

| | | | |
|-------------|-------------|-----------|----------------------|
| 2008 | 1040 | US | Tax Organizer |
|-------------|-------------|-----------|----------------------|

Bishop & Adkins, PA
 612 Rockspring Avenue
 Bel Air, MD 21014
 Telephone number: (410) 893-7453
 Fax number: (410) 838-2859
 E-mail address:

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 enter all pertinent 2008 information.

CLIENT INFORMATION

Taxpayer

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 | | |
| Home phone | | |
| Work phone | | |
| Work extension | | |
| Cell phone | | |
| E-mail address | | |

| | | |
|---------|----------------------------|--|
| Address | In care of | |
| | Street address | |
| | Apartment number | |
| | City | |
| | State | |
| | ZIP code | |

DEPENDENTS

Dependent No.

Dependent No.

| | | |
|-------------------------------|--|--|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Social security number . . | | |
| Relationship | | |
| Months lived at home | | |

Dependent No.

Dependent No.

| | | |
|-------------------------------|--|--|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Social security number . . | | |
| Relationship | | |
| Months lived at home | | |

| | | | |
|-------------|-------------|-----------|----------------------|
| 2008 | 1040 | US | Tax Organizer |
|-------------|-------------|-----------|----------------------|

Please enter all pertinent 2008 information. If you have attached a government form for an item, check the box and do not enter a 2008 amount.

WAGES, SALARIES AND TIPS

Employer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| 2008 Amount | 2007 Amount |
|-------------------------|-------------|
| Attach Forms W-2 | |
| | |
| | |
| | |

INTEREST INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| | |
|------------------------------|--|
| Attach Forms 1099-INT | |
| | |
| | |
| | |

DIVIDEND INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| | |
|------------------------------|--|
| Attach Forms 1099-DIV | |
| | |
| | |
| | |

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| | |
|---------------------------------------|--|
| Attach Forms 1099-R & W-2G | |
| | |
| | |
| | |
| | |
| | |

Winnings not reported on W-2G.

Total gambling losses

OTHER GOVERNMENT FORMS - INCOME

| | |
|--------------------------|---|
| <input type="checkbox"/> | Form 1099-B - Sales of stock (also include transaction history)..... |
| <input type="checkbox"/> | Form 1099-MISC - Miscellaneous income..... |
| <input type="checkbox"/> | Form 1099-S - Sales of real estate (also include closing statements)..... |
| <input type="checkbox"/> | Form 1099-G - State tax refunds..... |

| | |
|--------------------------|--|
| Attach Forms 1099 | |
| | |
| | |
| | |

Taxpayer:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits..... |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation..... |

| | |
|--------------------------|--|
| Attach Forms 1099 | |
| | |

Spouse:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits..... |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation..... |

| | |
|--------------------------|--|
| Attach Forms 1099 | |
| | |

MISCELLANEOUS INCOME

Taxpayer: Alimony received

Spouse: Alimony received.....

Other: _____

| | |
|--|--|
| | |
| | |
| | |
| | |

2008 1040 US Tax Organizer

TAXES PAID (continued)

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.
 State and local sales taxes.
 Sales taxes paid on vehicles, boats, and aircraft.
 Use taxes paid on 2008 purchases.
 Use taxes paid on 2007 state return.
 Real estate taxes - principal residence.
 Real estate taxes - property held for investment.
 Foreign income taxes.

| 2008 Amount | 2007 Amount |
|-------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Personal property taxes (including automobile fees in some states)

Attach Tax Notice

INTEREST PAID

Home mortgage interest and points paid:

Attach Forms 1098

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

| | |
|--|--|
| | |
| | |

Points not reported on Form 1098:

| | |
|--|--|
| | |
| | |

Mortgage insurance premiums on post 12/31/06 contracts.

Investment interest (interest on margin accounts):

| | |
|--|--|
| | |
| | |

Passive interest.

| | |
|--|--|
| | |
| | |

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).

| | |
|--|--|
| | |
| | |

Volunteer expenses (out-of-pocket).

Number of charitable miles.

| | |
|--|--|
| | |
| | |

NONCASH CONTRIBUTIONS

NOTE: 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.

| | |
|--|--|
| | |
| | |

MISCELLANEOUS DEDUCTIONS

Union and professional dues.

Tax return preparation fee.

Safe deposit box rental.

Investment expenses.

Estate tax, section 691(c).

Unreimbursed employee expenses:

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Other: _____

| | |
|--|--|
| | |
| | |
| | |

2008

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2008, please check the appropriate box and provide additional information if necessary.

| YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | PERSONAL INFORMATION |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2008? |
| | | |
| <input type="checkbox"/> | <input type="checkbox"/> | DEPENDENTS |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 on January 1, 2009, or full-time students under age 24, with interest and dividend income in excess of \$900, or total investment income in excess of \$1,800? |
| | | |
| <input type="checkbox"/> | <input type="checkbox"/> | INCOME |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes? |
| | | |
| <input type="checkbox"/> | <input type="checkbox"/> | PURCHASES, SALES AND DEBT |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you add energy efficient property to your home in 2008? Energy efficient property specifically refers to solar energy, solar water heating, fuel cell, small wind energy or a geothermal heat pump. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new hybrid vehicle in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone owe you money which had become uncollectible? |

2008

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2008, please check the appropriate box and provide additional information if necessary.

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | RETIREMENT PLANS |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | EDUCATION |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | ITEMIZED DEDUCTIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | ESTIMATED TAXES |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of 2007 taxes to your 2008 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2008 taxes, do you want the excess applied to your 2009 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2009 taxable income and withholdings to be different from 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | MISCELLANEOUS |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to electronically file your tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |

2008

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2008, please check the appropriate box and provide additional information if necessary.

| YES | NO | MISCELLANEOUS (continued) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you (or someone on your behalf, including your employer) make contributions to a health savings account (HSA) this year? Or, did you receive a HSA distribution or acquire an interest in an HSA due to the death of the account beneficiary? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$12,000, or any gifts to a trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you or was any of your property located in a federally declared disaster area, such as those affected by the Midwest flooding or Hurricanes Gustav or Ike? |

2008

1040

US/MD

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 | | |
| 1=state direct deposit | | |
| 1=state electronic payment of balance due | | |

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

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..... | | | | |

14.1

| | | | | |
|-------------|-------------|-----------|--|-------------|
| 2008 | 1040 | US | Education Distributions (ESA's and QTP's) | 14.3 |
|-------------|-------------|-----------|--|-------------|

**Please enter all pertinent 2008 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.**

ESA'S AND QTP'S (Form 1099-Q)

| | | 2008 Amount | 2007 Amount |
|--|--|-------------|-------------|
| No. <input style="width: 40px;" type="text"/> | Name of payer..... | | |
| | 1=spouse..... | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits)..... | | |
| | Elementary & secondary education (net of nontaxable benefits) . | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1)..... | | |
| | Earnings (Box 2)..... | | |
| | Basis (Box 3)..... | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4)..... | | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) . . | | |
| | ESA's only: | | |
| 2008 contributions to this ESA..... | | | |
| Value of this account at 12/31/08 (plus outstanding rollovers).... | | | |
| Basis in this ESA as of 12/31/07..... | | | |
| No. <input style="width: 40px;" type="text"/> | Name of payer..... | | |
| | 1=spouse..... | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits)..... | | |
| | Elementary & secondary education (net of nontaxable benefits) . | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1)..... | | |
| | Earnings (Box 2)..... | | |
| | Basis (Box 3)..... | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4)..... | | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) . . | | |
| | ESA's only: | | |
| 2008 contributions to this ESA..... | | | |
| Value of this account at 12/31/08 (plus outstanding rollovers).... | | | |
| Basis in this ESA as of 12/31/07..... | | | |
| No. <input style="width: 40px;" type="text"/> | Name of payer..... | | |
| | 1=spouse..... | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits)..... | | |
| | Elementary & secondary education (net of nontaxable benefits) . | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1)..... | | |
| | Earnings (Box 2)..... | | |
| | Basis (Box 3)..... | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4)..... | | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) . . | | |
| | ESA's only: | | |
| 2008 contributions to this ESA..... | | | |
| Value of this account at 12/31/08 (plus outstanding rollovers).... | | | |
| Basis in this ESA as of 12/31/07..... | | | |

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.

16 p2

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..... | <input type="text"/> |
| Location of property..... | <input type="text"/> |

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

INCOME

| | 2008 Amount | 2007 Amount |
|---|----------------------|----------------------|
| Rents received (Form 1099-MISC, box 1)..... | <input type="text"/> | <input type="text"/> |
| Royalties received (Form 1099-MISC, box 2)..... | <input type="text"/> | <input type="text"/> |

DIRECT EXPENSES

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

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

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

18

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

| | | |
|---|--|--|
| 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.

| | | |
|---|--|--|
| 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:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

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

TRADITIONAL IRA CONTRIBUTIONS

| | 2008 Amount | | 2007 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | 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 Amount | | 2007 Amount | |
|--|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | 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 Amount | | 2007 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | 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 Amount | | 2007 Amount | |
|--|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | 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: | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

| | 2008 Amount | | 2007 Amount | |
|------------------------------|-------------|------------------|-------------|------------------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Alimony paid: | | | | |
| Recipient's first name | | | | |
| Recipient's last name | | | | |
| Recipient's SSN | | | | |
| Amount paid | | | | |
| | | 2007 amt: | | 2007 amt: |

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..... | <input type="text"/> | |
| Number of form (1=first Schedule C, 2=second, etc.)..... | <input type="text"/> | |
| 1=spouse..... | <input type="text"/> | |
| 1=performance artist, 2=handicapped, 3=fee-basis government official..... | <input type="text"/> | |

EMPLOYEE BUSINESS EXPENSES

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

30

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 | | 2007 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | 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. <input style="width:40px;" type="text"/> | 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. <input style="width:40px;" type="text"/> | 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. <input style="width:40px;" type="text"/> | 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. <input style="width:40px;" type="text"/> | 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. <input style="width:40px;" type="text"/> | 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 | | |

2008

1040

US

Education Credits / Tuition Deduction

38

Please complete the information below if you paid qualified education expenses in 2008 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

| | | 2008 Amount | 2007 Amount |
|---|--|-----------------------------|-------------|
| No. <input type="text"/> | Student Info. | 1=taxpayer, 2=spouse..... | |
| | | First name..... | |
| | | Last name..... | |
| | | Social security number..... | |
| | 1=hope credit, 2=lifetime learning credit..... | | |
| | Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere)..... | | |
| Amount of prior year refund or assistance*..... | | | |
| No. <input type="text"/> | Student Info. | 1=taxpayer, 2=spouse..... | |
| | | First name..... | |
| | | Last name..... | |
| | | Social security number..... | |
| | 1=hope credit, 2=lifetime learning credit..... | | |
| | Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere)..... | | |
| Amount of prior year refund or assistance*..... | | | |
| No. <input type="text"/> | Student Info. | 1=taxpayer, 2=spouse..... | |
| | | First name..... | |
| | | Last name..... | |
| | | Social security number..... | |
| | 1=hope credit, 2=lifetime learning credit..... | | |
| | Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere)..... | | |
| Amount of prior year refund or assistance*..... | | | |
| No. <input type="text"/> | Student Info. | 1=taxpayer, 2=spouse..... | |
| | | First name..... | |
| | | Last name..... | |
| | | Social security number..... | |
| | 1=hope credit, 2=lifetime learning credit..... | | |
| | Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere)..... | | |
| Amount of prior year refund or assistance*..... | | | |
| No. <input type="text"/> | Student Info. | 1=taxpayer, 2=spouse..... | |
| | | First name..... | |
| | | Last name..... | |
| | | Social security number..... | |
| | 1=hope credit, 2=lifetime learning credit..... | | |
| | Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere)..... | | |
| Amount of prior year refund or assistance*..... | | | |

*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.