passive losses in 2007? .....  **Yes**    **No**

12 Do you want to treat this property as commercial property? .....  **Yes**    **No**

13a Treat all MACRS assets for this activity as qualified Indian reservation property? .....  **Yes**    **No**

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .....  **Regular**    **Extension**    **No**

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  **Yes**    **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2008	2007
14 Rents received .....		
15 Royalties received .....		
EXPENSES	2008	2007
16 Advertising .....		
17a Automobile (complete ORG18 for autos) .....		
b Travel .....		
18 Cleaning and maintenance .....		
19 Commissions .....		
20a Mortgage insurance premiums – qualified .....		
b Other insurance .....		
21 Legal and professional fees .....		
22 Management fees .....		
23a Mortgage interest paid to banks – qualified .....		
b Mortgage interest paid to banks – other .....		
24 Other interest .....		
25 Repairs .....		
26 Supplies .....		
27a Real estate taxes .....		
b Other taxes .....		
28 Utilities .....		
29 Other expenses:		
a _____ .....		
b _____ .....		
c _____ .....		
d _____ .....		
e _____ .....		
30a Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ) .....		
b Depletion ( <b>Preparer Use Only</b> ) .....		

## Business Use of Home

ORG20

for:  
copy:

GENERAL INFORMATION	2008	2007
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) .....		
2 Area used only partly for day care (square footage) .....		
3 Total area of home (square footage) .....		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year .....		
b Number of days used for day care each week .....		
c Number of days closed for holidays, vacations, etc .....		
d Number of hours used for daycare each day .....		
5 If part of your income is from a place of business other than this home, enter % of gross income from business use of this home .....		
6 Gain from business use of home shown on Schedule D or Form 4797 <b>(Preparer Use Only)</b> ...		
7 Any losses from this business shown on Schedule D or Form 4797 <b>(Preparer Use Only)</b> .....		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2008		2007	
	Direct	Indirect	Direct	Indirect
8 Casualty losses <b>(Preparer Use Only)</b> .....				
9 Total mortgage interest/points .....				
10 Mortgage interest/points on Form 1098 .....				
11 Interest <b>not</b> on Form 1098 .....				
12 Points <b>not</b> of Form 1098 .....				
13 Real estate taxes .....				
14 Excess mortgage interest <b>(Preparer Use)</b> .....				
15 Qualified mortgage insurance .....				
16 Other insurance .....				
17 Rent .....				
18 Repairs and maintenance .....				
19 Utilities .....				
20 Other expenses (e.g., rent) .....				
21 Carryover of operating expenses .....				
22 Excess casualty losses <b>(Preparer Use Only)</b> .....				
23 Depreciation of your home <b>(Preparer Use Only)</b> .....				
24 Carryover of excess casualty losses and depreciation .....				

### DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

25	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
26	Enter the land value included in cost for residence .....			

**Business Income and Expenses (continued)**

**ORG19**

EXPENSES	2008	2007
Business name _____		
<b>26</b> Advertising .....		
<b>27</b> Car and truck expenses (complete ORG18) .....		
<b>28</b> Commissions and fees .....		
<b>29</b> Contract labor .....		
<b>30</b> Depletion .....		
<b>31</b> Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
<b>32</b> Employee benefit programs .....		
<b>33</b> Insurance (other than health) .....		
<b>34</b> Self-employed health insurance attributable to this business .....		
<b>35</b> Interest:		
<b>a</b> Mortgage (paid to banks, etc) .....		
<b>b</b> Other .....		
<b>36</b> Legal and professional services .....		
<b>37</b> Office expenses .....		
<b>38</b> Pension and profit-sharing plans .....		
<b>39</b> Rent or lease:		
<b>a</b> Machinery and equipment .....		
<b>b</b> Other business property .....		
<b>40</b> Repairs and maintenance .....		
<b>41</b> Supplies (not included in cost of goods sold) .....		
<b>42</b> Taxes and licenses .....		
<b>43</b> Travel, meals, and entertainment:		
<b>a</b> Travel .....		
<b>b</b> Meals and entertainment subject to 50% limit .....		
<b>c</b> Meals subject to 75% limit .....		
<b>d</b> Meals and entertainment not subject to limit .....		
<b>44</b> Utilities .....		
<b>45</b> Wages .....		
<b>46</b> Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>47</b> Expenses for business use of your home <b>(Preparer Use Only)</b> .....		
Complete ORG20 for Business Use of Home.		
<b>48</b> Qualified pension plans start-up costs .....		

# Business Income and Expenses

ORG19

## GENERAL INFORMATION

1 Check ownership .....  Taxpayer     Spouse     Joint

2 Business name .....

3 Business address .....

4 Principal business/profession .....

5 Employer ID number .....

6 Business code (**Preparer Use Only**) ....

Yes    No

7 Was this business fully disposed of to an unrelated person during the year? .....    

---

8 Accounting method:  
 Cash     Accrual     Other (specify)  .....

9 Method used to value closing inventory:  
 Cost     Lower of     Other (explain)  .....

Yes    No

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?  
 (If yes, attach explanation) .....    

11 Did you materially participate in the operation of this business during 2008? .....    

12 Did you start or acquire this business during 2008? .....    

13 At-risk determination:

a Is all of the investment in this activity at risk? .....

b Is some of the investment in this activity not at risk? .....

14 Did you have unallowed passive losses in 2007? .....    

15a Treat all MACRS assets for this activity as qualified Indian reservation property? .....    

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... **Regular**     **Extension**     **No**

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....    

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2008	2007
16 Gross receipts or sales .....		
17 Returns and allowances .....		
18 Other income (include federal/state gas tax credit/refund) .....		

COST OF GOODS SOLD – IF APPLICABLE	2008	2007
19 Inventory at beginning of year .....		
20 Purchases .....		
21 Items withdrawn for personal use .....		
22 Cost of labor (do not include your salary) .....		
23 Materials and supplies .....		
24 Other costs .....		
25 Inventory at end of year .....		

# Employee Home Office Expense

ORG17A

for:  
copy:

GENERAL INFORMATION	2008	2007
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) .....		
2 Area used only partly for day care (square footage) .....		
3 Total area of home (square footage) .....		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year .....		
b Number of days used for day care each week .....		
c Number of days closed for holidays, vacations, etc .....		
d Number of hours used for daycare each day .....		
5 Total wages from this business .....		
6 Enter the percent of wages above that are from the business use of this home .....		
7 Gain from business use of home shown on Schedule D or Form 4797 <b>(Preparer Use Only)</b> .....		
8 Any losses from this business shown on Schedule D or Form 4797 <b>(Preparer Use Only)</b> .....		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2008		2007	
	Direct	Indirect	Direct	Indirect
9 Casualty losses <b>(Preparer Use Only)</b> .....				
10 Mortgage interest/points on Form 1098 .....				
11 Interest not on Form 1098 .....				
12 Points not of Form 1098 .....				
13 Real estate taxes .....				
14 Qualified mortgage insurance .....				
15 Other insurance .....				
16 Repairs and maintenance .....				
17 Utilities .....				
18 Other expenses (e.g., rent) .....				
19 Carryover of operating expenses .....				
20 Excess casualty losses <b>(Preparer Use Only)</b> .....				
21 Depreciation of your home <b>(Preparer Use Only)</b> .....				
22 Carryover of excess casualty losses and depreciation .....				

## DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

23	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
24	Enter the land value included in cost for residence .....			

## Employee Business Expenses (continued)

ORG17

GENERAL VEHICLE INFORMATION	Vehicle 1	Vehicle 2
15 Description of vehicle .....		
16 Date placed in service .....		
17 Enter detail on lines 17a and 17b, or total on line 17c:		
a Ending mileage reading .....		
b Beginning mileage reading .....		
c <b>Total miles</b> for the year (line 17a less line 17b) .....		
18a Business miles from 01/01/2008 thru 06/30/2008 .....		
b Business miles from 07/01/2008 thru 12/31/2008 .....		
19 Total commuting miles .....		
20 Average daily commuting miles .....		
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2
21 Do you qualify for standard mileage? <b>(Preparer Use Only)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Is this a leased vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2
23 Gasoline, oil, repairs, insurance, etc .....		
24 Vehicle registration fee (excluding property tax) .....		
25 Vehicle lease or rental fee .....		
26 Inclusion amount <b>(Preparer Use Only)</b> .....		
27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2) .....		
28 Depreciation <b>(Preparer Use Only)</b> .....		
VEHICLE DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2
29 Cost or basis .....		
30 Is this an electric vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31 Is this qualified Indian reservation property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Type of vehicle <b>(Preparer Use Only)</b> .....		
33 Section 179 expense <b>(Preparer Use Only)</b> .....		
34 Qualified Property for Kansas Disaster Zone <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Qualified property for GO Zone? <b>(Preparer Use Only)</b> .....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
36 Qualified property for Special Depreciation Allowance? <b>(Preparer Use)</b> .....	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No
37 Elect OUT of Special Depreciation Allowance? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
38 Elect 30% in place of 50% Allowance? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
39 Date sold .....		
40 Date acquired, if different from line 16 .....		
41 Sales price .....		
42 Expense of sale .....		
43 Gain/loss basis, if different <b>(Preparer Use Only)</b> .....		
44 AMT gain/loss basis, if different <b>(Preparer Use Only)</b> .....		
VEHICLE QUESTIONS		
45 Was your vehicle available for personal use during off-duty hours? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
46 Is another vehicle available for personal use? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
47 Do you have evidence to support the business use claimed? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
48 If <b>yes</b> , is the evidence written? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Employee Business Expenses

**ORG17**

Occupation in which expenses were incurred .....

Check box if spouse's employee expenses. If blank, taxpayer assumed .....

Check box if a fee-basis state or local government official .....

Check box if subject to Department of Transportation (DOT) hours of service limits .....

Treat all MACRS assets for activity as qualified Indian reservation property? .....  Yes  No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .....  Regular  Extension  No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  Yes  No

EXPENSES	2008	2007
<b>1</b> Parking fees, tolls, and local transportation .....		
<b>2</b> Travel expenses while away from home (excluding meals/entertainment expenses) .....		
<b>3</b> Meals and entertainment expenses .....		
<b>4</b> Business gifts .....		
<b>5</b> Education .....		
<b>6</b> Home office expenses <b>(Preparer Use Only – complete ORG17A)</b> .....		
<b>7</b> Trade publications .....		
<b>8</b> Depreciation expense other than vehicle <b>(Preparer Use Only)</b> .....		
<b>9</b> Carryover of Section 179 expense from prior year .....		
<b>10</b> Other: ..... ..... ..... .....		

EMPLOYER REIMBURSEMENTS	2008	2007
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
<b>11</b> Reimbursements for other than meals and entertainment .....		
<b>12</b> Reimbursements for meals and entertainment .....		

QUALIFIED PERFORMING ARTIST	2008	2007
<b>13</b> Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2008	2007
<b>14</b> If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any property or equipment other than a vehicle was acquired during 2008, please complete ORG51— Additional Assets. For vehicles, see page 2.

If any property or equipment other than a vehicle was disposed of during 2008, please complete the disposition information on ORG50 – Existing Assets. For vehicles, see page 2.

## Miscellaneous Itemized Deductions

**ORG15**

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2008	2007
<b>Employee Business Expenses</b>		
<b>Note:</b> If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for <b>any</b> of your job-related expenses, complete <b>ORG17</b> for <b>all</b> your employee expenses.		
1 Union and professional dues .....		
2 Professional subscriptions .....		
3 Uniforms and protective clothing .....		
4 Job search costs .....		
5 Other unreimbursed employee expenses:		
a .....		
b .....		
c .....		
d .....		
e .....		
<b>Other Expenses Subject to the 2% Limitation</b>		
Treat all MACRS assets for this activity as qualified Indian reservation property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check to code assets as Investment Expense ..... <input type="checkbox"/>		
Use <b>ORG50</b> to record dispositions.		
Use <b>ORG51A</b> to enter additional assets.		
Use <b>ORG11a</b> for investment expenses related to interest income.		
Use <b>ORG11b</b> for investment interest related to dividend income.		
6 Tax return preparation fees .....		
7 Investment counsel and advisory fees .....		
8 Certain attorney and accounting fees .....		
9 Safe deposit box rental .....		
10 IRA custodial fees .....		
11 Other expenses (list):		
a .....		
b .....		
c .....		
d .....		
e .....		
OTHER MISCELLANEOUS DEDUCTIONS	2008	2007
12 Amortizable bond premiums (acquired before 10/23/86) .....		
13 Gambling losses (to the extent of gambling income) .....		
14 Other miscellaneous deductions:		
a .....		
b .....		
c .....		
d .....		
e .....		

# Noncash Contributions

ORG14A

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Amount
A _____	<input type="checkbox"/>		
B _____	<input type="checkbox"/>		
C _____	<input type="checkbox"/>		
D _____	<input type="checkbox"/>		
E _____	<input type="checkbox"/>		
F _____	<input type="checkbox"/>		
G _____	<input type="checkbox"/>		
H _____	<input type="checkbox"/>		
I _____	<input type="checkbox"/>		

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

* Method for Fair Market Value	Date of Contribution	Complete these columns <b>only</b> for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

**\* Methods of determining FMV:**

- |               |                          |                   |
|---------------|--------------------------|-------------------|
| Appraisal     | Capitalization of income | Present value     |
| Average share | Comparative sales        | Replacement cost  |
| Catalog       | Consignment shop         | Reproduction cost |

**\*\* Type of Donated Property**

- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| Household/clothing items        | Business equipment                | Intellectual property                  |
| Motor vehicle, boat or airplane | Business inventory                | Real property, conservation property   |
| Art, other than self-created    | Stock, publicly traded            | Real property, other than conservation |
| Art, self-created               | Stock, other than publicly traded | Other personal property                |
| Collectibles                    | Securities, other than stock      | Other intangible property              |

\*\*\*How Property was Acquired: Purchase, Gift, Inheritance, Exchange



## Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2008	2007
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2008
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2007 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

INVESTMENT INTEREST		
	2008	2007
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) .....		

## Medical and Tax Expenses

**ORG13**

<b>MEDICAL AND DENTAL EXPENSES</b>	<b>2008</b>	<b>2007</b>
<b>1</b> Prescription medications .....		
<b>2</b> Health insurance premiums (enter Medicare B on ORG10) .....		
<b>3</b> Qualified long-term care premiums		
<b>a</b> Taxpayer's gross long-term care premiums .....		
<b>b</b> Spouse's gross long-term care premiums .....		
<b>c</b> Dependent's gross long-term care premiums .....		
<b>4</b> Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity .....		
<b>5a</b> Insurance reimbursement .....		
<b>b</b> Medical (MSA) or health (HSA) savings account distributions .....		
<b>6</b> Doctors, dentists, etc .....		
<b>7</b> Hospitals, clinics, etc .....		
<b>8</b> Lab and X-ray fees .....		
<b>9</b> Expenses for qualified long-term care .....		
<b>10</b> Eyeglasses and contact lenses .....		
<b>11</b> Medical equipment and supplies .....		
<b>12a</b> Miles driven for medical purposes 1/1 - 6/30/08 .....		
<b>b</b> Miles driven for medical purposes 7/1 - 12/31/08 .....		
<b>13</b> Ambulance fees and other medical transportation costs .....		
<b>14</b> Lodging .....		
<b>15</b> Other medical and dental expenses:		
<b>a</b> _____ .....		
<b>b</b> _____ .....		
<b>c</b> _____ .....		
<b>d</b> _____ .....		
<b>e</b> _____ .....		
<b>f</b> _____ .....		
<b>g</b> _____ .....		
<b>h</b> _____ .....		
<b>i</b> _____ .....		
<b>j</b> _____ .....		
<b>TAXES</b>	<b>2008</b>	<b>2007</b>
Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>		
<b>16</b> Real estate taxes paid on principal residence .....		
<b>17</b> Real estate taxes paid on additional homes or land .....		
<b>18</b> Auto registration fees based on the value of the vehicle .....		
<b>19</b> Other personal property taxes .....		
<b>20</b> Other taxes:		
_____ .....		
_____ .....		

## Seller-Financed Interest/Child's Interest and Dividends

ORG12

T = Taxpayer, S = Spouse, J = Joint

SELLER-FINANCED MORTGAGE INTEREST					
TSJ	*X	Name of Payer	Address	SSN or EIN	Amount

\*X Check if you did not receive interest from this payer in 2008.

CHILD'S INTEREST AND DIVIDENDS (greater than \$900)			
*X	Child's Name	2008	2007
	First name _____ MI ____ Last name _____ Suffix ____ SSN _____ Child's taxable interest ..... Child's tax-exempt interest ..... Child's ordinary dividends ..... Child's capital gain distributions .....		
	First name _____ MI ____ Last name _____ Suffix ____ SSN _____ Child's taxable interest ..... Child's tax-exempt interest ..... Child's ordinary dividends ..... Child's capital gain distributions .....		
	First name _____ MI ____ Last name _____ Suffix ____ SSN _____ Child's taxable interest ..... Child's tax-exempt interest ..... Child's ordinary dividends ..... Child's capital gain distributions .....		

\*X Check if this child did not receive interest or dividend income in 2008.

# 1099-DIV Amounts

ORG11B

Box	Form 1099-DIV	2008	2007
	<b>Payer Name</b> .....		
<b>2b</b>	Unrecaptured Section 1250 gain .....		
<b>2c</b>	Section 1202 gain .....		
<b>2d</b>	Collectibles (28%) gain .....		
<b>3</b>	Nontaxable distributions .....		
<b>4</b>	Federal taxes withheld .....		
<b>5</b>	Investment expenses .....		
<b>6</b>	Foreign tax paid .....		
<b>7</b>	Foreign country .....		
	State taxes withheld .....		
	State ID .....		
	U.S. government interest in dividends .....		
	Exempt-interest dividends (not included in box 1) .....		
	Private activity bond amount included above .....		
	Percent of private activity bond included above .....		
	Margin interest paid in 2008 .....		
	Types of adjustments: Nominee <input type="checkbox"/> Other <input type="checkbox"/> ESOP <input type="checkbox"/>		
	Amount of adjustment .....		

# 1099-INT Amounts

ORG11A

Box	Form 1099-INT	2008	2007
	<b>Payer Name</b> .....		
<b>2</b>	Early withdrawal penalty .....		
<b>4</b>	Federal taxes withheld .....		
<b>5</b>	Investment expense .....		
<b>6</b>	Foreign taxes paid .....		
<b>7</b>	Foreign country .....		
	State taxes withheld .....		
	State ID .....		
<b>9</b>	Private activity bond interest .....		
	Percent of private activity bond amount included in total interest .....		
	Types of adjustments:*		
	<input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> U		
	Amount of adjustment .....		

\*Type of adjustment:

N = Nominee distribution

O = Original issue discount (OID) adjustment

B = Amortizable bond premium (ABP) adjustment

A = Accrued interest adjustment

H = Other adjustment

U = U.S. Savings bond interest previously reported

# Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

## INTEREST INCOME

**Attach all copies of your Form 1099-INTs here.**

**\*\*Type of Interest**  
 blank = Regular taxable interest  
 ME1 = ME bond interest in federal income  
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest  
 NH1 = NH nontaxable interest — taxable federal  
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest  
 TN1 = TN nontaxable interest — taxable federal  
 WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2008 Box 1 Interest	Type of Interest**	2008 Box 3 US/Treasury Interest	2008 Box 8 Tax Exempt	State	2007 Box 1 or 3

X\* Check if you did not receive income from this account in 2008.

## DIVIDEND INCOME

**Attach all copies of your Form 1099-DIVs here.**

TSJ	X*	Payer Name	2008 Box 1a Ordinary Dividends	2008 Box 1b Qualified Dividends	2008 Box 2a Capital Gains	State	2007 Box 1a + 2a

X\* Check if you did not receive income from this account in 2008.

**Social Security Benefits/Form 1099-G/Other Income**

ORG10

**SOCIAL SECURITY BENEFITS**

<input checked="" type="checkbox"/> <b>Attach all copies of SSA and RRB forms.</b>	<b>Taxpayer</b>	<b>Spouse</b>
1 Social Security Benefits from Form SSA-1099 .....		
2 Federal income tax withheld from Form SSA-1099 .....		
3 Medicare B premiums withheld from Form SSA-1099 .....		
4 Medicare D premiums withheld from Form SSA-1099 .....		
5 Railroad Retirement Benefits from Form RRB-1099 .....		
6 Federal income tax withheld from Form RRB-1099 .....		
7 Medicare premiums withheld from Form RRB-1099 .....		

**FORM 1099-G**

**Attach all copies of 1099-G forms.**

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name .....			
1	Unemployment compensation .....			
a	Unemployment benefits you repaid in 2008 .....			
2	State and local income tax refunds .....			
3	Enter the tax year from 1099-G box 3 .....			
a	If tax year is 2006 or prior, enter the taxable portion of the amount reported in box 2 .....			
4	Federal income tax withheld .....			
5	Alternative Trade Adjustment Assistance .....			
6	Taxable grants .....			
7	Agriculture payments .....			
8	Check if box 2 amount is from trade or business .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	State income tax withheld .....			
	Two-letter state abbreviation .....	_____	_____	_____
	Two or three-letter local abbreviation .....			

**OTHER INCOME**

Nature and Source	2008 Taxpayer	2008 Spouse	2007 Combined
1 Alimony received .....			
2 Scholarship/fellowship income not on Form W-2 .....			
3 Recovery of bad debts previously deducted .....			
4 Jury duty pay .....			
5 Bartering income not reported elsewhere .....			
6 Income from the rental of personal property .....			
7 Other miscellaneous income items: Description:			
_____			
_____			
_____			

1099-MISC Income

ORG8

MISCELLANEOUS INCOME

Attach all copies of 1099-MISC forms here.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if you did not receive income from this payer in 2008 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name .....			
	Payer's federal identification number <b>or</b> .....			
	Payer's social security number .....			
1	Rents .....			
2	Royalties .....			
3	Other income .....			
4	Federal income tax withheld .....			
5	Fishing boat proceeds .....			
6	Medical/health care payments .....			
7	Nonemployee compensation .....			
8	Substitute payments .....			
10	Crop insurance proceeds .....			
13	Excess golden parachute payments .....			
14	Gross proceeds paid to an attorney .....			
15a	Section 409A deferrals .....			
15b	Section 409A income .....			
16	State tax withheld – 1st state .....			
17	State name – two letters – 1st state .....			
	Payer's state number – 1st state .....			
18	State income – 1st state .....			
16	State tax withheld – 2nd state .....			
17	State name – two letters – 2nd state .....			
	Payer's state number – 2nd state .....			
18	State income – 2nd state .....			

# 1099-R Amounts

**ORG7B**

Source From: 1099-R ...     CSA-1099-R ...     CSF-1099-R ...     RRB-1099-R ...



Payer's name .....

Box	Description	2008	2007
		<input type="checkbox"/>	<input type="checkbox"/>
	Federal income tax withheld .....		
	<ul style="list-style-type: none"> <li>▶</li> <li>▶</li> <li>▶ Check if a <b>qualified</b> Roth IRA distribution, but box 7 code is J or T, <b>not code Q</b></li> <li>▶ If a fully taxable disability pension, check if recipient is under the minimum retirement age .....</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	State tax withheld – State 1 .....		
	State tax withheld – State 2 .....		
	State/Payer's state number – State 1 .....		
	State/Payer's state number – State 2 .....		
	State distribution – State 1 .....		
	State distribution – State 2 .....		
	Local tax withheld – Locality 1 .....		
	Local tax withheld – Locality 2 .....		
	Name of locality – Locality 1 .....		
	Name of locality – Locality 2 .....		
	Local distribution – Locality 1 .....		
	Local distribution – Locality 2 .....		
	<b>Inherited IRA</b> If this distribution is from an inherited IRA, indicate the distribution is from the IRA of <ul style="list-style-type: none"> <li>▶ Spouse and treat as recipient's own (treat as rollover) .....</li> <li>▶ Recipient, but originally was inherited from spouse's (own IRA) .....</li> <li>▶ Spouse and not treat as recipient's own (taxable amount in box 2a) .....</li> <li>▶ Someone other than a spouse (taxable amount in box 2a) .....</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

# W-2 Amounts

ORG7A

WAGES, SALARIES, TIPS, AND OTHER COMPENSATION			
Box	Description	2008	2007
<b>c</b>	Employer's name (from ORG7) .....		
<b>1</b>	Wages, tips, etc .....		
<b>2</b>	Federal income tax withheld .....		
<b>3</b>	Social security wages .....		
<b>4</b>	Social security tax .....		
<b>5</b>	Medicare wages/tips .....		
<b>6</b>	Medicare tax withheld .....		
<b>13b</b>	Check if retirement plan participant .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	Social security tips .....		
<b>8</b>	Allocated tips .....		
	Unreported tips less than \$20 per month .....		
	Unreported tips \$20 or more per month .....		
<b>9</b>	Advance EIC payment .....		
<b>10</b>	Dependent care .....		
<b>11</b>	Nonqualified plans .....		
<b>13a</b>	Check if statutory employee .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13c</b>	Check if third-party sick pay .....	<input type="checkbox"/>	<input type="checkbox"/>

Box 12 W-2 Code	2008 Box 12 Amount	2007 Box 12 Amount		2008	2007
			If Box 12 code is:		
			A: Attributable to RR Tier 2 tax .....		
			M: Attributable to RR Tier 2 tax .....		
			R: Taxpayer MSA .....		
			Spouse MSA .....		
			G: Not government employer .....	<input type="checkbox"/>	<input type="checkbox"/>

2008 Box 14 Description or Code	2008 Box 14 Amount	2007 Box 14 Description or Code	2007 Box 14 Amount

Box 15 State	2008 Box 16 Wages, tips, etc	2008 Box 17 Income tax	2007 Box 16 Wages, tips, etc	2007 Box 17 Income tax

Box 20 Locality	2008 Box 18 Wages, tips, etc	2008 Box 19 Income tax	2007 Box 18 Wages, tips, etc	2007 Box 19 Income tax

**W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION**

Attach all copies of your W-2 forms here.

<b>1</b>	Employer's name .....	Check if not applicable for 2008 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account .....		
	3 Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	4a Clergy: Enter your designated housing or parsonage allowance .....		
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value .....		
	c Check SE tax on: (a) housing or parsonage allowance .....	(b) W-2 wages .....	(c) both .....
		<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Employer's name .....	Check if not applicable for 2008 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account .....		
	3 Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	4a Clergy: Enter your designated housing or parsonage allowance .....		
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value .....		
	c Check SE tax on: (a) housing or parsonage allowance .....	(b) W-2 wages .....	(c) both .....
		<input type="checkbox"/>	<input type="checkbox"/>

**1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC**

Attach all copies of your 1099-R forms here.

<b>1</b>	Payer's name .....	Check if not applicable for 2008 .....	<input type="checkbox"/>
	Payer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	2a If a <b>partial</b> rollover, enter the amount rolled over .....		
	b If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		
	3 Health insurance premiums deductible on Schedule A .....		
	4a If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	b If <b>only part</b> of distribution is RMD, enter the part that is RMD .....		
<b>2</b>	Payer's name .....	Check if not applicable for 2008 .....	<input type="checkbox"/>
	Payer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	2a If a <b>partial</b> rollover, enter the amount rolled over .....		
	b If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		
	3 Health insurance premiums deductible on Schedule A .....		
	4a If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	b If <b>only part</b> of distribution is RMD, enter the part that is RMD .....		

**W-2G – GAMBLING OR LOTTERY WINNINGS**

Attach all copies of your W-2G forms here.

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

**Basic Taxpayer Information**

**ORG6**

**PERSONAL INFORMATION**

	TAXPAYER	SPOUSE
Last name .....	_____	_____
First name .....	_____	_____
Middle initial and suffix .....	MI ..... Suffix .....	MI ..... Suffix .....
Social security number .....	_____	_____
Occupation .....	_____	_____
Work phone/extension .....	_____	_____
Cell phone .....	_____	_____
E-mail address .....	_____	_____
Birthdate or age as of 1-1-2009 ...	MM/DD/YYYY .....	MM/DD/YYYY .....
Blind .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Street address ... \_\_\_\_\_ Apartment number ..... \_\_\_\_\_  
 City ..... State ..... ZIP code .....  
 Home phone ..... Foreign country .....  
 Fax ..... Foreign phone .....

**FILING STATUS**

**1** Single

**2** Married filing jointly

**3** Married filing separately

Check this box if you **did not** live with spouse at any time during the year ..... ▶

Check this box if you are eligible to claim spouse's exemption ..... ▶

Check this box if your spouse itemizes deductions ..... ▶

**4** Head of household

If the qualifying person is a child but not your dependent, enter  
 Child's name ..... Child's social security number .....

**5** Qualifying widow(er)

Check the box for the year the spouse died ..... ▶ 2006  2007

**DEPENDENT INFORMATION**

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2008 Child Care Expense
		+Months in U.S.	*Not Citizen	2007 Child Care Expense
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

\*\* For the Dependent Code, enter the following: L = dependent child who lived with you  
 N = dependent child who didn't live with you due to divorce or separation  
 O = other dependent  
 Q = not a dependent (but is a person who qualifies you for the earned income credit and/or the child tax credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

\* Check this box if dependent child is not a U.S. citizen or resident alien



# Business/Investment Questions

ORG4

	Yes	No
<b>1</b> Did you receive stock from a stock bonus plan with your employer? ..... (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did you buy or sell any stocks or bonds in 2008? ..... If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you surrender any U.S. savings bonds during 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did you sell property or equipment on installment in 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you do a 'like-kind' exchange of property in 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Do you have records, as described below, to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and <b>6</b> Business relationship of recipient.		
<b>13</b> Did you purchase special fuels for non-highway use? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<b>14</b> Was Form 8903 (Domestic Production Activities Deduction) included in your 2007 federal income tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>

## General Questions (continued)

ORG3

### FOREIGN BANK ACCOUNTS AND TAXES

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 25 Did you have foreign income or pay any foreign taxes in 2008? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , enter the name of the foreign country: _____  |                          |                          |
| 27 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....            | <input type="checkbox"/> | <input type="checkbox"/> |

### HEALTH AND LIFE INSURANCE

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 28 Did you or your spouse have self-employed health insurance? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....      | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

### MISCELLANEOUS

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 32 Did you add energy efficient property to your home in 2008? This refers to solar energy, solar water heating, fuel cell, small wind energy or a geothermal heat pump ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you start paying mortgage insurance premiums in 2008? If <b>yes</b> , please attach details .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 Did you purchase a motor vehicle or boat during 2008? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , attach documentation showing sales tax paid.  |                          |                          |
| 35 Did you purchase a hybrid vehicle in 2008? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , enter year, make, model, and date purchased: _____  |                          |                          |
| 36 Did you donate a vehicle in 2008? If yes, attach Form 1098C .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 What was the sales tax rate in your locality in 2008? _____ % State ID .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you or your spouse make gifts of over \$12,000 to an individual or contribute to a prepaid tuition plan? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 Did you make gifts to a trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach details.  |                          |                          |
| 41 Did you or your spouse participate in a medical savings account in 2008? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)  |                          |                          |
| 42 Did you make a loan at an interest rate below market rate? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay any individual for domestic services in 2008? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did you, your spouse, or your dependents attend post-secondary school in 2008? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you receive any income not included in this Tax Organizer? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach information.  |                          |                          |

### ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 47 If your tax return is eligible for Electronic Filing, would you like to file electronically? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Caution:** Review transferred information for accuracy.

49 If **yes**, please provide the following information:

- a Name of your financial institution .....
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....
- c Account number .....
- d What type of account is this? .....

Checking  Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

# General Questions

**ORG3**

## PERSONAL INFORMATION

	Yes	No
1 Did your marital status change during 2008? ..... If <b>yes</b> , explain .....	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you want to allow your tax preparer to discuss this year's return with the IRS? ..... If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS. <b>Caution:</b> Review any transferred information for accuracy.	<input type="checkbox"/>	<input type="checkbox"/>
Designee's Name .... ▶ _____ Phone Number ..... ▶ _____ Personal Identification Number (5 digit PIN) .... ▶ _____		
3 Do you or your spouse plan to retire in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2008 or 2009): Taxpayer: _____ Spouse: _____		
6 Were you or your spouse a member of the U.S. Armed Forces during 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>
7a How much were you qualified to receive for the economic stimulus rebate in 2008? ..... Please attach your IRS letter explaining your rebate amount.		
b Was part or all of your rebate kept for unpaid taxes due or other reasons? ..... Please attach the specific details and any additional information necessary.	<input type="checkbox"/>	<input type="checkbox"/>
8 Were you or was any of your property located in a federally declared disaster area, such as those affected by the Midwest flooding or Hurricanes Gustav or Ike? .....	<input type="checkbox"/>	<input type="checkbox"/>

## DEPENDENT INFORMATION

	Yes	No
9a Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If <b>yes</b> , do you want us to prepare the return(s)? .....	<input type="checkbox"/>	<input type="checkbox"/>
10a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1,800? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If <b>yes</b> , do you want to include your child's income on your return? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Are any of your dependents <b>not</b> U.S. citizens or residents? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you provide over half the support for any other person during 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you incur adoption expenses during 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>

## IRA AND PENSION PLAN

	Yes	No
14 Did you receive payments from a pension or profit-sharing plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
16 Did you convert all or part of a regular IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you contribute to a Coverdell Education Savings Account? .....	<input type="checkbox"/>	<input type="checkbox"/>

## ITEMS RELATED TO INCOME/LOSSES

	Yes	No
18 Did you receive any disability payments in 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2008? Are you planning to purchase a home soon? .....	<input type="checkbox"/>	<input type="checkbox"/>
(Attach copies of any purchase or sale escrow statements. Form 1099-C or Form 1099-A.)		
21 Did you incur any casualty or theft losses during 2008? .....	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>

## PRIOR YEAR TAX RETURNS

	Yes	No
23 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? ..... If <b>yes</b> , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
24 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? .....	<input type="checkbox"/>	<input type="checkbox"/>

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2008 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2008 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2007 information is included for your reference. You do not need to make any 2007 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2007 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.