2008	1040	US	Client Information	1

Haskins & Associates, P.C.
7400 E Orchard Rd Ste 4060N
Greenwood Village, CO 80111-2546
Telephone number: **(303) 779-5034**
Fax number: **(303) 779-0314**
E-mail address: **steve@denvercpafirm.com**

Tax Return Appointment

Date:
Time:
Location:

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

CLIENT INFORMATION

Filing Status	Filing status (table)	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying widow(er) (2006 or 2007)	
Taxpayer	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Spouse	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

1 = Single
2 = Married filing joint
3 = Married filing separate
4 = Head of household
5 = Qualifying widow(er)

2008	1040	US	Client Information (continued)	1 p2

Please add, change or delete information for 2008.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		

Daytime Phone

1 = Work
2 = Home
3 = Mobile

2008	1040	US	Dependents	2

Please add, change or delete information for 2008.

DEPENDENTS

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

Type of Dependent

1 = Child living w/taxpayer
2 = Child not living w/taxpayer
3 = Dependent other than child
4 = Head of household only, not a dependent
5 = Earned income credit only, not a dependent

Earned Income Credit

1 = When applicable (default)
2 = Student age 19 to 23
3 = Disabled age 19 or older
4 = Force
5 = Suppress

2008	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6

Please enter all pertinent 2008 information.

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

Stimulus payment received from IRS	
1=direct deposit of federal tax refund into bank account	
1=electronic payment of balance due	
1=electronic payment of estimated tax	

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2008 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2008 Voucher Amount
Overpayment applied from 2007				
1st quarter payment (due 4/15/08)				
2nd quarter payment (due 6/16/08)				
3rd quarter payment (due 9/15/08)				
4th quarter payment (due 1/15/09)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/09)				

State

	Amount Paid	Date Paid	TS	2008 Voucher Amount
Overpayment applied from 2007				
1st quarter payment (due 4/15/08)				
2nd quarter payment (due 6/16/08)				
3rd quarter payment (due 9/15/08)				
4th quarter payment (due 1/15/09)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/09)				

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

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

	Hash Total		3, 6

2008	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1

Please enter all pertinent 2008 information.

APPLICATION OF 2008 OVERPAYMENT (7.1)

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

Other (please explain):

2009 ESTIMATED TAX INFORMATION

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

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

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

If "yes" explain any differences:

	Hash Total		7.1

2008	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2

Please enter all pertinent 2008 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

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

PENSIONS, IRA DISTRIBUTIONS (13.1)

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

GAMBLING WINNINGS (W-2G) (13.2)

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

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

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

10, 13.1, 13.2

2008	1040	US	Interest & Dividend Income	11, 12

Please enter all pertinent 2008 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

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

DIVIDEND INCOME (12)

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

2008	1040	US	Miscellaneous Income	14.1

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

MISCELLANEOUS INCOME

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				
Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

2008	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2

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

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

		2008 1099-G Amount
No.	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Total received (Box 1)	
	2008 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2007 (Box 3)	
	Federal income tax withheld (Box 4)	
	Taxable grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Agriculture payments:	
	Agriculture payments (Box 7)	
	Number of farm	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld	

No.	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Total received (Box 1)	
	2008 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2007 (Box 3)	
	Federal income tax withheld (Box 4)	
	Taxable grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Agriculture payments:	
	Agriculture payments (Box 7)	
	Number of farm	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld	

2008	1040	US	Business Income (Schedule C)	No.	16

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

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, state, ZIP code, if different from Form 1040	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower c/m, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
1=W-2 earnings as statutory employee		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=personal services is not a material income producing factor		
1=investment		
1=minister's Schedule C		
1=single member limited liability company		

INCOME

	2008 Amount	2007 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		
Inventory at end of the year		

2008	1040	US	Business Income (Schedule C) (cont.)	No.	16 p2

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

EXPENSES

	2008 Amount	2007 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (75%)		
Uniforms		
Utilities		
Wages		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2008	1040	US	Capital Gains & Losses (Schedule D)	17

If you sold any stocks, bonds, or other investment property in 2008, please list the pertinent information for each sale below or provide a spreadsheet file with this information.
Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity (Box 5)	Description of Property (Box 7)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)

2008	1040	US	Sale of Home & Moving Expenses	17, 27

If you sold your home or moved in 2008, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)	
Date acquired (m/d/y)	
Date sold (m/d/y) (Box 1)	
Sales price (Box 2)	
1=sale of home	
1=owned and used property as main home for at least 2 of 5 years before sale	
1=business use in year of sale	

Adjusted Basis

Original cost	
Improvements:	
Adjusted basis	

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale	

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforseen circumstances you either:
a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	
1=sale due to change in health, employment or unforseen circumstances	
Days used as main home - taxpayer	
Days used as main home - spouse	
Days property owned - taxpayer	
Days property owned - spouse	

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint	
1=armed forces move due to permanent change of station	
Miles from old home to new work place	
Miles from old home to old work place	
Expenses for transportation and storage of household goods and personal effects	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile)	
Parking fees and tolls	
Gas and oil	
Miles driven to new home (1/1/08 - 6/30/08)	
Miles driven to new home (7/1/08 - 12/31/08)	

(* owned and used property as main home for at least 2 of 5 years before sale)

2008	1040	US	Rental & Royalty Income (Schedule E)	No.	18

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

GENERAL INFORMATION

Kind of property	
Location of property	

Percentage of ownership if not 100% (.xxxx)		
Percentage of tenant occupancy if not 100% (.xxxx)		
1=spouse, 2=joint		
1=nonpassive activity, 2=passive royalty		
1=did not actively participate		
1=real estate professional		
1=rental other than real estate		
1=investment		
1=single member limited liability company		

INCOME

	2008 Amount	2007 Amount
Rents received (Form 1099-MISC, box 1)		
Royalties received (Form 1099-MISC, box 2)		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

	2008 Amount	2007 Amount
Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2008	1040	US	Rental & Royalty Income (Sch. E) (cont.)	No.	18 p2

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2008 Amount	2007 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

	2008 Amount	2007 Amount
Number of days rented at fair market value		
Number of days personal use		
Number of days owned (if optional method elected)		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

	2008 Amount	2007 Amount
Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

2008	1040	US	Adjustments to Income	24

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

TRADITIONAL IRA CONTRIBUTIONS

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

ROTH IRA CONTRIBUTIONS

	2008 Taxpayer	2008 Spouse	2007 Taxpayer	2007 Spouse
Roth IRA contributions you made or expect to make (1=maximum) ($5,000/$6,000 if 50 or older)				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2008 Taxpayer	2008 Spouse	2007 Taxpayer	2007 Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2008 Taxpayer	2008 Spouse	2007 Taxpayer	2007 Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				

Alimony paid:	Taxpayer		Spouse	
Recipient's first name				
Recipient's last name				
Recipient's SSN				
Amount paid		2007 amt:		2007 amt:

2008	1040	US	Itemized Deductions	25

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

MEDICAL AND DENTAL EXPENSES

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

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

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

State income taxes - 1/08 payment on 2007 state estimate			
State income taxes - paid with 2007 state extension			
State income taxes - paid with 2007 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/08 payment on 2007 city/local estimate			
City/local income taxes - paid with 2007 city/local extension			
City/local income taxes - paid with 2007 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes			
Use taxes paid on 2008 purchases			
Use taxes paid with 2007 state return			
Taxes paid on vehicles, boats, and aircraft			

OTHER TAXES PAID

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

2008	1040	US	Itemized Deductions (continued)	25 p2

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

INTEREST PAID

Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098:	2008 Amount	TS	2007 Amount

Home mortgage interest not reported on Form 1098:

Payee's name	
Payee's SSN or FEIN	
Payee's street address	
Payee's city, state, ZIP	

	2008 Amount	TS	2007 Amount
Amount paid			
Points not reported on Form 1098:			
Mortgage insurance premiums on post 12/31/06 contracts (Box 4)			
Investment interest (interest on margin accounts):			
Passive interest			
Certain home mortgage interest included above (6251)			

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:	2008 Amount	TS	2007 Amount
Contributions above made for Midwestern disaster relief			
Volunteer expenses (out-of-pocket)			
Number of charitable miles			
Midwestern disaster relief miles (5/2/08 - 6/30/08)			
Midwestern disaster relief miles (7/1/08 - 12/31/08)			

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

Contributions by cash or check:	2008 Amount	TS	2007 Amount
Volunteer expenses (out-of-pocket)			
Number of charitable miles			
Midwestern disaster relief miles (5/2/08 - 6/30/08)			
Midwestern disaster relief miles (7/1/08 - 12/31/08)			

2008	1040	US	Itemized Deductions (continued)	25 p3

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

NONCASH CONTRIBUTIONS

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

	2008 Amount	TS	2007 Amount
50% limitation (see above):			
30% limitation (see above):			
30% capital gain property (gifts of capital gain property to 50% limit orgs.):			
20% capital gain property (gifts of capital gain property to non-50% limit orgs.):			

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

	2008 Amount	TS	2007 Amount
Union and professional dues			
Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):			
Investment expense:			
Tax return preparation fee			
Safe deposit box rental			
Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):			

2008	1040	US	Itemized Deductions (continued)	25 p4

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

OTHER MISCELLANEOUS DEDUCTIONS

	2008 Amount	TS	2007 Amount
Estate tax, section 691(c)			
Other miscellaneous deductions:			

2008	1040	US	Noncash Contributions (Form 8283)	26

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

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

DONATED PROPERTY INFORMATION

No.	Name of charitable organization (donee)		
	Street address		
	City, state, ZIP code		
	1=spouse, 2=joint		
	Property description		
	Date of contribution (m/d/y) *		
	Date acquired by donor (m/y) *		
	How acquired by donor (Table 1 or describe)		
	Donor's cost or basis		
	Fair market value		
	Method used to determine FMV (Table 2 or describe)		

No.	Name of charitable organization (donee)		
	Street address		
	City, state, ZIP code		
	1=spouse, 2=joint		
	Property description		
	Date of contribution (m/d/y) *		
	Date acquired by donor (m/y) *		
	How acquired by donor (Table 1 or describe)		
	Donor's cost or basis		
	Fair market value		
	Method used to determine FMV (Table 2 or describe)		

No.	Name of charitable organization (donee)		
	Street address		
	City, state, ZIP code		
	1=spouse, 2=joint		
	Property description		
	Date of contribution (m/d/y) *		
	Date acquired by donor (m/y) *		
	How acquired by donor (Table 1 or describe)		
	Donor's cost or basis		
	Fair market value		
	Method used to determine FMV (Table 2 or describe)		

1 How Property was Acquired

1 = Purchase
2 = Gift
3 = Inheritance
4 = Exchange

2 Method Used to Determine FMV

1 = Appraisal
2 = Thrift shop value
3 = Catalog
4 = Comparable sales

For other methods, see IRS Pub. 561.

* Negative date = various

2008	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No.	30

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

GENERAL INFORMATION

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

EMPLOYEE BUSINESS EXPENSES

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

2008	1040	US	Vehicle Expenses (Form 2106) (cont.)	No.	30 p2

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

VEHICLE INFORMATION

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

VEHICLE 1

	2008 Amount	2007 Amount
Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage (1/1/08 - 6/30/08)		
Business mileage (7/1/08 - 12/31/08)		
Commuting mileage		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

VEHICLE 2

	2008 Amount	2007 Amount
Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage (1/1/08 - 6/30/08)		
Business mileage (7/1/08 - 12/31/08)		
Commuting mileage		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E and F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

2008	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2

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

DEPENDENT CARE EXPENSES (33.1)

	2008 Amount Taxpayer	2008 Amount Spouse	2007 Amount Taxpayer	2007 Amount Spouse
Dependent care expenses incurred but not paid in 2008				
Employer-provided benefits forfeited in 2008				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No.	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2008		2007 amt:
	1=disabled		
	1=spouse, 2=joint		

No.	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2008		2007 amt:
	1=disabled		
	1=spouse, 2=joint		

No.	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2008		2007 amt:
	1=disabled		
	1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No.	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2008		2007 amt:
	1=spouse, 2=joint		

No.	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2008		2007 amt:
	1=spouse, 2=joint		

33.1,33.2