

Kramer & Associates, CPAs, LLC
2050 Spruce St.
Leavenworth, KS 66048
913-680-1690

Dear :

Your Client Organizer is attached and ready for printing. Open the Portable Document Format (PDF) file attachment like you would with any other file attachment. Depending upon your email program, either double-click the file attachment or use the Download button. In order to print your Client Organizer you must have the Adobe® Reader® version 7.0 or greater installed. If it is not already installed on your computer, you may download the free Adobe Reader from <http://www.adobe.com/products/acrobat/readstep2.html>.

If you did not receive an attachment with this email, please contact our office.

To protect your privacy, your Client Organizer is password protected. When prompted, enter the password using only numbers. The password to open your Electronic Client Organizer is your SSN. For example, if your Social Security number is 111-22-3333 you would enter 111223333.

The IRS does not send out unsolicited emails requesting detailed personal information. Such authentic-looking emails are called "phishing" emails and responding may expose you to identity theft. If you receive such an email from the IRS, send a copy of the email to phishing@irs.gov. Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS.

To contact us regarding this message, please call us at 913-680-1690 or email us at admin@lvncpa.com.

Thank you for the opportunity to serve you.

Sincerely,

Kramer & Associates, CPAs, LLC

This electronic mail message contains confidential and legally privileged information intended only for the use of the recipient. If the reader of this message is not the intended recipient, the reader is hereby notified that any dissemination, distribution, copying or other use of this message is strictly prohibited and is hereby instructed to notify the sender immediately by return email and destroy this copy of this message.

Kramer & Associates, CPAs, LLC
2050 Spruce St.
Leavenworth, KS 66048

2009 Client Organizer

Kramer & Associates, CPAs, LLC
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Leavenworth, KS 66048
913-680-1690

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2009 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Kramer & Associates, CPAs, LLC

Accepted By: _____

Date: _____

Kramer & Associates, CPAs, LLC
2050 Spruce St.
Leavenworth, KS 66048
913-680-1690

,

Dear :

This Client Organizer is designed to help you gather tax information needed to prepare your 2009 personal income tax return. We have preprinted certain information from your 2008 personal income tax return to help you complete the organizer with minimal time and effort.

In your Client Organizer, all social security numbers have been replaced with asterisks (***_**_****) to protect your privacy and personal information . If you need to change or update a social security number, please contact this office. Do not indicate the social security number change on your Client Organizer. When you receive your completed tax return(s), please review all social security numbers for accuracy. Report any discrepancies to this office immediately.

Recent regulations issued by the IRS require that we have written authorization from you to release tax information to any outside third parties. For those of you that request us to forward copies of tax returns to banks, mortgage companies, brokers or any other type of financial institution, we have included a Consent to Disclose letter for your convenience. Please list those institutions and sign on the appropriate lines.

Enter 2009 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property .
- Legal papers for adoption, divorce, or separation involving custody of your dependent children .
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Thank you for the opportunity to serve you.

Sincerely,

Kramer & Associates, CPAs, LLC

Kramer & Associates, CPAs, LLC
2050 Spruce St.
Leavenworth, KS 66048
913-680-1690

January 7, 2010

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return and, in certain limited circumstances, for purposes involving tax return preparation. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. Because our ability to disclose your tax return information to another tax return preparer affects the service that we provide to you and its cost, we may decline to provide you with service or change the terms of service that we provide to you if you do not sign this form. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

We, Kramer & Associates, CPAs, LLC, a U.S.- based firm may disclose your 2009 tax return information to the entities listed below. The information disclosed may include information furnished to for or in connection with the preparation of your tax return(s); information derived or generated by Kramer & Associates, CPAs, LLC from the information furnished; and/or tax return information associated with prior years' returns in the possession of Kramer & Associates, CPAs, LLC. The information disclosed may also include all information contained within your tax return(s); if you wish to request a more limited disclosure of your tax return information you must inform Kramer & Associates, CPAs, LLC.

If you would like to agree to allow Kramer & Associates, CPAs, LLC to disclose your tax return information to the entities listed below, initial next to the authorization declaration below, sign and date this consent to the disclosure of your 2009 tax return information.

_____ I, authorize Kramer & Associates, CPAs, LLC to disclose to the following my 2009 tax return information:

_____Bank

Taxpayer Signature:

Date Signed

Consent Valid Until: **One year from signature date**

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Please feel free to contact us at 913-680-1690 if you have questions or would like more information regarding our privacy and confidentiality policies and procedures.

Kramer & Associates, CPAs, LLC
2050 Spruce St.
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Questions

Please check the appropriate box and include all necessary details and documentation .

	Yes	No
Personal Information		
Did your marital status change during the year?	p	p
If yes, explain: _____		
Did your address change from last year?	p	p
Can you be claimed as a dependent by another taxpayer?	p	p
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	p	p
Dependent Information		
Were there any changes in dependents from the prior year?	p	p
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1900?	p	p
Do you have dependents who must file a tax return?	p	p
Did you provide over half the support for any other person(s) during the year?	p	p
Did you pay for child care while you worked or looked for work?	p	p
Did you pay any expenses related to the adoption of a child during the year?	p	p
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	p	p
Did you acquire a new or additional interest in a partnership or S corporation?	p	p
Did you sell, exchange, or purchase any real estate during the year?	p	p
Did you purchase or sell a principal residence during the year?	p	p
Did you foreclose or abandon a principal residence or real property during the year?	p	p
Did you acquire or dispose of any stock during the year?	p	p
Did you take out a home equity loan this year?	p	p
Did you refinance a principal residence or second home this year?	p	p
Did you sell an existing business, rental, or other property this year?	p	p
Did you incur any non-business bad debts this year?	p	p
Did you have any debts canceled or forgiven this year?	p	p
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	p	p
Did you pay any student loan interest this year?	p	p
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	p	p
Did you receive any income from property sold prior to this year?	p	p
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	p	p
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, SEP, or other qualified retirement plan?	p	p
Did you make any withdrawals/contributions from/to a retirement plan (including IRA) due to Midwestern Disaster area relief?	p	p
Did you make any withdrawals from an education savings or 529 Plan account?	p	p
Did you receive any distributions from a Health savings account (HSA), Archer		

Kramer & Associates, CPAs, LLC

MSA, or Medicare Advantage MSA this year?	p	p
Did you receive any Social Security benefits during the year?	p	p
Did you receive any unemployment benefits during the year?	p	p
Did you receive any disability income during the year?	p	p
Did you receive tip income not reported to your employer this year?	p	p
Did any of your life insurance policies mature, or did you surrender any policies?	p	p
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	p	p

Itemized Deduction Information

Did you incur a casualty or theft loss during the year?	p	p
Do you have evidence to substantiate charitable contributions?	p	p
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	p	p
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.	p	p
Did you have an expense account or allowance during the year?	p	p
Did you use your car on the job, for other than commuting?	p	p
Did you work out of town for part of the year?	p	p
Did you have any expenses related to seeking a new job during the year?	p	p
Did you make any major purchases during the year (cars, boats, etc.)?	p	p
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?	p	p

Miscellaneous Information

Did you make gifts of more than \$13,000 to any individual?	p	p
Did you have any educational expenses during the year?	p	p
Did you make any contributions to an education savings or 529 Plan account?	p	p
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	p	p
Did you pay long-term health care premiums for yourself or your family?	p	p
Did you pay any COBRA health care coverage continuation premiums?	p	p
Did you engage in any bartering transactions?	p	p
Are you an active participant in a pension or retirement plan?	p	p
Did you retire or change jobs this year?	p	p
Did you incur moving costs because of a job change?	p	p
Did you, your spouse, or your dependents attend a post-secondary school during the year?	p	p
Did you pay any individual as a household employee during the year?	p	p
Did you make energy efficient improvements to your main home this year?	p	p
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	p	p
Did you receive correspondence from the State or the Internal Revenue Service? If yes, explain: _____	p	p
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	p	p
Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.	p	p

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Form ID: Info	Direct Deposit/Electronic Funds Withdrawal Information	2
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If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter the following information:

Primary account:

Financial institution routing transit number _____ [1]
 Name of financial institution _____ [2]
 Your account number _____ [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) _____ [4]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [5]

Secondary account #1:

Financial institution routing transit number _____ [8]
 Name of financial institution _____ [9]
 Your account number _____ [10]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) _____ [11]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [12]

Secondary account #2:

Financial institution routing transit number _____ [15]
 Name of financial institution _____ [16]
 Your account number _____ [17]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*, 4 = US Series I Savings Bonds (\$50 increments up to \$5,000)) _____ [18]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [19]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Client Contact Information

Preparer - Enter on Screen Contact

Taxpayer email address _____ [6]
 Spouse email address _____ [7]

	Taxpayer	Spouse
Car telephone number	_____ [8]	_____ [15]
Fax telephone number	_____ [9]	_____ [16]
Mobile telephone number	_____ [10]	_____ [17]
Pager number	_____ [11]	_____ [18]
Other:	_____ [12]	_____ [19]
Telephone number	_____ [13]	_____ [20]
Extension	_____ [14]	_____ [21]

NOTES/QUESTIONS:

Electronic Filing

Please note that not all returns qualify for electronic filing under IRS rules

If you qualify for electronic filing, mark if you would like to file the return electronically with the IRS [1]

Mark if you would like your return prepared and filed electronically only if you receive a refund [4]

Mark if you would like your return prepared and filed electronically if your refund is greater than a certain amount [5]

Enter the minimum refund amount here _____ [6]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account [7]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____ [2]

Spouse self-selected Personal Identification Number (PIN) _____ [3]

NOTES/QUESTIONS:

Form ID: Est	Estimated Taxes	5
--------------	------------------------	----------

If you have an overpayment of 2009 taxes, do you want the excess:

Refunded _____ [43]

Applied to 2010 estimated tax liability _____ [44]

Do you expect a considerable change in your 2010 income? (Y, N) _____ [45]

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

Do you expect a considerable change in your deductions for 2010? (Y, N) _____ [50]

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

Do you expect a considerable change in the amount of your 2010 withholding? (Y, N) _____ [55]

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

Do you expect a change in the number of dependents claimed for 2010? (Y, N) _____ [60]

If yes, please explain any differences:

_____ [61]

_____ [62]

_____ [63]

_____ [64]

2009 Federal Estimated Tax Payments
--

2008 overpayment applied to 2009 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due		Amount Paid	Calculated Amount
1st quarter payment	4/15/09	_____ [5]	+	_____ [6]	_____
2nd quarter payment	6/15/09	_____ [7]	+	_____ [8]	_____
3rd quarter payment	9/15/09	_____ [9]	+	_____ [10]	_____
4th quarter payment	1/15/10	_____ [11]	+	_____ [12]	_____
Additional payment		_____ [13]	+	_____ [14]	_____

NOTES/QUESTIONS:

Form ID: St Pmt **2009 State Estimated Tax Payments** 6

Taxpayer/Spouse/Joint (T, S, J) _____[1]
State postal code _____[2]

Amount paid with 2008 return + _____[3]
 2008 overpayment applied to '09 estimates + _____[4]
 Treat calculated amounts as paid _____[8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+ _____ [10]	<div style="border: 1px solid black; padding: 5px;"> _____ _____ _____ _____ </div>
2nd quarter payment	_____ [11]	+ _____ [12]	
3rd quarter payment	_____ [13]	+ _____ [14]	
4th quarter payment	_____ [15]	+ _____ [16]	
Additional payment	_____ [17]	+ _____ [18]	

2009 City Estimated Tax Payments

City #1		City #2	
City name	_____ [28]	City name	_____ [50]
Amount paid with 2008 return	+ _____ [31]	Amount paid with 2008 return	+ _____ [53]
2008 overpayment applied to '09 estimates	+ _____ [32]	2008 overpayment applied to '09 estimates	+ _____ [54]
Treat calculated amounts as paid	_____ [36]	Treat calculated amounts as paid	_____ [58]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name	_____ [72]	City name	_____ [94]
Amount paid with 2008 return	+ _____ [75]	Amount paid with 2008 return	+ _____ [97]
2008 overpayment applied to '09 estimates	+ _____ [76]	2008 overpayment applied to '09 estimates	+ _____ [98]
Treat calculated amounts as paid	_____ [80]	Treat calculated amounts as paid	_____ [102]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T/S/J	Type Code (*See codes below)	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

*Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.
Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T S Type J Code	Ordinary [1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
1	Payer										
	Amounts	+									
2	Payer										
	Amounts	+									
3	Payer										
	Amounts	+									
4	Payer										
	Amounts	+									
5	Payer										
	Amounts	+									
6	Payer										
	Amounts	+									
7	Payer										
	Amounts	+									
8	Payer										
	Amounts	+									
9	Payer										
	Amounts	+									
10	Payer										
	Amounts	+									

*Dividend Codes	
Blank = Other	3 = Nominee

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [2]

Social Security Benefits

	2009 Information	Prior Year Information				
If you received a Form SSA - 1099, please complete the following information:						
Net Benefits for 2009 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>				
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]					
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:						
Medicare premiums	+ _____ [12]					
Prescription drug (Part D) premiums	+ _____ [14]					

Tier 1 Railroad Benefits

	2009 Information	Prior Year Information			
If you received a Form RRB - 1099, please complete the following information:					
Net Social Security Equivalent Benefit:					
Portion of Tier 1 Paid in 2009 (Box 5)	+ _____ [22]	<table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>			
Federal Income Tax Withheld (Box 10)	+ _____ [25]				
Medicare Premium Total (Box 11)	+ _____ [27]				

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2009 or receive any prior year benefits in 2009. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[36]
	[37]
	[38]
	[39]
	[40]

NOTES/QUESTIONS:

Other Income

The American Recovery and Reinvestment Act of 2009 provided for a one-time payment of \$250 to retirees, disabled individuals, Social Security beneficiaries and SSI recipients receiving benefits from the Social Security Administration, Railroad Retirement beneficiaries, and veterans receiving disability compensation and pension benefits from the U.S.Department of Veterans' Affairs.

	Taxpayer	Spouse
Economic recovery payment received in 2009 (Do not enter more than \$250 per person)	+ _____ [19]	+ _____ [20]
Did you receive a government pension but do not qualify for Social Security benefits? (Y, N)	___ [21]	___ [22]

	2009 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds	+ _____ [1]		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Alimony received	+ _____ [3]	+ _____ [4]	
Unemployment compensation	+ _____ [8]	+ _____ [9]	
Unemployment compensation federal withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation state withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation repaid	+ _____ [11]	+ _____ [12]	
Alaska Permanent Fund dividends	+ _____ [16]	+ _____ [17]	

	Self-Employment Income ? (Y, N)		2009 Information	Prior Year Information
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [14]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	

Form ID: IRA	Traditional IRA	39
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	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2009	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2009	+ _____ [9]	+ _____ [10]
Enter the nondeductible contribution amount made in 2010 for use in 2009	+ _____ [11]	+ _____ [12]
Traditional IRA basis	+ _____ [13]	+ _____ [14]
Value of all your traditional IRA's on December 31, 2009:	+ _____ [15]	+ _____ [16]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2008 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [25]	__ [26]
Enter the total Roth IRA contributions made for use in 2009	+ _____ [27]	+ _____ [28]
Enter the total amount of Roth IRA conversion recharacterizations for 2009	+ _____ [33]	+ _____ [34]
Enter the total contribution Roth IRA basis on December 31, 2008	+ _____ [37]	+ _____ [38]
Enter the total Roth IRA contribution recharacterizations for 2009	+ _____ [39]	+ _____ [40]
Enter the Roth conversion IRA basis on December 31, 2008	+ _____ [41]	+ _____ [42]
Value of all your Roth IRA's on December 31, 2009:	+ _____ [43]	+ _____ [44]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Interest Expenses

T/S/J	2009 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	[2]	+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2009 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
Address			+	
Address			+	
Address			+	
Address			+	

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid:

— Payer's/Borrower's name _____ [7]
 — Street Address _____
 — City/State/Zip code _____

Refinancing Points paid in 2009:

Taxpayer/Spouse/Joint (T, S, J) _____ [8]
 Description _____
 Total points paid _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points paid in 2009 (**Preparer use only**) _____ [9]
 Date of refinance _____
 Total number of payments _____
 Reported on Form 1098 in 2009 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Description _____
 Total points paid _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points paid in 2009 (**Preparer use only**) _____
 Date of refinance _____
 Total number of payments _____
 Reported on Form 1098 in 2009 _____

T/S/J	2009 Information	Prior Year Information
Investment interest expense, other than on K-1s:		
[11]	+	[12]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Charitable Contributions

T/S/J		2009 Information	Prior Year Information
	Contributions made by cash or check		
__ [1]	_____	+ _____ [2]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
__ [4]	Volunteer miles driven _____	_____ [5]	
	Noncash items, such as: Goodwill, Salvation Army		
__ [8]	_____	+ _____ [9]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

Miscellaneous Deductions

T/S/J		2009 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
__ [11]	_____	+ _____ [12]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	Union dues:		
__ [14]	_____	+ _____ [15]	
—	_____	+ _____	
__ [17]	Tax preparation fees _____	+ _____ [18]	
	Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees		
__ [20]	_____	+ _____ [21]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
__ [23]	Safe deposit box rental _____	+ _____ [24]	
	Investment expenses, other than on K1s:		
__ [26]	_____	+ _____ [27]	
—	_____	+ _____	
—	_____	+ _____	
	Other expenses, not subject to the 2% AGI limitation:		
__ [30]	_____	+ _____ [31]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	Gambling losses: (Enter only if you have gambling income)		
__ [33]	_____	+ _____ [34]	
—	_____	+ _____	

Form ID: Notes

Client Notes

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s)

Social security number

-**-*