

2008	1040	US	Client Information	1
------	------	----	--------------------	---

Nancy S. Funk, CPA
676 DeTamble Ave.
Highland Park, IL 60035-4002

Telephone number: **(847) 433-2674**
 Fax number: **(847) 433-2837**
 E-mail address: **nf@nfunkcpa.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)		<p style="text-align: center;">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	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		
Foreign Address	Region		
	Postal code		
	Country		

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

1 p2

2008	1040	US	Dependents	2
------	------	----	------------	---

Please add, change or delete information for 2008.

DEPENDENTS

			Type of Dependent
	Dependent	Dependent	
First name			1 = Child living w/taxpayer
Last name			2 = Child not living w/taxpayer
Title/suffix			3 = Dependent other than child
Date of birth (m/d/y)			4 = Head of household only, not a dependent
Social security number			5 = Earned income credit only, not a dependent
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	Earned Income Credit
First name			1 = When applicable (default)
Last name			2 = Student age 19 to 23
Title/suffix			3 = Disabled age 19 or older
Date of birth (m/d/y)			4 = Force
Social security number			5 = Suppress
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			

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

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)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2007 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

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

GAMBLING WINNINGS (W-2G) (13.2)

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

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	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. <input type="text"/>	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. <input type="text"/>	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	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. <input style="width:30px;" type="text"/>	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		

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:

<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

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

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 unforeseen 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 unforeseen 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)

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

GENERAL INFORMATION

Kind of property	<input style="width:95%;" type="text"/>
Location of property	<input style="width:95%;" type="text"/>

Percentage of ownership if not 100% (.xxxx)	<input style="width:95%;" type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx)	<input style="width:95%;" type="text"/>	
1=spouse, 2=joint	<input style="width:95%;" type="text"/>	
1=nonpassive activity, 2=passive royalty	<input style="width:95%;" type="text"/>	
1=did not actively participate	<input style="width:95%;" type="text"/>	
1=real estate professional	<input style="width:95%;" type="text"/>	
1=rental other than real estate	<input style="width:95%;" type="text"/>	
1=investment	<input style="width:95%;" type="text"/>	
1=single member limited liability company	<input style="width:95%;" type="text"/>	

INCOME

	2008 Amount	2007 Amount
Rents received (Form 1099-MISC, box 1)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Royalties received (Form 1099-MISC, box 2)	<input style="width:95%;" type="text"/>	<input style="width:95%;" 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 style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Association dues	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Auto and travel (not entered elsewhere)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cleaning and maintenance	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Commissions	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Gardening	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Insurance	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Legal and professional fees	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Licenses and permits	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Management fees	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Miscellaneous	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Mortgage interest (paid to banks, etc.)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified mortgage insurance premiums	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Excess mortgage interest	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other interest (not entered elsewhere)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Painting and decorating	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Pest control	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Plumbing and electrical	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Repairs	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Supplies	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxes - real estate	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxes - other (not entered elsewhere)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Telephone	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Utilities	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Wages and salaries	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other:		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

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

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:

2008	1040	US	Partnership and S corporation Information	20.1,20.2
------	------	----	---	-----------

Please add, change or delete 2008 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

2008	1040	US	Estate or Trust and REMIC Information	20.3,20.4
------	------	----	---------------------------------------	-----------

Please add, change or delete 2008 information as appropriate.
 Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

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

GENERAL INFORMATION

	2008 Amount	2007 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months your job required a vehicle (if not 12 months)		

AUTOMOBILE MILEAGE

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		

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
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)		

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:				

	Taxpayer		Spouse	
	Alimony paid:			
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:			

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	_____		
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:

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:

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.

50% limitation (see above):

2008 Amount

TS

2007 Amount

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)

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):

25 p3

Please enter 2008 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2008 Amount	2007 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		

2008	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No. <input style="width:20px;" type="text"/>	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

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

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	Health Savings Accounts (8889)	32.1
------	------	----	--------------------------------	------

Please enter all pertinent 2008 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2008, a high deductible health plan is one with an annual deductible that is not less than \$1,100 for self-only coverage or \$2,200 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,600 for self-only coverage or \$11,200 for family coverage.

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage.				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for medicare				
Contributions made to date.				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

				32.1
--	--	--	--	------

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 style="width:40px;" 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 style="width:40px;" 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 style="width:40px;" 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 style="width:40px;" 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 style="width:40px;" 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.

2008	1040	US	Household Employment Taxes (Schedule H)	42
------	------	----	---	----

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

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of \$1,600 or more in 2008; withheld federal income tax during 2008 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008 to household employees, please complete the following:

Employer identification number

--

 1=spouse, 2=joint

--

Social security, Medicare and income taxes:	2008 Amount	2007 Amount
1=paid any one employee cash wages of \$1,500 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Advance earned income credit payments		
Taxes withheld from state disability payments		

Federal unemployment tax:

1=paid total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/09		
1=all wages taxable for FUTA were also taxable for state unemployment.		
Name of state		
State reporting number		
Contributions paid to state unemployment fund		

