

Alliance Tax & Accounting

Near Francis Howell Central H.S.
5055 Highway N, #105
Cottleville, Mo. 63304

2009 INCOME TAX RETURN

SELF		SPOUSE	
Name _____	Name _____	Occupation _____	Occupation _____
SSN _____	Date of Birth _____	SSN _____	Date of Birth _____
Home Phone _____	Disabled <input type="checkbox"/>	Home Phone _____	Disabled <input type="checkbox"/>
Work Phone _____	Blind <input type="checkbox"/>	Work Phone _____	Blind <input type="checkbox"/>
Cell Phone _____	Best Time to Call _____	Cell Phone _____	Best Time to Call _____
Email _____	Fax _____	Email _____	Fax _____
Present Address _____	Zip Code _____	County _____	Date Address Changed _____
Address on Last Year's Tax Return (if different) _____		Date Address Changed _____	

Personal Income Tax Organizer and Deduction Finder[®]

✓ CHECKLIST

**Items Your
Tax Preparer
Will Need**

- 1) Your completed *Personal Income Tax Organizer and Deduction Finder*[®].
- 2) All Forms W-2 (wages) and Forms 1099 and 1098 (such as 1099-INT for interest, 1099-DIV for dividends, 1099-B for sale of securities, 1099-R for annuities, pensions and IRA/Keogh or other retirement plan withdrawals, 1099-G for state tax refunds, 1099-S for real estate sales, SSA-1099 for Social Security, 1099-G for unemployment compensation and 1099-MISC for commissions and fees, etc.). *Include all copies.*
- 3) Copies of Schedules K-1 for partnerships, joint ventures, S corporations, estates or trusts. (See note below.)
- 4) If you sold real estate, stock or a mutual fund during the year, see STEP 4.
- 5) If you acquired or refinanced a home or other property in 2009, bring in a copy of the closing statement.
- 6) If you are a new client, provide copies of tax returns for 2006, 2007 and 2008.

Note: You do not need item #3 above in order to make your tax appointment.
You can provide these documents to us at a later date.

STEP 1

Filing Status: Single Married Filing Joint Qualifying Widow(er) ¹ Head of Household ² Married Filing Separate

In year 2009 only: Married (date: _____) Divorced (date: _____) Spouse Died (date: _____)

Dependents (See Tax Tip 1)

Children living with you age 18 or younger (age 19–23 if attending school full time for at least five months during the year) who did not provide more than half of their own support or a permanently and totally disabled child.

1)	Birthdate	SSN
2)	Birthdate	SSN
3)	Birthdate	SSN
4)	Birthdate	SSN

Other Dependents

(relatives and/or members of household)

Relationship	Birthdate	Social Security #	2009 Gross Income	# Months Resided in Your Home in 2009	% Support Rcvd From You

Check if you are a noncustodial parent claiming an exemption(s) for your child(ren) because the custodial parent released the exemption to you. (Provide Form 8332 signed by the custodial parent.)

Check if any of your dependent children have unearned income over \$950. Unearned income consists of interest, dividends, capital gains, etc.

¹ All of the following must apply: your spouse died in 2007 or 2008; in that year you qualified to file jointly; you did not remarry before January 1, 2010 and you paid over half the cost of maintaining your home, which was your dependent child's (or stepchild's) main home for the entire year.

² Must be unmarried (or considered unmarried) at the end of the tax year, and maintain a home that for more than half of the tax year is the principal home of a qualifying child. You may be considered unmarried if your spouse did not live in your home during the last six months of the tax year. If maintaining the household of a parent, the parent does not need to live with you to qualify.

STEP 2

The following items may affect your tax return. Please answer carefully.

These questions pertain to calendar year 2009 unless otherwise noted. If married filing jointly, questions apply to you and your spouse.

1. Y N Did you pay or receive alimony? Do not include child support. (Select one.) Pay Receive
To/From: Name _____ Social Security Number _____ Amount \$ _____
2. Y N Do you own any securities or hold any debts that became worthless during the year? If yes, provide details.
3. Y N Were any stock options granted to you by your employer, or did you exercise any stock options? If yes, provide details.
4. Y N Are you a National Guard member or an Armed Forces reservist and travel more than 100 miles and stay overnight to fulfill duty? If yes, provide details.
5. Y N Did you move because of a job change? Provide details for a possible moving expense deduction.
6. Y N Did you (or do you plan to before April 15, 2010) contribute to a traditional IRA or Roth IRA for 2009?
Self: Traditional IRA \$ _____ Roth IRA \$ _____ Spouse: Traditional IRA \$ _____ Roth IRA \$ _____
7. Y N Are you interested in making additional contributions to a retirement plan? (See Tax Tips 4, 5 and 6.)
8. Y N Are you a teacher? If yes, did you incur out-of-pocket classroom costs? Amount \$ _____
9. Y N Did you pay child care costs for a dependent child under age 13, or costs of caring for a handicapped individual, so you could work, attend school or look for a job? If yes, provide the amounts paid for each dependent and the names, addresses and taxpayer identification numbers of the care providers. Also, show how much, if any, was reimbursed by an employer dependent care plan: \$ _____ (See Tax Tip 14.)
10. Y N Did you incur any expenses associated with the adoption of a child? If yes, provide details: _____
11. Y N Did you purchase a new hybrid or advanced lean-burn vehicle or a plug-in electric vehicle? If yes, provide make, model and date of purchase. If a low-speed, or a 2 or 3-wheeled vehicle, also provide cost. (See Tax Tip 17.)
12. Y N Did you purchase a new car, truck, motorcycle or motor home after February 16, 2009, and before January 1, 2010? If so, provide a copy of your sales invoice or contract. See Tax Tip 19.
13. Y N Did you receive any tips during the year? If yes, were all tips reported to your employer? (See Tax Tip 13.) Yes No
14. Y N Did you pay any individual \$1,700 or more to perform household services during the year, such as babysitting, cleaning, cooking or gardening?
15. Y N Did you have any out-of-pocket expenses associated with your job? Provide amounts and details. For employment-related travel or transportation expenses, complete STEP 8. **Note:** Traveling to and from work is nondeductible commuting.
16. Y N Were there any changes to federal or state returns filed in prior years? If yes, provide copies of the changes or correspondence received.
17. Y N Was any debt on your principal residence reduced or forgiven? If yes, provide details. (See Tax Tip 18.)
18. Y N Do you and/or your spouse want to designate \$3 to the Presidential Election Campaign Fund? (Does not change amount due or refund.)
19. Y N Do you or your spouse want to allow your preparer or another individual to discuss your federal return with the IRS? Provide name/phone of individual if not preparer.
20. Y N Did you or your spouse receive a one-time economic recovery payment? Enter amount: Taxpayer \$ _____ Spouse \$ _____
21. Y N Did you or your spouse receive a government pension for work not covered by Social Security: Taxpayer Spouse
22. Y N Did you receive COBRA premium assistance (reduced premium payments)? If so, provide amount: \$ _____
23. Y N Did you or your spouse have a financial interest in or signature or other authority over a foreign financial account (such as a bank or securities account)? If yes, enter the name of the foreign country: _____
24. Y N Did you receive a distribution from, or were you the grantor of, or a transferor to, a foreign trust?
25. Y N Did you (or your spouse) make gifts totaling more than \$13,000 to any individual during the year? If so, provide details.
Gift: _____ Recipient's Name: _____ Relationship to You: _____ Address: _____

STEP 3 Income (Round all figures to nearest dollar)

Wages—Provide ALL Copies of Forms W-2

Number of Employers (W-2s) (Number only. No amounts.) for: Self _____ Spouse _____

Dividend and Interest Income

Provide all Forms 1099-INT, 1099-DIV and 1099-OID. If you list interest and dividends on a separate sheet, do not duplicate what's reported on the 1099s. See Tax Tip 9.

Installment Sale Payments Received

Interest Portion = \$ _____ Principal Portion = \$ _____

Is payer a relative or related party? Yes No

If payer uses property as a principal residence, provide payer's:

Name _____

Address _____

Social Security Number _____

Retirement Plan Distributions—

Pensions, Annuities, Rollovers, IRA, SEP, SIMPLE-IRA, Keoghs, Lump-Sum Distributions or Other Retirement Plan Withdrawals

Provide copies of all Forms 1099-R received. Provide details of any distributions that were rolled over to another plan or to a charity. See Tax Tips 7 and 15.

Partnerships, Estates, Trusts and S Corporations

Provide all Schedules K-1 received for the tax year.

Social Security or Railroad Retirement Benefits

Provide Forms SSA-1099 or RRB-1099.

Other Income—Provide all Forms 1099, etc.

Bartering Income	\$ _____
Bonuses and Prizes not reported on Form W-2 (Explain)	_____
Cancellation of Debt (Form 1099-A or 1099-C)	_____
Commissions and Fees (Not reported in STEP 5)	_____
Disability Income not included on Form W-2 (taxable)	_____
Education Savings Account or 529 Plan Withdrawals (Form 1099-Q)	_____
Farm Income (List income and expenses on separate sheet.)	_____
Federal Income Tax Refund (for state tax purposes)	_____
Gambling/Lottery Winnings Jury Duty—Election Board Fees	_____
Health or Medical Savings Account Withdrawals (Form 1099-SA)	_____
Jury Duty—Election Board Fees	_____
Scholarships (Form 1098-T)	_____
State Income Tax Refund (Form 1099-G)	_____
Tips and Gratuities not reported on Form W-2 (Tax Tip 13)	_____
Unemployment Compensation (Form 1099-G)	_____
Veterans' Pension and Disability	_____
Workers' Compensation or SDI	_____
Other (Attach separate sheets if necessary.)	_____

STEP 4 Asset Sales and Exchanges

Provide the following information about sales of stock, mutual funds, real estate (including personal residence—see Tax Tip 8) or other property along with Forms 1099-B, 1099-S, closing statement or other supporting information. Attach separate sheet if necessary.

	Asset #1	Asset #2
Description of Property	_____	_____
Date Acquired	_____	_____
Date Sold	_____	_____
Sales Price	\$ _____	\$ _____
Basis (See Tax Tips 11 and 12)	_____	_____
Expenses of Sale	_____	_____

STEP 5 Self-Employed Income (See STEPs 7 – 8)

Business Activity/Product: _____

Business Name: _____

Gross Receipts (Provide all Forms 1099.) \$ _____

Inventory—Beginning of Year

Merchandise Purchases (less Product for Personal Use)

Labor, Materials and Other Costs of Inventory

Inventory—End of Year

STEP 6 Rental Income (Tax Tip 15)

Property Address: (attach separate sheets if necessary) _____

Rents Received \$ _____

(List security deposits separately.)

Number of days rented: _____ If a home, number of personal-use days: _____

STEP 7 Self-Employed, Rental and Business Use of Home Expenses

For business asset purchases or sales, provide a separate schedule listing dates (of purchase or sale), purchase/sales price and description of property. Include copies of sales receipts or contracts if available. Do not duplicate in expenses below.

Do you qualify for business use of home? Yes No

(See Employee/Self-Employed Tax Tip B on next page.)

If yes, business use area (sq. ft.) _____ Total area of home (sq. ft.) _____

Use Correct Column

	Self-Employed	Business Use of Home (100%)	Rental
Advertising	\$ _____	XXXXX	\$ _____
Association Dues	_____	_____	_____
Auto, Travel, Meals and Entertainment	See STEP 8		
Bank Charges	_____	XXXXX	_____
Business Phone/Long Distance Calls	_____	XXXXX	_____
Commissions and Fees Paid	_____	XXXXX	_____
Contract Labor	_____	XXXXX	_____
Employee Benefit Programs	_____	XXXXX	_____
General Office Supplies & Expenses	_____	XXXXX	_____
Insurance (not including health)	_____	_____	_____
Interest • Mortgage (Form 1098)	_____	_____	_____
• Other Interest	_____	XXXXX	_____
Legal and Other Professional Fees	_____	XXXXX	_____
Management Fees/Caretaker	_____	_____	_____
Pension/Profit-Sharing Plan Contributions Made for Employees	_____	XXXXX	_____
Postage and Freight	_____	XXXXX	_____
Professional Dues and Publications	_____	XXXXX	_____
Rent Paid • Vehicles, Machinery and Equipment	_____	_____	_____
• Other Business Property	_____	_____	_____
Repairs & Maintenance	_____	_____	_____
Supplies (including small hand tools)	_____	XXXXX	_____
Taxes • Real Estate	_____	_____	_____
• Other	_____	_____	_____
Utilities: Electric _____ Heat _____	_____	_____	_____
Water, Sewer, Trash	_____	_____	_____
Other _____ Total: _____	_____	_____	_____
Wages Paid	_____	XXXXX	_____
Other Expenses (provide list)	_____	_____	_____

STEP 8

Employee and Self-Employed

Travel and Entertainment Expenses

Travel expenses are deductible if you traveled away from home overnight on business. List on a separate sheet business entertainment expenses (including meals) you paid for when not traveling. Include date, persons present and business purpose.

Use Correct Column	Employee	Self-Employed	Rental Activity
Travel:			
Airplane, Train, Taxi, Auto Rental, Tips	\$ _____	\$ _____	\$ _____
Meals (See C below)	_____	_____	_____
Lodging	_____	_____	_____
Telephone	_____	_____	_____
Cleaning and Laundry	_____	_____	_____
Baggage and Shipping	_____	_____	_____
Other:	_____	_____	_____
Entertainment (total)	_____	_____	_____

Reimbursements

- 1) Were you reimbursed for any of the above expenses? Yes No
 2) If yes, provide details, including how reported on Form W-2.

Adjustments for the Self-Employed

Insurance premiums paid: Health \$ _____ Long-Term Care \$ _____
Do not include if self-employed person is eligible to participate under any employer's plan. Report in STEP 14 instead. See E below.

Are you covered only by a high deductible health plan (HDHP)? Yes No
 If "yes", check the type of HDHP coverage Self-only Family

Are you enrolled in Medicare? Yes No

Contributions made to a Health Savings Account \$ _____
Do not include transfers to the HSA from a flexible spending account or IRA.

Contributions made to your SEP, SIMPLE or qualified retirement plan \$ _____

Employee/Self-Employed Tax Tips

- A) Equipment Expensing Election.** Up to \$250,000 of qualifying business equipment purchased in 2009 may be expensed currently. (Separate limits apply to business autos and SUVs.)
- B) Business Use of Home Deduction.** If an area of the home is used regularly and exclusively for business, a deduction for a portion of mortgage interest, taxes, insurance, other operating costs and depreciation may be allowed. Special rules apply for inventory storage and daycare.
- C) Per Diem Meal Rates.** In lieu of using actual expenses incurred for meals and incidental expenses, self-employed individuals and employees may deduct per diem amounts up to IRS-approved rates. The rates depend on location. Provide detailed list of dates and locations of business travel.
- D) Auto Loan Interest.** Self-employed taxpayers are allowed a deduction for the business portion of auto loan interest. **Note:** Business portion of auto loan interest for an employee is nondeductible personal interest.
- E) Self-Employed Health Insurance Deduction.** The deduction is not allowed for any month that the self-employed individual is eligible to participate in a subsidized health plan maintained by any employer. This rule is applied separately for policies that include long-term care and those that don't.
- F) Health Savings Accounts (HSAs).** Self-employed individuals and employees covered by a high deductible health plan (deductible between \$1,150 and \$5,800 for individual coverage and between \$2,300 and \$11,600 for family coverage) can make deductible contributions to HSAs. For self-only coverage, contributions are limited to \$3,000 (\$4,000 if age 55 or older). For family coverage, contributions are limited to \$5,950 (\$6,950 if age 55 or older). HSA distributions are tax and penalty free if used for qualified medical expenses.
- G) Self-Employed Retirement Plans.** Many retirement plans are available to self-employed business owners. In addition to saving for retirement, contributing to these plans can reduce taxable income. The deadlines for establishing a retirement plan vary depending on the plan selected. If you have employees, matching contributions may be required.

Vehicle Expense

- Travel expenses between home and a temporary work location *within* your metropolitan area are not deductible unless one of two tests are met:
 - 1) You have one or more regular work locations away from your home or
 - 2) You qualify for a business use of home deduction.
- A work location is considered temporary if employment is expected to last and actually does last for one year or less. Commuting expenses for going between the taxpayer's home and a temporary work location *outside* the metropolitan area where the taxpayer lives and normally works are deductible.
- There are two methods to determine the deduction for automobiles and trucks used for business: (1) actual expenses or (2) standard mileage rate of 55¢ per mile. You may claim the standard mileage method whether you own or lease your vehicle.
- For each vehicle used for business, complete lines 1 – 6. If you use standard mileage allowance, ignore lines 8 – 14. If you purchased a vehicle this year and *do not* use standard mileage allowance, provide a copy of the sales invoice.

Vehicle	#1	#2
1) Total miles driven this year	_____	_____
2) Mileage breakdown of (1) above:		
Business	_____	_____
Commuting	_____	_____
Personal	_____	_____
3) Vehicle Description	_____	_____
4) Date Vehicle was First Used for Business	_____	_____
5) Cost Basis =	\$ _____	\$ _____
Less Trade-In =	< _____ >	< _____ >
Net Price =	_____	_____
Plus Sales Tax =	_____	_____
Total Cost =	_____	_____
or Lease Payments =	_____	_____
6) Interest Paid on Vehicle	_____	_____
7) Parking and Tolls	_____	_____
8) Gasoline, Oil, Lubrication	_____	_____
9) Repairs, Maintenance, Car Washes	_____	_____
10) Tires and Supplies	_____	_____
11) Insurance	_____	_____
12) Tags and Licenses	_____	_____
13) Garage Rent	_____	_____
14) Other:	_____	_____

Questions for All Taxpayers Claiming Vehicle Expenses:

- 1) Do you have evidence to support your deduction? Yes No
- 2) If yes, is the evidence written? Yes No
- 3) Do you (or your spouse) have another vehicle available for personal use? Yes No
- 4) Do you have an employer-provided vehicle that is available for personal use? Yes No
- 5) Were you reimbursed for any of above auto expenses? Yes No
- 6) If yes, is the reimbursement included in your Form W-2? Yes No

Recordkeeping: Your vehicle expenses will not be allowed by the IRS without adequate records or sufficient evidence verifying business use. Daily records provide the best protection in case of an audit.

STEP 9

Education Expenses (Attach Forms 1098-E and 1098-T)

Include information about education expenses incurred for you, your spouse or your dependents.

Student's Name	Education Purpose (degree seeking, job related)	Name of Institution [Also location (county) if institution in AR, IA, IL, IN, KS, MI, MN, MO, NE or WI]	Type of Expense (See Tax Tip 2 and 3)	Amount Paid	Paid By Whom?	Student's Grade or Year in College
				\$		

STEP 10

Energy-Efficient Home Improvements

STEP 11

New Home

Did you make any energy-efficient improvements to your principal residence during the year, such as solar electric property, fuel cells, solar water heating, geothermal heat pump, small wind energy property, storm windows/doors, insulation, water heater or heating and air conditioning unit?

Complete if you purchased a new home during 2009. Provide closing documents that include cost and date of purchase.

Description of Improvement/Expenditure	Date Placed in Service	Amount	Is this your main home?	Yes <input type="radio"/> No <input type="radio"/>
		\$	Did you (or your spouse) own a home during the three-year period ending on the date you purchased the home?	Yes <input type="radio"/> No <input type="radio"/>

STEP 12

2009 Estimated Tax Payments¹

	Federal	Date Paid	State	Date Paid	Note:
Amount applied from 2008 overpayment, if any:	\$		\$		¹ Do not include withholding from Forms W-2 or 1099 in estimated tax payments shown here.
First Quarter					
Second Quarter					
Third Quarter					
Fourth Quarter					

STEP 13

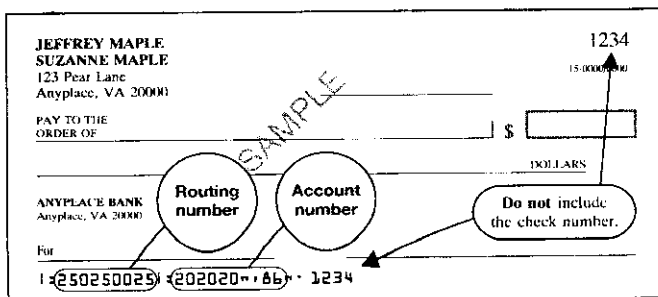
Tax Refund—Direct Deposit Information

If you are expecting a 2009 federal tax refund, the refund can be routed to up to three of your checking or savings accounts. If you prefer a direct deposit, please complete the following information. Otherwise a refund check will be mailed to you at the address on your tax return. (Tax refunds may also be directly deposited to your IRA, Health Savings Account, Archer MSA or Education Savings Account or to a Treasury Direct online account.)

Type of Account (Checking, Savings, IRA, etc.)	Routing Number (Nine digits)	Account Number	Percent of Refund

Sample check:

Note: The routing and account numbers may be in different places on your check.



Privacy Policy

We collect nonpublic information about you from the following sources:

- 1) Information we receive from you on applications, tax organizers, worksheets and other forms,
- 2) Information about your transactions with us, our affiliates or others and
- 3) Information we receive from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as required by law.

We restrict access to nonpublic personal information about you to those members of our firm who need to know that information in order to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

STEP 14 Itemized Deductions (Round all figures to the nearest dollar, and do not add any columns.)

Note: Complete STEP 14 only if you think your total itemized deductions might exceed the IRS standard deduction for your filing status (see below). **Exception:** Regardless of your total itemized deductions, enter real estate taxes paid below.

2009 Standard Deduction

Filing Status	Standard Deduction	Add for Blind and/or Over 65
Married Filing Jointly or Widow(er)	\$ 11,400	+ \$ 1,100
Single	5,700	1,400
Head of Household	8,350	1,400
Married Filing Separately	5,700	1,100

Medical Expenses

Deductible only if net cost exceeds 7.5% of Adjusted Gross Income (AGI)

Note: Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income.

Did you pay medical expenses for a person you cannot claim as a dependent?
 Yes No If yes, ask your tax preparer.

Hospitalization and Health Insurance Premiums <i>Include after-tax amounts paid or withheld at work (Tax Tip 20)</i>	\$
Medicare Insurance Premiums Paid (Form SSA-1099)	
Long-Term Care Insurance Premiums (Tax Tip 21)	
Vision Insurance	
Dental Insurance	
Prescribed Drugs and Insulin	
Doctors and Clinics	
Dentists and Orthodontists	
Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery	
Hospitals, Nurses, Ambulance	
Nursing or Long-Term Care Facility	
Medical Transportation (taxi, bus, ambulance, etc.)	
Other (please detail):	
Other (please detail):	
Medical Miles Driven: During 2009 × 24¢ =	
+ Parking Fees	
Lodging While Obtaining Medical Treatment <i>Limited to \$50 per night, per person</i>	

See Note Above

Taxes

State and Local Income Taxes Withheld	\$
State and Local Income Taxes Paid in 2009 for 2009 Tax Year	
State and Local Income Taxes Paid in 2009 for Prior Tax Years	
State and Local Sales Tax Paid for Major Purchases (motor vehicles, boats, airplanes, homes or home building materials, if rate same as general sales tax rate)	
Federal Income Taxes Paid in 2009 for Prior Tax Years <i>Not an itemized deduction for federal but is for some states</i>	
Real Estate Taxes—Homestead (less special assessments)	
Other Real Estate Taxes (second home, cabin, etc.)	
Property Tax Refund	
Special Assessments—Interest Portion Only (Tax Tip 22)	
Personal Property Taxes (auto license tags, etc.)	

Casualty Loss

Auto Accident, Fire, Theft, Storm, etc. Deductible only if your combined net loss after insurance claim exceeds 10% of AGI. (10% floor doesn't apply to losses from a federally declared disaster). Provide details. (Tax Tip 27)

Interest Paid

	Primary Residence	Second Home, Cabin ¹
*First Mortgage Interest *Provide Forms 1098	\$	\$
*Second Mortgage		
*Home Equity/Home Improvement Loan		
Loan Points (Tax Tip 23)		
Points Amortization		
Mortgage Insurance Premiums Paid on Policies Issued After 2006		
Seller-Financed Mortgage. <i>List name/address/SSN</i>		
Name:	SSN:	
Address:		
Investment Interest Paid (Tax Tip 32)		

¹ Interest on a boat or recreation vehicle that has basic living accommodations may be deductible as home mortgage interest.

Donations

Monetary donations must be substantiated by a bank record (such as a cancelled check) or a written receipt from the organization receiving the donation. The written receipt must include the organization's name and the date and amount of the donation. Use separate sheet if needed. (Tax Tip 22)

Cash, Check or Credit Card	Include payroll deductions
Churches or Synagogues	\$
United Way	
Other:	
Other:	
Other:	
Other:	
Other:	
Out-of-Pocket Expenses for Charitable Work	
Noncash:	
*Fair Market Value of Items Given to Charities <i>If over \$500, provide documentation (Tax Tips 25 and 26)</i>	
If a vehicle, boat or airplane donation over \$500, provide Form 1098-C.	
Charitable Miles	Miles @ 14¢ =
Other:	

Miscellaneous

Do Not Duplicate STEP 8

Deductible only if total exceeds 2% of AGI

Unreimbursed employee business expenses (for example, union dues, tools and supplies, special uniforms and safety equipment, professional dues and subscriptions, job-related education—see Tax Tips 2, 3 and 28). List items on separate sheet.	\$	
See STEP 8 for automobile expenses and travel and entertainment	\$	
Job-Seeking Expenses in Same Field (Tax Tip 29)		
Travel/Air Fare/Lodging	\$	
Meals	\$	
Employment Agency Fees	\$	
Resume \$	Other \$	Total =
Tax Prep, Financial Planning/Consultation Fees (Tax Tip 30)		
Investment Expenses (Tax Tip 31)		
Phone/Postage/Supplies for Investments	\$	
Safe Deposit Box	\$	
Investment Publications and Journals	\$	
IRA and Keogh Fees You Paid Directly	\$	
Other \$		Total =
Gambling Losses. <i>Limited to Total Gambling Winnings Listed in Step 3...</i>		
Other:		
Other:		
Other:		
Other:		

Taxpayer: _____

Taxpayer Instructions—Items checked apply to you.

IRA/SEP/SIMPLE/HSA

- IRA amounts deducted on 2009 return: for You \$ _____, for Spouse \$ _____
All 2009 contributions to IRAs must be made by April 15, 2010. (No extensions)
- Self-employed retirement plan contributions deducted on 2009 return: for You \$ _____, for Spouse \$ _____
Contributions must be deposited by due date of the tax return (including extensions).
- Health Savings Account (HSA) amounts deducted on 2009 return: \$ _____
All 2009 contributions to HSAs must be made by April 15, 2010. (No extensions)

Federal Tax Return

- Your federal tax return shows an overpayment of \$ _____. Of this amount, \$ _____ has been applied toward your estimated tax payments for 2010, \$ _____ will be directly deposited to your _____ account, and \$ _____ will be refunded to you.
- You have to pay a balance due of \$ _____. Make check payable to "United States Treasury."
- If checked, you will be billed separately by the IRS for any interest and/or penalty.
- Your return has been filed electronically.
- Mail by _____.

State Tax Return

- Your state tax return shows an overpayment of \$ _____. Of this amount, \$ _____ has been applied toward your estimated tax payments for 2010 and \$ _____ will be refunded to you.
- You have to pay a balance due of \$ _____. Make check payable to _____.
- If checked, you will be billed separately by the state for any interest and/or penalty.
- Your return has been filed electronically.
- Mail by _____.

Estimated Taxes

- You must pay 2010 estimated taxes according to payment schedule provided below.

Other Instructions:

- Returns must be signed before mailing.
- On all checks or payments, enter the year and form number of the return, your Social Security number and a daytime phone number. Federal tax payments can also be made by credit card or via the IRS electronic federal tax payment system (EFTPS)—Call for more information.

2010 Estimated Tax Payments—Instructions and Record of Payments¹

Worksheet

	Federal	State
Estimated Tax Liability for 2010.....	\$ _____	\$ _____
Estimated Tax Withholding from 2010 Wages ²	< _____ >	< _____ >
Amount Credited From 2009 Return.....	< _____ >	< _____ >
Total Amount to Be Paid in Quarterly Estimates.....	\$ _____	\$ _____

Federal Payment Record³

State Payment Record³

Date Due	Amount	Check Number	Date Sent	Date Due	Amount	Check Number	Date Sent
April 15, 2010	\$ _____	_____	_____	_____	\$ _____	_____	_____
June 15, 2010	_____	_____	_____	_____	_____	_____	_____
September 15, 2010	_____	_____	_____	_____	_____	_____	_____
January 18, 2011	_____	_____	_____	_____	_____	_____	_____

Notes:

- If your income or deductions change significantly, please contact us so that these estimates can be revised.
- If your state or federal tax withholding for the year is less than estimated, your estimated payments may need to be adjusted.
- Use the vouchers supplied by federal and state taxing authorities, if possible.

Tax Tips for All Taxpayers

- 1) A person who files a joint return (other than a return filed solely to claim a refund) cannot be claimed as a dependent.
- 2) An American Opportunity tax credit (\$2,500 maximum) is available on a per-student, per-year basis for the first four years of post-secondary tuition, fees, books, supplies and equipment.

A lifetime learning credit (maximum \$2,000 per return) is available for post-secondary educational expenses (tuition and fees, plus books, supplies and equipment that must be paid to the institution as a condition of enrollment or attendance). It is available for an unlimited number of years for undergraduate, graduate, professional degree and other students acquiring or improving job skills enrolled in one or more courses.

The education credits phase out at higher levels of adjusted gross income (AGI). Also, special rules apply to students in schools in the Midwestern Disaster Area. Ask your tax advisor.
- 3) You can also deduct up to \$2,500 of interest on qualified education loans for college or vocational school expenses, or up to \$4,000 of post-secondary tuition and fees, even if you do not itemize deductions. Deductions are phased out based on AGI.
- 4) Nondeductible contributions up to \$5,000 (\$6,000 if 50 or older) can be made to a Roth IRA. Distributions, including earnings, are tax-free when certain requirements are met. The contribution limit is subject to an AGI-based phase-out.
- 5) An IRA deduction up to \$5,000 (\$6,000 if 50 or older) is available to all taxpayers who are not covered by an employer-sponsored retirement plan. Taxpayers covered by an employer plan may be eligible for a full or partial deduction, depending on their AGI.
- 6) If only one spouse has compensation, a spousal IRA can be set up for the nonworking spouse. Each spouse (working and nonworking) may contribute up to \$5,000 or \$6,000 (if age 50 or older).
- 7) Exceptions apply to the 10% penalty for early withdrawals from an IRA if the funds are used for: (1) medical expenses in excess of 7.5% of AGI, (2) certain qualified educational expenses, (3) a first-time home purchase for distributions of up to \$10,000 or (4) medical insurance for those who are unemployed for at least 12 weeks. **Note:** IRA withdrawals are still subject to regular income tax.
- 8) A gain exclusion up to \$250,000 (\$500,000 if married and filing jointly or certain surviving spouses) is available for a sale of a principal residence if the taxpayer(s) owned and occupied the residence for two years of the five-year period ending on date of sale. The five-year period is extended for certain military, foreign service and intelligence personnel. If the home was used other than as your principal residence any time after 2008, some of the gain may be taxable.
- 9) Interest on certain Series EE savings bonds issued after 1989 is tax-exempt if proceeds are used for qualified educational expenses of a taxpayer, spouse or dependent, subject to AGI-based phase-out.
- 10) Keep receipts supporting tax deductions at least four years.
- 11) Improvement costs may reduce taxable profit upon sale of property. Keep records of improvement costs made to all real property at least four years after the property is sold.
- 12) If stock or mutual fund dividends are automatically reinvested instead of received in cash, maintain good records of all reinvested dividends each year. These reinvestments increase cost basis, and reduce gain or increase loss upon sale.
- 13) If "allocated tips" are listed on year-end Form W-2, the amount will be subject to both Social Security and income tax unless records (tip log) verify that a lesser amount was actually received.
- 14) Child care expense credit allows up to a 35% tax credit on up to \$3,000 of child care costs paid for one dependent or \$6,000 for two or more dependents.
- 15) Taxpayers born before 1936 who receive a lump-sum distribution from a pension plan or profit-sharing plan may utilize a tax-saving method with 10-year averaging. Ask your tax advisor.

- 16) Taxpayers investing in certain types of passive activities (such as limited partnerships) are limited in the amount of loss they can claim to offset other types of income. However, a taxpayer who actively participates in a rental real estate activity can apply up to \$25,000 in rental losses against other sources of income—subject to phase-out based on AGI.
- 17) Purchasers of qualifying alternative fueled vehicles (such as hybrids) and plug-in electric vehicles are eligible for a tax credit. Ask your tax advisor.
- 18) Taxpayers can exclude \$2 million (\$1 million if MFS) of certain mortgages cancelled because of their financial condition or decline in the home's value. To qualify, the loan must have been to buy or improve the principal residence (or a loan refinancing such loans).
- 19) Taxpayers who purchase a new vehicle (car, light truck, motorcycle or motor home) after 2/16/09 and before 2010 can deduct the state and local taxes paid on the purchase whether they claim the standard deduction or itemize deductions.

Tax Tips for Taxpayers Itemizing

- 20) Insurance premiums on policies that cover medical costs are deductible. Premiums on disability and loss of income insurance are not deductible.
- 21) Qualified long-term care insurance premiums are deductible subject to age and dollar limits: Age 40 or less, \$320; ages 41 to 50, \$600; ages 51 to 60, \$1,190; ages 61 to 70, \$3,180 and ages 71 and up, \$3,980.
- 22) Special assessments paid on your property are normally not allowed as a deduction. But, the interest portion of the special assessments can be deducted as a tax.
- 23) Loan origination fees (points) are deductible as interest by a buyer of a new principal residence. Homebuyers are also allowed to deduct seller-paid points. Points paid on refinancing an existing residence must be deducted over the life of the mortgage.
- 24) Charitable contributions of \$250 or more in any one day to any one organization must have written substantiation from the organization. A bank record, such as a cancelled check is not sufficient.
- 25) When making contributions of used furniture, appliances and clothing to nonprofit organizations, request a receipt from the organization. Attach a record of the items donated to the receipt for proof of this deductible contribution. Contributions must be in good or better condition to be deductible.
- 26) Taxpayers who own appreciated stocks or bonds can take advantage of certain tax-saving methods by donating the securities to churches or other nonprofit organizations.
- 27) If you experienced a casualty loss (flood, fire, theft, etc.) that exceeds 10% of AGI, your tax preparer will explain what information is required to determine your deductible loss, if any. Net casualty losses from a federally declared disaster are not subject to this limitation.
- 28) Expenses incurred for education for improving your skills for your present job or maintaining your job may be deducted. Seminars, tuition, books and some travel expenses can be deducted. Travel as a "form of education" is not deductible. *Example:* French teacher travels to France to maintain general familiarity with the French language and culture—not deductible. However, see Tax Tip 2 for education costs that qualify for a credit even when not job-related.
- 29) Job-seeking costs in the same field of employment are deductible. Successful job placement is not necessary.
- 30) Part of a legal fee incurred in a divorce or an estate plan may be deductible if it is for advice on the tax consequences. Have your attorney clearly indicate how much of the fee is for tax advice.
- 31) Expenses incurred for attending conventions, seminars or other meetings that give investment advice to taxpayers are not deductible.
- 32) Investment interest (land, margin account, etc.) is deductible only to the extent of net investment income for the year. Net investment income includes dividends, interest, royalties and short-term capital gains.

Tax Organizer—Airline Personnel

Name: _____ Tax Year: _____

Airline Occupation: _____

Date Airline Occupation Started (if started this year): _____

PART 1—Uniforms	
Alterations and Repairs	
Belts	
Emblems, Insignia and Wings	
Gloves	
Hat	
Jacket and Overcoat	
Laundry and Dry Cleaning	
Pants	
Shirts and Blouses	
Shoes and Boots	
Sweater and Vests	
Ties and Scarf	
Other: _____	

PART 2—Professional Expenses	
Bidding, Software and Fees	
Books, Manuals and Tapes	
Business Cards	
Internet	
FAA Medical Exam	
ID Replacement	
Licenses	
Passport, Photo and Visa	
Professional Dues	
Subscriptions and Publications	
Training Expense	
Union Dues and Assessments	
Union Officer/Committee	
Other: _____	

PART 3—Mileage	
FAA Physical	_____ Miles
Company Physical	_____ Miles
Training	_____ Miles
Other: _____	_____ Miles

PART 4—Equipment	
Alarm Clock	
Calculators	
Cockpit Keys	
Computer and Office Equipment (printer, modem, fax machine, answering machine)	
Ear Piece/Protectors	
Flashlight and Batteries	
Flight Bag	
Jet Bridge Keys	
Kit Bag	
Log Book	
Luggage and Garment Bag	
Maps and Charts	
Name Tags	
Sunglasses	
Translators	
Voltage Converter	
Watch and Batteries	
Other: _____	
Other: _____	
Other: _____	
Other: _____	
Other: _____	
Other: _____	

PART 5—Telephone	
Second Line	
Long Distance	
Pay Phone	
Cell Phone Fees	
Fax Line	
Internet Provider/Access Fees	
Pager Fees	
Other: _____	
Other: _____	

Tax Organizer—Long Haul Truckers and Overnight Drivers

Name: _____ Tax Year: _____

Principal Business: _____

Business Name and Address: _____

Date Business Started (if started this year): _____

PART 1—Out-of-Town Travel Expenses	
Baggage and Shipping	
Bath and Shower Costs	
Car Rental and Gas	
Laundry and Laundry Supplies	
Locker Fees	
Lodging	
Meals (Actual Cost)	
Parking and Tolls	
Taxi, Commuter Bus and Shuttles	
Telephone and Fax	
Tips	
Toiletries	
Transportation—Airfare, Bus and Train	
Other: _____	

PART 2—Owner/Operator Truck Expenses	
Description of Truck	
Date Placed in Service	
Odometer—Beginning of Year	
Odometer—End of Year	
Interest Paid	
Gas, Lube and Oil	
Repairs and Maintenance	
Tires	
Insurance	
License and Registration Fees	
Other: _____	

PART 3—Dues and Fees	
License	
Permits and Fees	
Security Bond	
Trade Association Dues	
Travel Card Fees	
Union Dues	
Other: _____	

PART 4—Miscellaneous Expenses	
Business Cards and Stationary	
Delivery Expenses—Postage	
Insurance—Business	
Legal and Professional Services	
Office Supplies	
Safety Classes	
Secretarial Services	
Testing—Job Related	
Other: _____	
Other: _____	

PART 5—Supplies	
Back Supporter	
Batteries	
Cellular Phone	
Citizens Band Radio	
Compass/GPS	
Fire Extinguisher	
First Aid Kit	
Flares	
Flashlight	
Glasses—Safety and Sun	
Gloves	
Ice Chest/Thermos	
Map/Map Book	
Radio	
Safety Boots/Shoes	
Seat Cushion	
Tools	
Trade Publications	
Uniforms and Maintenance	
Weather Receiver	
Other: _____	
Other: _____	
Other: _____	

Tax Organizer—Direct Seller

Name:	Tax Year:
Principal Business/Product Sold:	
Business Name and Address (if different than residence):	
Date Business Started (if started this year):	

Part 1—Inventory (at your cost)	
Inventory at Beginning of the Year (Should match "Cost of Inventory for Sale at Year-End" from last year's organizer)	
Total Purchases During the Year	
Purchase Returns and Allowances	
Cost of Items Taken for Personal Use—DO NOT INCLUDE BUSINESS GIFTS	
Cost of Inventory for Sale at Year-End	

Part 2—Income (attach any Form 1099s received)	
Total Retail Sales	
Commissions Received	
Prizes Won	
Other Income (attach detail)	

Part 3—Deductions	
Advertising (posters, Yellow Pages, booth rental, retail display products, etc.)*	
Bad Debts (uncollected sales if included in "Total Retail Sales," above)	
Bank Service Charges	
Classes, Workshops and Seminars	
Commissions Paid	
Demonstrators (not for sale)	
Hostess Gifts, Flowers*	
Interest on Business Loans	
Magazines, Books, Tapes, Educational Aids	
Meals and Entertainment	
Meeting Room Rent	
Membership Fees	
Office Supplies	
Other Gifts (list recipients and amounts)*	
Postage	
Prizes Given to Customers and other Direct Sellers*	
Product Replacement Insurance	
Professional Fees (legal, tax preparation, accounting, etc.)	
Salaries	
Sales Aids From the Direct Selling Company	
Start-Up Kit (if started this year)	
Telephone (long distance for business, cost of separate line used only for business, cell phone, etc.)	
Travel for Business Trips (Airfare, Rent Car, Hotel, Meals, Cabs, Tips, Laundry, etc.)	
Other Expenses (attach detail)	

*Only include cost of products if their cost is not included in "Purchases" in Part 1.

Part 4—Vehicle Information	
Vehicle Description:	
Odometer Reading at End of Year	
Odometer Reading at Beginning of Year	
Total Miles Driven for the Year	
Total Miles Driven for Direct Selling Business	

Part 5—Car Expenses (actual costs for the year)	
Gas	
Insurance	
Repairs and Maintenance	
Lease Payments	
Parking (Business-related only)	
Other:	

Part 6—Home Office Expenses (must meet certain tests to deduct)	
Mortgage Interest	
Property Taxes	
Utilities (not listed in Part 3)	
Repairs and Maintenance	
Homeowner's Insurance:	
Other:	
Other:	

Part 7—Business Assets Purchased During the Year (such as car, computer, desk, answering machine, etc.)			
Description	Date Acquired	Cost	% Used for Business Purposes

Part 8—Other Information

Tax Organizer—Daycare Provider

Name: _____ Tax Year: _____

Business name and address (if different from residence): _____

Date business started (if during 2009): _____

Note: Round all amounts to nearest dollar.

PART 1—Income (Attach any 1099s received)	
Gross receipts from parents	
Food program (CACFP) reimbursements	
State program receipts	
Other income:	
Other Income:	

PART 2—Business Assets Purchased During the Year			
Description	Date Acquired	Cost	Bus %

PART 3—Business Use of Home	
Total area of home	_____ sq. ft.
Area used regularly for business	_____ sq. ft.
Total hours area available for use for business during the year	
Direct expenses:	
Repairs and maintenance	
Other:	
Indirect expenses:	
Cleaning services	
Gardener	
Homeowners insurance	
Mortgage interest	
Pool services and supplies	
Real estate taxes	
Rent	
Repairs and maintenance	
Utilities—electric, gas, water, cable, trash	
Other:	
Other:	
Other:	
Other:	
Cost and value of home (complete if first year of business use)	
Cost plus cost of improvements	
Value at time first used for business	
Value of land	

PART 4—Operating Expenses	
Advertising	
Bank fees and charges	
Child proofing devices	
Education and training	
Food and meals—for children*	
Food and meals—for employees	
Insurance—liability	
Insurance—other (not homeowners)	
Legal and professional	
Licenses and permits	
Subscriptions	
Supplies—art, children's activities	
Supplies—cleaning	
Supplies—office	
Taxes—business	
Taxes—payroll	
Telephone—other than home phone	
Tickets and fees—field trips	
Toys and games	
Travel	
Wages to employees	
Other:	
Other:	

*If standard rates used, complete *Standard Meal and Snack Rate Log Recap Worksheet*.

PART 5—Vehicle Expenses		
	Vehicle 1	Vehicle 2
Vehicle description		
Date acquired		
Cost		
Miles this year: Business		
Commuting		
Personal		
Total		
Actual costs this year:		
Gasoline, oil, etc.		
Insurance		
Lease payments		
Repairs/maintenance		
Tires		
Other:		

Family Daycare Provider—Standard Meal and Snack Rate Log Annual Recap Worksheet

Name of Provider:

TIN/SSN

Tax Year:

Wk	Week of	Break-fasts	Lunches	Dinners	Snacks	Wk	Week of	Break-fasts	Lunches	Dinners	Snacks
1						27					
2						28					
3						29					
4						30					
5						31					
6						32					
7						33					
8						34					
9						35					
10						36					
11						37					
12						38					
13						39					
14						40					
15						41					
16						42					
17						43					
18						44					
19						45					
20						46					
21						47					
22						48					
23						49					
24						50					
25						51					
26						52					
Subtotals						Subtotals					
						↓ ↓ ↓ ↓ ↓					
						Subtotals from weeks 1 – 26					
						Total number served during the year					

	Total Number Served During the Year		Standard Rate		Annual Cost
Breakfast	x	\$	=	\$
Lunch	x	=
Dinner	x	=
Snacks	x	=
Total Annual Cost					\$

Name _____ Tax Year _____ Initials _____

Vehicle Expense Attestation

(Must be completed for each vehicle used for business)

Description of Vehicle (Year and Make/Model) _____

Date of purchase or date first used for business _____

Original Cost _____ FMV on date first used for business _____

The mileage numbers required below are necessary to establish business use percentage

1-Personal miles _____

2-Commuting miles (*) _____ (See * Explanations Below)

3-Business use miles (*) _____ Do you have evidence? Y ___ N ___

Is it written? Y ___ N ___

4-Total miles (add lines 1, 2 & 3) _____

Parking & tolls while on business _____ (do NOT include daily parking or tolls while commuting)

Amount reimbursed by you employer: _____ Is this amount added to your W2? Y ___ N ___

For Self Employed Only: Vehicle Loan Interest _____

If using the standard mileage rate no further info is needed.

- * Miles from home to your first place of business for the day and miles from your last place of business for the day to home are considered non-deductible commuting expenses.
- * Business miles are defined as miles between job locations for the day. This can also include all miles driven while working at a temporary job location. If you meet the qualifications for business use of home deductions (regular & exclusive use, principality to the business or inventory storage etc.) it can also include miles from home and back.

Self employed persons deduct vehicle expenses on Form 1040 schedule C

Employees deduct vehicle expenses on Form 2106

If the vehicle is owned by a company and provided to an employee, the personal use value must be added to the employee's W2.

If the vehicle is owned by the employee and the expenses are paid by the company with no accountability required the entire amount is added to the employee's W2 and the employee must deduct eligible amounts on form 2106.

If using actual expense method the following items will be needed:

If actual expense method is used for the first year then it must be used for all subsequent years for that vehicle.

Amounts spent for:

Gas/Oil _____ Insurance _____ Repairs/Maint. _____ Lease/Rental _____