General Information

	Taxpayer	Spouse
First Name		
Middle Initial		
Last Name		
Suffix		
Social Security Number	XXX-XX-XXXX	XXX-XX-XXXX
Date of Birth		

Check ("X") which phone number to list on return.

	Taxpayer	Spouse
Work Phone		
Home Phone		
Cell Phone		
Fax Number		
Legally Blind		
Totally Disabled		
Claimed as a Dependent		
Presidential Election Fund ($3)		
Occupation		
E-mail address		
State of Residence as of 12/31		
County of Residence as of 12/31		
School District as of 12/31		
If Part Year, Period of Residency	______ to ______	______ to ______

Filing Status

Status on 2007 return :

Status as of 12/31/2008 :
Enter ("X") in the box

1 Single
2 Married filing joint
3 Married filing separately
(Enter spouse's name and SSN above)

4 Head of Household Non-dependent name: ______________________
Non-dependent SSN: ______________________

5 Qualifying widow(er) with minor child Year spouse died ______

Address

Street ______________________ Apt/Suite : ______

City ______________________ State ______ Zip Code ______

TAX ORGANIZER

Enclosed is your Tax Organizer for tax year 2008.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as $35 for each $100 in deductible expenses you find in your 2008 records.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the **General Business and Investment** questions, please provide detailed information with your answer.

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

520-320-9812
LINDAJOF@AOL.COM

Felter's Accounting Inc

520-320-9812
Fax - 520-829-6022
LINDAJOF@AOL.COM

January 12, 2009

Thank you for choosing our firm to prepare your income tax returns for tax year 2008. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2008 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2008, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2008 tax return. We appreciate your business.

Sincerely,

____
Felter's Accounting Inc

Accepted by:

____ Date ________________

____ Date ________________

Felter's Accounting Inc

520-320-9812
Fax - 520-829-6022
LINDAJOF@AOL.COM

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Sincerely,

____
Felter's Accounting Inc

Accepted by:

____ Date _________________

____ Date _________________

Name ________________________ SSN XXX-XX-XXXX

Questions

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Basic Information

Yes	No		
☐	☐	**1**	Did your marital status change since last year?
☐	☐	**2**	Are there any changes in your dependents from last year?
☐	☐	**3**	Did you have any children under 19 (or 24 if a full time student) who received more than $850 in investment income?
☐	☐	**4**	Are all your dependents either US residents or citizens?
☐	☐	**5**	Did you provide over half of the support for someone you aren't claiming as a dependent?
☐	☐	**6**	Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
☐	☐	**7**	Were either you or your spouse in the military or National Guard?
☐	☐	**8**	Did you purchase or sell your principal residence?
☐	☐	**9**	Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
☐	☐	**10**	Were there any changes to a prior year's income, deductions, or credits?
☐	☐	**11**	Did you make gifts of more than $12,000 to any one person?
☐	☐	**12**	Did you file Form 8839, Adoption Credit, in a previous year?
☐	☐	**13**	Did your purchase any special fuels for non-highway use?
☐	☐	**14**	Do you want to e-file your return?
☐	☐	**15**	If you have a refund, do you want direct deposit, bank product, or applied to next year's taxes?

If you are due a refund, how do you want to receive it?

- ☐ Direct deposit (please provide a voided blank check)
- ☐ Check sent to you in the mail
- ☐ Instant refund (IRAL)
- ☐ Other quick refund via a bank product
- ☐ Apply to next year's estimates

If you owe taxes, how do you want to pay them?

- ☐ Paper check sent with my return
- ☐ Direct debit from my bank account (please provide a voided blank check)
- ☐ Credit card

Income

Yes	No		
☐	☐	**16**	Did you have an interest in or signature authority over a financial account in a foreign country?
☐	☐	**17**	Were you the grantor of or transferor to a foreign trust?
☐	☐	**18**	Did you receive income from a foreign source or pay taxes to a foreign government?
☐	☐	**19**	Did you barter your services for goods or services from someone else?
☐	☐	**20**	Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
☐	☐	**21**	Did you make a loan to someone at an interest rate below market rate?
☐	☐	**22**	Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
☐	☐	**23**	Did you cash in any U.S. savings bonds?
☐	☐	**24**	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
☐	☐	**25**	Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized, in 2008? (If yes, attach Form 1099-G)
☐	☐	**26**	Did you receive disability income?
☐	☐	**27**	Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
☐	☐	**28**	Did you receive any unemployment benefits?
☐	☐	**29**	During 2008, did you receive payments from a Long-Term Care insurance contract?
☐	☐	**30**	Did you receive employer-provided adoption benefits for a previous year?
☐	☐	**31**	Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
☐	☐	**32**	Did you "rollover" a retirement plan distribution into another plan?
☐	☐	**33**	Did you receive Social Security benefits?

Name ____________________ SSN XXX-XX-XXXX

Questions (Cont.)

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Yes	No		
☐	☐	**34**	Did you convert a traditional IRA to a Roth IRA?
☐	☐	**35**	Did you exchange any securities or investments for something other than cash?
☐	☐	**36**	Do you have any short sales, commodity sales, or straddles?
☐	☐	**37**	Did you receive Form 2439?
☐	☐	**38**	Did you buy or sell any bonds?
☐	☐	**39**	Did you receive stock from a stock bonus plan with your employer?
☐	☐	**40**	Did you sell any other personal assets at a gain?
☐	☐	**41**	Did you sell any real estate (other than your home) during the year?
☐	☐	**42**	Did you sell any assets using the installment method?
☐	☐	**43**	Did you receive proceeds from a prior year installment sale?
☐	☐	**44**	Did you purchase a rental property?
☐	☐	**45**	Did you exchange any property for other property?
☐	☐	**46**	Did you receive any income not reported in this Organizer?

Business and Rental Property Income

Yes	No		
☐	☐	**47**	If you own rental property, do you qualify as a Real Estate Professional?
☐	☐	**48**	Did you start or acquire a new business?
☐	☐	**49**	Did you sell any part of an existing business, or sell business assets?
☐	☐	**50**	Did you cease operating any business or rental property?
☐	☐	**51**	Did you remove any of your business assets for personal use?

Business and Rental Property Deductions

Yes	No		
☐	☐	**52**	Did you use part of your home for business purposes?
☐	☐	**53**	Did you make any contributions to a Keogh or a self-employed SEP plan for 2008?
☐	☐	**54**	Do you pay for any health or long term care insurance through your business?
☐	☐	**55**	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
☐	☐	**56**	Did you purchase any furniture or equipment for your business?

Other Deductions

Yes	No		
☐	☐	**57**	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2008?
☐	☐	**58**	Did you make any contributions to HSA (Health Savings Account) in 2008?
☐	☐	**59**	Did you use your car on the job (other than to and from work)?
☐	☐	**60**	Did you work out of town for part of the year?
☐	☐	**61**	Did you incur any travel and entertainment expenses for business purposes?
☐	☐	**62**	Did you pay expenses for the care of your child or other dependent so you could work?
☐	☐	**63**	Did you lose property or have damage to a property due to a casualty, theft, or condemnation?
☐	☐	**64**	Did any security become worthless during 2008?
☐	☐	**65**	Did any debts become uncollectible during 2008?
☐	☐	**66**	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2008?
☐	☐	**67**	Did you contribute less than an entire interest in any property to charity?
☐	☐	**68**	Did you refinance a mortgage or take out a home equity loan during 2008?
☐	☐	**69**	Did you incur moving expenses during the year due to a change of employment?
☐	☐	**70**	Did you pay any educational tuition or fees for you or a dependent?
☐	☐	**71**	Did you pay any student loan interest?
☐	☐	**72**	Did you make any federal or state estimated payments?
☐	☐	**73**	Did you make any energy efficient improvements to your main home in 2008?

Name ______________________ SSN XXX-XX-XXXX

Comments

Name ______________________________ SSN XXX-XX-XXXX

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income Current Year Amount	Taxable Interest Income Prior Year Amount	Tax Exempt Interest Current Year Amount	Tax Exempt Interest Prior Year Amount	Specified Priv Act Interest Current Year Amount	Specified Priv Act Interest Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
	17	17						
	18	18						
	19	19						
	20	20						

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends Current Year Amount	Ordinary Dividends Prior Year Amount	Qualified Dividends Current Year Amount	Qualified Dividends Prior Year Amount	Capital Gains Current Year Amount	Capital Gains Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
	17	17						
	18	18						
	19	19						
	20	20						

Name ______________________________ SSN XXX-XX-XXXX

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Payer		Current Year Amount	Prior Year Amount
	1		1		
	2		2		
	3		3		
	4		4		
	5		5		
	6		6		
	7		7		
	8		8		
	9		9		

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Recipient's Name	Recipient's SSN		Current Year Amount	Prior Year Amount
	1			1		
	2			2		
	3			3		
	4			4		
	5			5		
	6			6		
	7			7		
	8			8		
	9			9		

Name ____________________ SSN XXX-XX-XXXX

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: ☐ Filer ☐ Spouse ☐ Joint

General Information

1 Employer Identification Number ---------- (do not enter Social Security Number)
2 Principal business or profession ----------
3 Business name ----------
4 Business address ----------
5 City ---------- State ---------- Zip ----------

General Check Boxes (Enter "X" where applicable)

6 Accounting Method ☐ Cash ☐ Accrual ☐ Other - (Specify) ----------
7 Did you "materially participate" in this business? ☐ Yes ☐ No
8 Check ('X') if you started or acquired this business in 2008. ☐

Business Income

		Current Year Amount	Prior Year Amount
* Report statutory income as W-2 income.			
9 Income reported on 1099 MISC	9		
Gross receipts or sales not reported on Form 1099 or Form W-2			
10 ----------	10		
11 ----------	11		
12 ----------	12		
13 ----------	13		
14 Returns and allowances	14		
15 Other income	15		

Inventory (Enter "X" where applicable)

16 Method(s) used to value closing inventory ☐ Cost ☐ Lower of cost or market ☐ Other
17 Any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No

		Current Year Amount	Prior Year Amount
18 Inventory at the beginning of year	18		
19 Purchases less cost of items withdrawn for personal use	19		
20 Cost of labor	20		
21 Materials and supplies	21		
22 Other Costs	22		
23 Inventory at end of year	23		

Assets Placed in Service This Year

Description:		Date Placed In Service	Purchase Amount
A ----------	A		
B ----------	B		
C ----------	C		
D ----------	D		
E ----------	E		
F ----------	F		
G ----------	G		

Name ______________________ SSN XXX-XX-XXXX

Business ______________________

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Line	Current Year Amount	Prior Year Amount
41	Advertising	41		
42	Contract labor	42		
43	Commissions and fees	43		
44	Depletion	44		
45	Employee benefit programs (other than on line 51)	45		
46	Insurance (other than health)	46		
	Interest:			
47	Mortgage (paid to banks, etc.)	47		
48	Other	48		
49	Legal and professional services	49		
50	Office expense	50		
51	Pension and profit-sharing plans	51		
	Rent or Lease:			
52	Machinery rental or lease	52		
53	Equipment rental or lease	53		
54		54		
55		55		
56		56		
	Other business property rental or lease			
57		57		
58		58		
59		59		
60	Repairs and maintenance	60		
61	Supplies (not included in inventory cost of goods sold)	61		
62	Taxes and licenses	62		
	Travel, Meals, and Entertainment:			
	Travel			
63		63		
64		64		
65		65		
66		66		
	Meals and entertainment			
67	Enter "X" in the box if subject to DOT hours of service limits	67	☐	☐
68		68		
69		69		
70		70		
71		71		
72	Utilities	72		
73	Wages	73		
	Other Expenses			
74		74		
75		75		
76		76		
77		77		
78		78		
79		79		
80		80		
81		81		
82		82		

Name ______________________ SSN XXX-XX-XXXX

Business ______________________

Vehicle Information (Schedule C)

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . .	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year .	4			
	January 1 to June 30				
	July 1 to December 31				
5	Parking fees and tolls	5			
	Actual expenses				
6	Gasoline, oil and repairs	6			
7	Vehicle registration fees	7			
8	Vehicle lease or rental	8			
9	Vehicle Insurance	9			
10	------------------------------------	10			

		Vehicle 3 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . .	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year .	4			
	January 1 to June 30				
	July 1 to December 31				
5	Parking fees and tolls	5			
	Actual expenses				
6	Gasoline, oil and repairs	6			
7	Vehicle registration fees	7			
8	Vehicle lease or rental	8			
9	Vehicle Insurance	9			
10	------------------------------------	10			

Name ____________________ SSN XXX-XX-XXXX

Business ____________________ Copy ________

Self-Employed Office in Home Expenses

			Current Year Amount	Prior Year Amount
	Area of Home			
1	Area used regularly and exclusively for business, regularly for daycare.	**1**		
2	Total area of home	**2**		
	Daycare only			
3	Multiply days used for daycare during year by hours used per day	**3**		
	Expenses related to entire home including business portion			
4	Casualty losses	**4**		
5	Excess mortgage interest	**5**		
6	Insurance	**6**		
7	Repairs and maintenance	**7**		
8	Utilities	**8**		
9	Other expenses	**9**		
	Additional expenses related to business portion only			
10	Casualty losses	**10**		
11	Excess mortgage interest	**11**		
12	Insurance	**12**		
13	Repairs and maintenance	**13**		
14	Utilities	**14**		
15	Other expenses	**15**		

Name ____________________ SSN XXX-XX-XXXX

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
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	41					
	42					
	43					
	44					
	45					

Name ______________________ SSN XXX-XX-XXXX

Installment Sale Income

New Sale (Only)

Note: If the property was sold this year complete the New Sale section.

	Description	Selling price including mortgages DO NOT include interest	Mortgages the buyer assumed	Cost or other basis of property	Commissions and other expenses of sale
1					
2					
3					
4					
5					
6					

	Description	Date Acquired	Date Sold	Interest	Principal
1					
2					
3					
4					
5					
6					

Prior Year Sale (Only)

Note: If the property was sold in a previous year complete the Prior Year Sale section below

	Description	Date Acquired	Date Sold	Payments Received in 2008	
				Interest	Principal
1					
2					
3					
4					
5					
6					

	Description	Gross profit percentage	Payments received in prior years (DO NOT include interest)
1			
2			
3			
4			
5			
6			

Name ______________________________ SSN XXX-XX-XXXX

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Entity Name	Enter "S" if K1 (1120S) Enter "P" if K1 (1065) Enter "E" if K1 (1041)		Unreimbursed Partnership Exp. Current Year
	1			1	
	2			2	
	3			3	
	4			4	
	5			5	
	6			6	
	7			7	
	8			8	
	9			9	
	10			10	
	11			11	
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	39			39	
	40			40	
	41			41	
	42			42	
	43			43	
	44			44	
	45			45	
	46			46	
	47			47	
	48			48	
	49			49	
	50			50	

Name ______________________________ SSN XXX-XX-XXXX

IRA Contribution Information

Traditional IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
1 Enter total traditional IRA contributions made for 2008	**1**		
2 Enter contributions, on line 1, made after 12/31/2008 and before 04/15/2009	**2**		
3 Enter value of all traditional IRAs as of 12/31/2008	**3**		
Spouse			
4 Enter total traditional IRA contributions made for 2008	**4**		
5 Enter contributions, on line 4, made after 12/31/2008 and before 04/15/2009	**5**		
6 Enter value of all traditional IRAs on 12/31/2008	**6**		

Roth Contributions

		Current Year Amount	Prior Year Amount
Filer			
1 Enter 2008 Roth IRA contributions	**1**		
2 Enter value of all Roth IRAs on 12/31/2008	**2**		
Spouse			
3 Enter 2008 Roth IRA contributions	**3**		
4 Enter value of all Roth IRAs on 12/31/2008	**4**		

SIMPLE IRA

		Current Year Amount	Prior Year Amount
Filer			
1 Enter value of all SIMPLE IRAs on 12/31/2008	**1**		
Spouse			
2 Enter value of all SIMPLE IRAs on 12/31/2008	**2**		

Education IRA (Coverdell ESA)

		Current Year Amount	Prior Year Amount
Filer			
1 Enter 2008 Coverdell ESA contributions	**1**		
2 Enter value of the Coverdell ESA on 12/31/2008	**2**		
Spouse			
3 Enter 2008 Coverdell ESA contributions	**3**		
4 Enter value of the Coverdell ESA on 12/31/2008	**4**		

Name ______________________ SSN XXX-XX-XXXX

Medical and Dental - Itemized Deductions

			Current Year Amount	Prior Year Amount
1	Health/Dental/Other ins. premiums (do not include self-employed plans)	1		
2	Health insurance premiums - coverage established under your business (1)	2		
3	Health insurance premiums - coverage established under your business (2)	3		
4	Long Term Care insurance premiums (taxpayer)	4		
5	Long Term Care insurance premiums (spouse)	5		
6	Prescription medications	6		
7	Fees for doctors, dentists, etc.	7		
8	Fees for hospitals, clinics, etc.	8		
9	Lab and X-ray fees	9		
10	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	10		
11	Medical equipment and supplies	11		
12	Lodging for medical purposes (up to $50 per night per person)	12		
13	Expenses to stop smoking	13		
14	Medical mileage (number of miles driven)	14		
	January 1 to June 30			
	July 1 to December 31			
15	Medical parking, tolls and local transportation	15		
16		16		
17		17		
18		18		
19		19		
20	Insurance reimbursement for any medical and dental expense listed above	20		

Name ____________________ SSN XXX-XX-XXXX

Taxes - Itemized Deductions

				Current Year Amount	Prior Year Amount
	Real Estate Taxes				
22	Principal residence		**22**		
	Real Estate Not Held For Investment				
23			**23**		
24			**24**		
25			**25**		
26			**26**		
27			**27**		
	Real Estate Held For Investment				
28			**28**		
29			**29**		
30			**30**		
31			**31**		
32			**32**		
33	Personal property taxes		**33**		
	Other Taxes				
34			**34**		
35			**35**		
36			**36**		

Name ______________________________ SSN XXX-XX-XXXX

Interest - Itemized Deductions

			Current Year Amount	Prior Year Amount
	Home Mortgage Interest and Points Reported on Form 1098			
37	Lender	**37**		
38	Lender	**38**		
39	Lender	**39**		
40	Lender	**40**		
	Home Mortgage Interest Not Reported on Form 1098			
41	Name:	**41**		
	Address:			
	SSN:			
42	Mortgage insurance paid on 2008 acquisition indebtedness for principal residence	**42**		
	Refinancing Points			
43	Description	**43**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2008			
44	Description	**44**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2008			
45	Description	**45**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2008			
46	Investment interest paid	**46**		

Name ______________________ SSN XXX-XX-XXXX

Charity - Itemized Deductions

* Total contributions $500 or less. See Non-Cash Charity if over $500.

			Current Year Amount	Prior Year Amount
1	Gifts To Charity Other Than By Cash or Check*	1		
2	Total Miles driven for charitable activities	2		
3	Parking fees, tolls and local transportation for charitable activities	3		

Gifts To Charity By Cash or Check

			Current Year Amount	Prior Year Amount
1		1		
2		2		
3		3		
4		4		
5		5		
6		6		
7		7		
8		8		
9		9		
10		10		
11		11		
12		12		
13		13		
14		14		
15		15		
16		16		
17		17		
18		18		
19		19		
20		20		
21		21		
22		22		
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30		30		
31		31		
32		32		
33		33		
34		34		
35		35		
36		36		
37		37		
38		38		
39		39		
40		40		
41		41		
42		42		
43		43		
44		44		
45		45		
46		46		
47		47		

Name ______________________ SSN XXX-XX-XXXX

Noncash Charitable Contributions (Total of Contributions more than $500)

Information on Donated Property

	(a) Name and Address of the Donee Organization	(b) Description of Donated Property
1	Name Address	
2	Name Address	
3	Name Address	
4	Name Address	
5	Name Address	

Note: If the fair market value for an item is $500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name ______________________ SSN XXX-XX-XXXX

Employee Business Expenses

Enter "X" in one box: Occupation in which you incurred the expenses ----------------

☐ Filer

☐ Spouse

		Current Year Amount	Prior Year Amount
Meals and Entertainment			
1 Meals and entertainment expenses	**1**		
2 Enter "X" in the box if subject to DOT hours of service limits	**2**	☐	☐
Travel Expenses			
3 Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work.	**3**		
4 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment.	**4**		
Other Employment Related Expenses			
5 Business gifts	**5**		
6 Employment related education expenses	**6**		
7 Trade publications	**7**		
8	**8**		
9	**9**		
10	**10**		
11	**11**		
12	**12**		

Vehicle Information		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	**Prior Year Amount**	**Current Year Amount**	**Prior Year Amount**
13 Date vehicle was placed in service	**13**				
14 Cost of vehicle	**14**				
15 Total miles driven for the year	**15**				
16 Business miles driven during the year	**16**				
January 1 to June 30					
July 1 to December 31					
17 Average daily roundtrip commuting miles	**17**				
18 Commuting miles (included in total miles driven for the year)	**18**				
If claiming actual expenses continue:					
19 Gasoline, oil, repairs and vehicle insurance	**19**				
20 Vehicle lease or rental	**20**				
21 Value of employer-provided vehicle (if 100% is included in W-2)	**21**				

Name ____________________ SSN XXX-XX-XXXX

Child and Dependent Care Expenses

1	Amount of dependent care benefits forfeited	1	
2	Amount of dependent care expenses incurred in 2007 and paid in 2008	2	

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2008
3					
4					
5					

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2008
6	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
7	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
8	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
9	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
10	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	

Name ____________________ SSN XXX-XX-XXXX

Adoption Expenses

1 Provide the Following Information on Each Eligible Child

	First Name	Last Name	Child's Year of Birth	Enter "X" if Child Was: Born BEFORE 1991 and Disabled	A Child With Special Needs	A Foreign Child	Child's Identifying Number (SSN or ATIN)
1st Child				☐	☐	☐	
2nd Child				☐	☐	☐	

			1st Child	2nd Child
2	Expenses you paid in 2007	2		
3	Expenses you paid in 2008, if the adoption was final in 2008	3		
4	Expenses you paid in 2008, if the adoption was final before 2008	4		

Enter "X" in the appropriate box

5 Did you receive Employer-Provided-Adoption-Benefits in a prior year? . . . . . . **5** ☐ Yes ☐ No