

2008 1040 US Topical Index

TOPIC	FORM	TOPIC	FORM
Adoption expenses	37	Medical and dental expenses	25
Alimony paid.....	24	Miscellaneous income.....	14.1
Alimony received.....	14.1	Miscellaneous itemized deductions.....	25 p3, 25 p4
Business income and expenses	16	Mortgage interest expense	25 p2
Business use of home	29	Moving expenses	17, 27
Capital gains/losses	17	Partnership information	20.1, 20.2
Charitable contributions.....	25 p2, 25 p3, 26	Pension distributions.....	10, 13.1, 13.2
Child and dependent care expenses	33.1, 33.2	Purchase of business assets.....	22 p2
Children's interest/dividend income	44	Qualified Plan (Keogh) contributions	24
Client information	1	Qualified tuition programs	14.3
Dependents.....	2	Railroad retirement benefits	14.1
Direct deposit of refund.....	3, 6, 7.1	Real estate taxes paid	25
Dividend income.....	11, 12	REMIC information.....	20.3, 20.4
Education expenses.....	38	Rental & royalty income & expenses	18
Education Savings Accounts	14.3	S corporation information.....	20.1, 20.2
Employee business expenses	30 p1	Sale of business assets	22
Estate information.....	20.3, 20.4	Sale of home.....	17, 27
Estate tax	25 p4	Sale of stocks and bonds.....	17
Estimated taxes.....	3, 6, 7.1	Sales and use taxes paid.....	25
Farm income and expenses.....	19	Self-employed elective deferrals	24
Foreign information.....	31.1	SEP contributions.....	24
Foreign wages and other income	31.2	SIMPLE contributions	24
Gambling income/losses	10, 13.1, 13.2	Social security benefits received	14.1
Health insurance premiums (self-employed) ...	24	State and local tax refunds.....	14.2
Health savings accounts	32.1	Student loan interest paid	24
Household employment taxes	42	Taxes paid.....	25
Installment sales.....	17 p2	Tax return preparation fee.....	25 p3
Interest income.....	11, 12	Trust information	20.3, 20.4
Interest paid	25 p2	Unemployment compensation.....	14.2
Investment expense	25 p3	Vacation home	18, 18 p2
Investment interest expense.....	25 p2	Vehicle information	22 p3, 30 p2
IRA contributions.....	24	Wages, salaries, tips.....	10, 13.1, 13.2
IRA distributions.....	10, 13.1, 13.2		

2008	1040	US	Tax Organizer
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AHART AND ASSOCIATES
 125 HABERSHAM DR
 Fayetteville, GA 30214-1382
 Telephone number: (770) 461-6077
 Fax number: 770-460-7454
 E-mail address: mwa@ahartcpa.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 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	_____

Attach Forms 1099	_____

Taxpayer:

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

Attach Forms 1099	_____
Attach Forms 1099	_____

Spouse:

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

Attach Forms 1099	_____
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...

Table with 2 columns: 2008 Amount, 2007 Amount. Rows corresponding to the tax categories listed on the left.

Personal property taxes (including automobile fees in some states) ...

Attach Tax Notice

INTEREST PAID

Home mortgage interest and points paid:

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

Attach Forms 1098

Points not reported on Form 1098:

Table with 2 columns: 2008 Amount, 2007 Amount.

Mortgage insurance premiums on post 12/31/06 contracts...
Investment interest (interest on margin accounts):

Table with 2 columns: 2008 Amount, 2007 Amount.

Passive interest...

Table with 2 columns: 2008 Amount, 2007 Amount.

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...

Table with 2 columns: 2008 Amount, 2007 Amount.

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.

Table with 2 columns: 2008 Amount, 2007 Amount.

MISCELLANEOUS DEDUCTIONS

Union and professional dues...
Tax return preparation fee...
Safe deposit box rental...
Investment expenses...
Estate tax, section 691(c)...
Unreimbursed employee expenses:

Table with 2 columns: 2008 Amount, 2007 Amount.

Other:

Table with 2 columns: 2008 Amount, 2007 Amount.

2008	1040	US	Client Information	1
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AHART AND ASSOCIATES
 125 HABERSHAM DR
 Fayetteville, GA 30214-1382
 Telephone number: (770) 461-6077
 Fax number: 770-460-7454
 E-mail address: mwa@ahartcpa.com

Tax Return Appointment

Date:
 Time:
 Location:

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

CLIENT INFORMATION

Filing Status	Filing status (table) 1=married filing separate and lived with spouse Year spouse died, if qualifying widow(er) (2006 or 2007)		<p>Filing Status</p> 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
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	ZIP code.....		
	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
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Please add, change or delete information for 2008.

DEPENDENTS

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

Type of Dependent

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

	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.....		

Earned Income Credit

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

	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.....		

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	2
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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

PERSONAL INFORMATION

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2008?

DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2008?

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?

INCOME

Did you receive unreported tip income of \$20 or more in any month?

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?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.) or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2008?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

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.

Did you purchase a new hybrid vehicle in 2008?

Did you have any debts cancelled or forgiven?

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

RETIREMENT PLANS

- Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you transfer or rollover any amount from one retirement plan to another retirement plan?
- Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?

EDUCATION

- Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

- Did you incur a loss because of damaged or stolen property?
- Did you work out of town for part of the year?
- Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

- Did you apply an overpayment of 2007 taxes to your 2008 estimated tax (instead of being refunded)?
- If you have an overpayment of 2008 taxes, do you want the excess applied to your 2009 estimated tax (instead of being refunded)?
- Do you expect your 2009 taxable income and withholdings to be different from 2008?

MISCELLANEOUS

- Do you want to electronically file your tax return?
- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?
- 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

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"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<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 receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<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 purchase a new hybrid vehicle in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<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"/>	Did you incur a loss because of damaged or stolen property?
<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"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive the Economic Stimulus Payment (rebate) in 2008?

Please enter all pertinent 2008 information.

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

Stimulus payment received from IRS.....	84				
1=direct deposit of federal tax refund into bank account.....	18				
1=electronic payment of balance due.....	34				
1=electronic payment of estimated tax.....	36				
1=state direct deposit.....	489				
1=state electronic payment of balance due.....	1408				

BANK INFORMATION

	Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)
19		24	20	21	22	71
44		45	47	48	49	72
50		51	67	68	69	73

2008 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2008 Voucher Amount
Overpayment applied from 2007.....	1			
1st quarter payment (due 4/15/08).....	2	3		13
2nd quarter payment (due 6/16/08).....	4	5		14
3rd quarter payment (due 9/15/08).....	6	7		15
4th quarter payment (due 1/15/09).....	8	9		16

Additional Estimated Tax Payments	38		39		
	40		41		
	42		43		
	44		45		

Paid with extension (not later than 4/15/09)	10		11		
--	----	--	----	--	--

State

	Amount Paid	Date Paid	TS	2008 Voucher Amount
Overpayment applied from 2007.....	101			
1st quarter payment (due 4/15/08).....	102	103		113
2nd quarter payment (due 6/16/08).....	104	105		114
3rd quarter payment (due 9/15/08).....	106	107		115
4th quarter payment (due 1/15/09).....	108	109		116

Additional Estimated Tax Payments	138		139		
	140		141		
	142		143		
	144		145		

Paid with extension (not later than 4/15/09)	110		111		
--	-----	--	-----	--	--

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
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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
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2008	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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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)	
	800	1	2	3	4	6	8	14	18	

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									
	800	1	2	810	196	3	4	6	9	34	

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)	
	800	1	3	6	9	

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

	2008 Amount	TS	2007 Amount
Total gambling losses	12		
Winnings not reported on Form W-2G	10		

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).....	2	52		
Medicare premiums paid (SSA-1099).....	13	63		
Tier 1 RR retirement benefits (RRB-1099, box 5) ...	3	53		
1=lump-sum election for SS benefits.....	12	62		
Alimony received.....	5	55		
Taxable scholarships and fellowships.....	8	58		
Jury duty pay	28	78		
Household employee income not on W-2.....	9	59		
Excess minister's allowance.....	24	74		
Alaska permanent fund dividends.....	21	71		
Income from rental of personal property.....	23	73		
Income subject to S/E tax:				
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
Other income (1099-MISC, box 3)				
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld.....	14	64		
State income tax withheld.....	15	65		
Local income tax withheld.....	16	66		

14.1

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	800	
	1=spouse	1	
	Unemployment compensation:		
	Total received (Box 1)	2	
	2008 Overpayment repaid	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund	9	
	Tax year for box 2 if not 2007 (Box 3)	5	
	Federal income tax withheld (Box 4)	6	
	Taxable grants:		
	Federal taxable amount (Box 6)	12	
	State taxable amount, if different	17	
	Agriculture payments:		
	Agriculture payments (Box 7)	13	
Number of farm	15		
1=box 2 is trade or business income (Box 8)	14		
State income tax withheld	11		

No. <input type="text"/>	Name of payer	800	
	1=spouse	1	
	Unemployment compensation:		
	Total received (Box 1)	2	
	2008 Overpayment repaid	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund	9	
	Tax year for box 2 if not 2007 (Box 3)	5	
	Federal income tax withheld (Box 4)	6	
	Taxable grants:		
	Federal taxable amount (Box 6)	12	
	State taxable amount, if different	17	
	Agriculture payments:		
	Agriculture payments (Box 7)	13	
Number of farm	15		
1=box 2 is trade or business income (Box 8)	14		
State income tax withheld	11		

14.2

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 type="text"/>	Name of payer	800	
	1=spouse	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits) ..	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) . . .	2	
	ESA's only:		
	2008 contributions to this ESA	142	
Value of this account at 12/31/08 (plus outstanding rollovers) . . .	144		
Basis in this ESA as of 12/31/07.....	165		

No. <input type="text"/>	Name of payer	800	
	1=spouse	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits) ..	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) . . .	2	
	ESA's only:		
	2008 contributions to this ESA	142	
Value of this account at 12/31/08 (plus outstanding rollovers) . . .	144		
Basis in this ESA as of 12/31/07.....	165		

No. <input type="text"/>	Name of payer	800	
	1=spouse	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits) ..	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) . . .	2	
	ESA's only:		
	2008 contributions to this ESA	142	
Value of this account at 12/31/08 (plus outstanding rollovers) . . .	144		
Basis in this ESA as of 12/31/07.....	165		

14.3

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.....	800	
Principal business code.....	801	
Business name, if different from Form 1040.....	802	
Business address, if different from Form 1040....	803	
City, state, ZIP code, if different from Form 1040.	804	
Employer identification number.....	805	
Other accounting method.....	806	

Accounting method: 1=cash, 2=accrual.....	7	
Inventory method: 1=cost, 2=lower c/m, 3=other.....	6	
1=change of inventory method.....	8	
1=spouse, 2=joint.....	10	
1=first Schedule C filed for this business.....	44	
1=W-2 earnings as statutory employee.....	13	
1=not subject to self-employment tax.....	39	
1=did not "materially participate".....	22	
1=personal services is not a material income producing factor.....	220	
1=investment.....	37	
1=minister's Schedule C.....	302	
1=single member limited liability company.....	418	

INCOME

		2008 Amount	2007 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....	51		
Returns and allowances.....	52		
Other income:			
_____	54		
_____	54		
_____	54		
_____	54		
_____	54		
_____	54		
_____	54		
_____	54		

COST OF GOODS SOLD

Inventory at beginning of the year.....	14	
Purchases.....	15	
Cost of items for personal use.....	16	
Cost of labor.....	17	
Materials and supplies.....	18	
Other costs:		
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
Inventory at end of the year.....	20	

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.....	201	
Advertising.....	56	
Answering service.....	202	
Bad debts from sales or service.....	57	
Bank charges.....	203	
Car and truck expenses (not entered elsewhere).....	59	
Commissions.....	60	
Contract labor.....	87	
Delivery and freight.....	204	
Dues and subscriptions.....	205	
Employee benefit programs.....	64	
Insurance (other than health).....	66	
Mortgage interest (paid to banks, etc.).....	12	
Other interest (not entered elsewhere).....	67	
Janitorial.....	206	
Laundry and cleaning.....	207	
Legal and professional.....	69	
Miscellaneous.....	208	
Office expense.....	70	
Outside services.....	209	
Parking and tolls.....	210	
Pension and profit sharing plans - contributions.....	71	
Pension and profit sharing plans - admin. and education costs.....	53	
Postage.....	211	
Printing.....	212	
Rent - vehicles, machinery, & equipment (not entered elsewhere).....	58	
Rent - other.....	72	
Repairs.....	73	
Security.....	213	
Supplies.....	74	
Taxes - real estate.....	45	
Taxes - payroll.....	41	
Taxes - sales tax included in gross receipts.....	43	
Taxes - other (not entered elsewhere).....	75	
Telephone.....	214	
Tools.....	215	
Travel.....	76	
Total meals and entertainment in full (50%).....	81	
Department of Transportation meals in full (75%).....	86	
Uniforms.....	216	
Utilities.....	77	
Wages.....	78	

Other expenses:

_____	90	
_____	90	
_____	90	
_____	90	
_____	90	
_____	90	

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

16 p2

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).....	800	
Date acquired (m/d/y).....	25	
Date sold (m/d/y) (Box 1).....	26	
Sales price (Box 2).....	27	
1=sale of home.....	46	
1=owned and used property as main home for at least 2 of 5 years before sale.....	145	
1=business use in year of sale.....	167	

Adjusted Basis

Original cost.....	
Improvements:	

Adjusted basis.....	29

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

Total expenses of sale.....	28

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).....	152	
1=sale due to change in health, employment or unforeseen circumstances.....	161	
Days used as main home - taxpayer.....	148	
Days used as main home - spouse.....	149	
Days property owned - taxpayer.....	150	
Days property owned - spouse.....	151	

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

1=spouse, 2=joint.....	1	
1=armed forces move due to permanent change of station.....	14	
Miles from old home to new work place.....	2	
Miles from old home to old work place.....	3	
Expenses for transportation and storage of household goods and personal effects.....	4	
Lodging and travel (excluding meals):		
Lodging and travel (excluding automobile).....	5	
Parking fees and tolls.....	15	
Gas and oil.....	16	
Miles driven to new home (1/1/08 - 6/30/08).....	17	
Miles driven to new home (7/1/08 - 12/31/08).....	20	

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

17, 27

2008	1040	US	Rental & Royalty Income (Schedule E)	No. <input style="width:40px;" type="text"/>	18
-------------	-------------	-----------	---	--	-----------

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

GENERAL INFORMATION

Kind of property.....	800	
Location of property.....	801	

Percentage of ownership if not 100% (.xxxx).....	500	
Percentage of tenant occupancy if not 100% (.xxxx).....	503	
1=spouse, 2=joint.....	33	
1=nonpassive activity, 2=passive royalty.....	39	
1=did not actively participate.....	38	
1=real estate professional.....	32	
1=rental other than real estate.....	71	
1=investment.....	48	
1=single member limited liability company.....	418	

INCOME

	2008 Amount	2007 Amount
Rents received (Form 1099-MISC, box 1).....	2	
Royalties received (Form 1099-MISC, box 2).....	3	

DIRECT EXPENSES

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

Advertising.....	4	
Association dues.....	16	
Auto and travel (not entered elsewhere).....	5	
Cleaning and maintenance.....	6	
Commissions.....	7	
Gardening.....	18	
Insurance.....	8	
Legal and professional fees.....	10	
Licenses and permits.....	23	
Management fees.....	19	
Miscellaneous.....	24	
Mortgage interest (paid to banks, etc.).....	9	
Qualified mortgage insurance premiums.....	62	
Excess mortgage interest.....	67	
Other interest (not entered elsewhere).....	29	
Painting and decorating.....	20	
Pest control.....	21	
Plumbing and electrical.....	17	
Repairs.....	11	
Supplies.....	12	
Taxes - real estate.....	13	
Taxes - other (not entered elsewhere).....	25	
Telephone.....	22	
Utilities.....	14	
Wages and salaries.....	15	
Other:		
_____	27	
_____	27	
_____	27	
_____	27	

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).....	42	
Cost depletion.....	43	
Percentage depletion rate or amount.....	502	
State cost depletion, if different (-1 if none).....	76	
State % depletion rate or amount, if different (-1 if none).....	506	

VACATION HOME

Number of days rented at fair market value.....	34	
Number of days personal use.....	35	
Number of days owned (if optional method elected).....	53	

INDIRECT EXPENSES

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

Advertising.....	204	
Association dues.....	216	
Auto and travel (not entered elsewhere).....	205	
Cleaning and maintenance.....	206	
Commissions.....	207	
Gardening.....	218	
Insurance.....	208	
Legal and professional fees.....	210	
Licenses and permits.....	223	
Management fees.....	219	
Miscellaneous.....	224	
Mortgage interest (paid to banks, etc.).....	209	
Qualified mortgage insurance premiums.....	262	
Excess mortgage interest.....	267	
Other interest (not entered elsewhere).....	229	
Painting and decorating.....	220	
Pest control.....	221	
Plumbing and electrical.....	217	
Repairs.....	211	
Supplies.....	212	
Taxes - real estate.....	213	
Taxes - other (not entered elsewhere).....	225	
Telephone.....	222	
Utilities.....	214	
Wages and salaries.....	215	

Other:

_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	

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
	800	801	802	161

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
	800	801	802	161

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

GENERAL INFORMATION

	2008 Amount	2007 Amount
Description of vehicle.....	800	
1=no evidence to support your deduction.....	30	
1=no written evidence to support your deduction.....	31	
1=vehicle is available for off-duty personal use.....	39	
1=no other vehicle is available for personal use.....	40	
1=vehicle used primarily by more than 5% owner.....	41	
Number of months your job required a vehicle (if not 12 months).....	333	

AUTOMOBILE MILEAGE

Total mileage.....	36	
Business mileage (1/1/08 - 6/30/08).....	37	
Business mileage (7/1/08 - 12/31/08).....	403	
Commuting mileage.....	38	
Average daily round-trip commute.....	334	

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....	335	
Gasoline, lube, oil.....	338	
Repairs.....	339	
Tires.....	340	
Insurance.....	341	
Miscellaneous.....	342	
Auto license (other than personal property taxes).....	343	
Personal property taxes (based on car's value).....	344	
Interest (car loan) (for Schedule C, E & F).....	345	
Vehicle rent or lease payments.....	350	
Inclusion amount (enter as positive).....	351	
Value of employer-provided vehicle on Form W-2 (2106).....	346	

2008

1040

US

Adjustments to Income

24

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

TRADITIONAL IRA CONTRIBUTIONS

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....	1	51		
Contributions made to date	3	53		
1=covered by plan, 2=not covered.....	5	55		
2008 payments from 1/1/09 to 4/15/09.....	8	58		

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....	27	77		
Contributions made to date	30	80		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)	10	60		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)	11	61		
Defined benefit contributions you expect to make..	13	63		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)	12	62		
Plan contribution rate if not .25 (.xxxx)	501	551		
Individual 401k: SE elective deferrals (except Roth) (1=max.)...	44	94		
Individual 401k: SE designated Roth contributions (1=max.)...	144	194		

SIMPLE contributions:

Self-employed SIMPLE contributions you made or expect to make (1=maximum).....	22	72		
Employer matching rate if not .03 (.xxxx)	502	552		
1=nonelective contributions (2%)	24	74		
Contributions made to date	14	64		

ADJUSTMENTS TO INCOME

Self-employed health insurance:

Total premiums (excluding long-term care)....	16	66		
Long-term care premiums.....	26	76		
Student loan interest paid (1098-E, box 1)	23	73		
Educator expenses (kindergarten thru grade 12)...	28	78		
Jury duty pay given to employer.....	43	93		
Expenses from rental of personal property	37	87		

Other adjustments to income:

_____	19	69		
_____	19	69		
_____	19	69		

Alimony paid:

	Taxpayer		Spouse	
Recipient's first name....	39.____		89.____	
Recipient's last name....	40.____		90.____	
Recipient's SSN.....	41.____		91.____	
Amount paid.....	18.____	2007 amt:	68.____	2007 amt:

24

**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.....	4		
Doctors, dentists and nurses.....	5		
Hospitals and nursing homes.....	6		
Insurance premiums not entered elsewhere (excl. long-term care & amts. paid w/pre-tax dollars).....	7		
Long-term care premiums - taxpayer.....	17		
Long-term care premiums - spouse.....	58		
Insurance reimbursement (enter as a positive number).....	8		
Lodging and transportation:			
Out-of-pocket expenses.....	9		
Medical miles driven (1/1/08 - 6/30/08).....	52		
Medical miles driven (7/1/08 - 12/31/08).....	59		
Other medical and dental expenses:			
_____	10		
_____	10		
_____	10		

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

State income taxes - 1/08 payment on 2007 state estimate.....	11		
State income taxes - paid with 2007 state extension.....	12		
State income taxes - paid with 2007 state return.....	13		
State income taxes - paid for prior years and/or to other state.....	14		
City/local income taxes - 1/08 payment on 2007 city/local estimate.....	211		
City/local income taxes - paid with 2007 city/local extension.....	212		
City/local income taxes - paid with 2007 city/local return.....	213		

SALES AND USE TAXES PAID

State and local sales taxes.....	91		
Use taxes paid on 2008 purchases.....	92		
Use taxes paid with 2007 state return.....	96		
Taxes paid on vehicles, boats, and aircraft.....	93		

OTHER TAXES PAID

Real estate taxes - principal residence:			
_____	15		
_____	15		
_____	15		
Real estate taxes - property held for investment.....	16		
Personal property taxes (including automobile fees in some states. Provide a copy of tax notice).....	18		
Foreign income taxes.....	19		
Other taxes:			
_____	20		
_____	20		
_____	20		

2008

1040

US

Itemized Deductions (continued)

25 p2

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

INTEREST PAID

Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098:

	2008 Amount	TS	2007 Amount
_____	21		
_____	21		
_____	21		

Home mortgage interest not reported on Form 1098:

Payee's name	85.____		
Payee's SSN or FEIN	86.____		
Payee's street address	87.____		
Payee's city, state, ZIP	88.____		
Amount paid	22.____		

Points not reported on Form 1098:

_____	23		
_____	23		
Mortgage insurance premiums on post 12/31/06 contracts (Box 4)	39		

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Investment interest (interest on margin accounts):

_____	24		
_____	24		

Passive interest

_____	27		
-------	----	--	--

Certain home mortgage interest included above (6251)

_____	30		
-------	----	--	--

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:

_____	32		
_____	32		
_____	32		
_____	32		
_____	32		

Contributions above made for Midwestern disaster relief

_____	38		
-------	----	--	--

Volunteer expenses (out-of-pocket)

_____	31		
-------	----	--	--

Number of charitable miles

_____	53		
-------	----	--	--

Midwestern disaster relief miles (5/2/08 - 6/30/08)

_____	61		
-------	----	--	--

Midwestern disaster relief miles (7/1/08 - 12/31/08)

_____	239		
-------	-----	--	--

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

Contributions by cash or check:

_____	41		
_____	41		
_____	41		
_____	41		
_____	41		

Volunteer expenses (out-of-pocket)

_____	40		
-------	----	--	--

Number of charitable miles

_____	54		
-------	----	--	--

Midwestern disaster relief miles (5/2/08 - 6/30/08)

_____	62		
-------	----	--	--

Midwestern disaster relief miles (7/1/08 - 12/31/08)

_____	240		
-------	-----	--	--

25 p2

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
33			
33			
33			
33			

30% limitation (see above):

34			
34			
34			
34			

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

35			
35			
35			
35			

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

36			
36			
36			
36			

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

42			
----	--	--	--

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

43			
43			
43			
43			
43			
43			

Investment expense:

44			
44			
44			
44			
44			
44			

Tax return preparation fee

45			
----	--	--	--

Safe deposit box rental

46			
----	--	--	--

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

47			
47			
47			
47			
47			
47			

25 p3

2008

1040

US

Noncash Contributions (Form 8283)

26

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

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

DONATED PROPERTY INFORMATION

No. <input type="text"/>	Name of charitable organization (donee)	800	
	Street address	801	
	City, state, ZIP code	802	
	1=spouse, 2=joint	1	
	Property description	803	
	Date of contribution (m/d/y) *	5	
	Date acquired by donor (m/y) *	6	
	How acquired by donor (Table 1 or describe)	804	
	Donor's cost or basis	7	
	Fair market value	8	
Method used to determine FMV (Table 2 or describe)	805		

No. <input type="text"/>	Name of charitable organization (donee)	800	
	Street address	801	
	City, state, ZIP code	802	
	1=spouse, 2=joint	1	
	Property description	803	
	Date of contribution (m/d/y) *	5	
	Date acquired by donor (m/y) *	6	
	How acquired by donor (Table 1 or describe)	804	
	Donor's cost or basis	7	
	Fair market value	8	
Method used to determine FMV (Table 2 or describe)	805		

No. <input type="text"/>	Name of charitable organization (donee)	800	
	Street address	801	
	City, state, ZIP code	802	
	1=spouse, 2=joint	1	
	Property description	803	
	Date of contribution (m/d/y) *	5	
	Date acquired by donor (m/y) *	6	
	How acquired by donor (Table 1 or describe)	804	
	Donor's cost or basis	7	
	Fair market value	8	
Method used to determine FMV (Table 2 or describe)	805		

1 How Property was Acquired

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

2 Method Used to Determine FMV

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

For other methods, see IRS Pub. 561.

2008	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No. <input style="width:40px;" 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	800	
Form	13	
Number of form (1=first Schedule C, 2=second, etc.)	14	
1=spouse	1	
1=performance artist, 2=handicapped, 3=fee-basis government official	8	

EMPLOYEE BUSINESS EXPENSES

	2008 Amount	2007 Amount
Meal and entertainment expenses	44	
Reimbursements for meals and entertainment not on W-2, box 1	45	
1=Department of Transportation (75% meal allowance)	50	
Local transportation (bus, taxi, train, etc.)	7	
Travel expenses while away from home overnight	9	
Reimbursements not included on Form W-2, box 1	12	
Other business expenses:		
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	

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	11	
1=vehicle is available for off-duty personal use	4	
1=no other vehicle is available for personal use.....	2	
1=no evidence to support your deduction.....	5	
1=no written evidence to support your deduction.....	6	

VEHICLE 1

Description of vehicle.....	801	
Date placed in service (m/d/y).....	15	
Total mileage.....	16	
Business mileage (1/1/08 - 6/30/08).....	17	
Business mileage (7/1/08 - 12/31/08).....	113	
Commuting mileage.....	19	
Average daily round-trip commute.....	18	
Number of months of vehicle business use (if not 12).....	80	
Parking fees and tolls (business portion only).....	70	
Actual expenses:		
Gasoline, lube, oil.....	51	
Repairs.....	52	
Tires.....	53	
Insurance.....	54	
Miscellaneous.....	22	
Auto license (other than personal property taxes).....	55	
Personal property taxes (based on car's value).....	56	
Interest (car loan) (for Schedule C, E & F).....	57	
Vehicle rent or lease payments.....	23	
Inclusion amount (enter as positive).....	20	
Value of employer-provided vehicle on Form W-2 (2106).....	24	

VEHICLE 2

Description of vehicle.....	802	
Date placed in service (m/d/y).....	29	
Total mileage.....	30	
Business mileage (1/1/08 - 6/30/08).....	31	
Business mileage (7/1/08 - 12/31/08).....	114	
Commuting mileage.....	33	
Average daily round-trip commute.....	32	
Number of months of vehicle business use (if not 12).....	112	
Parking fees and tolls (business portion only).....	71	
Actual expenses:		
Gasoline, lube, oil.....	61	
Repairs.....	62	
Tires.....	63	
Insurance.....	64	
Miscellaneous.....	36	
Auto license (other than personal property taxes).....	65	
Personal property taxes (based on car's value).....	66	
Interest (car loan) (for Schedule C, E and F).....	67	
Vehicle rent or lease payments.....	37	
Inclusion amount (enter as positive).....	34	
Value of employer-provided vehicle on Form W-2 (2106).....	38	

30 p2

2008	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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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	3	53		
Employer-provided benefits forfeited in 2008	6	56		

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name	17	
	Last name	18	
	Date of birth (m/d/y)	22	
	Social security number	19	
	Qualified dependent care expenses incurred and paid in 2008	20	2007 amt:
	1=disabled	23	
	1=spouse, 2=joint	21	

No. <input style="width:40px;" type="text"/>	First name	17	
	Last name	18	
	Date of birth (m/d/y)	22	
	Social security number	19	
	Qualified dependent care expenses incurred and paid in 2008	20	2007 amt:
	1=disabled	23	
	1=spouse, 2=joint	21	

No. <input style="width:40px;" type="text"/>	First name	17	
	Last name	18	
	Date of birth (m/d/y)	22	
	Social security number	19	
	Qualified dependent care expenses incurred and paid in 2008	20	2007 amt:
	1=disabled	23	
	1=spouse, 2=joint	21	

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider	10	
	Street address	11	
	City, state, ZIP code	12	
	Identification number (SSN or EIN)	13	
	Amount paid to care provider in 2008	14	2007 amt:
	1=spouse, 2=joint	15	

No. <input style="width:40px;" type="text"/>	Name of provider	10	
	Street address	11	
	City, state, ZIP code	12	
	Identification number (SSN or EIN)	13	
	Amount paid to care provider in 2008	14	2007 amt:
	1=spouse, 2=joint	15	

2008

1040

US

Qualified Adoption Expenses (Form 8839)

37

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

ELIGIBLE CHILDREN

		2008 Amount	2007 Amount	
No. <input type="text"/>	First name	11		
	Last name	12		
	Identification number	13		
	Date of birth (m/d/y)	14		
	1=born before 1991 and was disabled	15		
	1=special needs child	16		
	1=foreign child	17		
	1=adoption was not final in 2008.	22		
	Qualified Adoption Expenses Paid in	2007 for adoption not finalized by end of 2008.	23	
		1997-2001 for adoption of foreign child finalized in 2008.	26	
		2007 and 2008 for adoption finalized in 2008.	20	
		2008 for adoption finalized before 2008.	24	
	1=spouse, 2=joint	21		
	No. <input type="text"/>	First name	11	
Last name		12		
Identification number		13		
Date of birth (m/d/y)		14		
1=born before 1991 and was disabled		15		
1=special needs child		16		
1=foreign child		17		
1=adoption was not final in 2008.		22		
Qualified Adoption Expenses Paid in		2007 for adoption not finalized by end of 2008.	23	
		1997-2001 for adoption of foreign child finalized in 2008.	26	
		2007 and 2008 for adoption finalized in 2008.	20	
		2008 for adoption finalized before 2008.	24	
1=spouse, 2=joint		21		
No. <input type="text"/>		First name	11	
	Last name	12		
	Identification number	13		
	Date of birth (m/d/y)	14		
	1=born before 1991 and was disabled	15		
	1=special needs child	16		
	1=foreign child	17		
	1=adoption was not final in 2008.	22		
	Qualified Adoption Expenses Paid in	2007 for adoption not finalized by end of 2008.	23	
		1997-2001 for adoption of foreign child finalized in 2008.	26	
		2007 and 2008 for adoption finalized in 2008.	20	
		2008 for adoption finalized before 2008.	24	
	1=spouse, 2=joint	21		

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.....	17		
		First name.....	12		
		Last name.....	13		
		Social security number.....	14		
	1=hope credit, 2=lifetime learning credit.....		15		
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere).....		16		
	Amount of prior year refund or assistance*.....		20		
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	17		
		First name.....	12		
		Last name.....	13		
		Social security number.....	14		
	1=hope credit, 2=lifetime learning credit.....		15		
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere).....		16		
	Amount of prior year refund or assistance*.....		20		
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	17		
		First name.....	12		
		Last name.....	13		
		Social security number.....	14		
	1=hope credit, 2=lifetime learning credit.....		15		
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere).....		16		
	Amount of prior year refund or assistance*.....		20		
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	17		
		First name.....	12		
		Last name.....	13		
		Social security number.....	14		
	1=hope credit, 2=lifetime learning credit.....		15		
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere).....		16		
	Amount of prior year refund or assistance*.....		20		
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	17		
		First name.....	12		
		Last name.....	13		
		Social security number.....	14		
	1=hope credit, 2=lifetime learning credit.....		15		
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere).....		16		
	Amount of prior year refund or assistance*.....		20		

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

