

General Information

Taxpayer

First Name
 Middle Initial
 Last Name
 Suffix
 Social Security Number
 Date of Birth

Spouse

Check ("X") which phone number to list on return.

Home Phone
 Work Phone
 Cell Phone
 Fax Number

Legally Blind
 Totally Disabled
 Claimed as a Dependent
 Presidential Election Fund (\$3)

Occupation
 E-mail address

State of Residence as of 12/31
 County of Residence as of 12/31
 School District as of 12/31

If Part Year, Period of Residency to

to

Filing Status

Status on 2008 return :

Status as of 12/31/2009 :
Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____
- 5 Qualifying widow(er) with minor child Year spouse died _____

Address

Street _____ Apt/Suite : _____
 City _____ State _____ Zip Code _____

2009 TAX QUESTIONNAIRE:

Completion of the engagement letter and tax questionnaire is required for the 2009 tax season. Please note that all forms represented in the immediate lists below are necessary for tax return completion. Thank you.

Please provide the following tax support documents when delivering your tax information to us for preparation of your 2009 individual income tax return. Also, indicate the quantity of each form provided:

	#		#		#
W-2	_____	1099-R	_____	1099-B Brokerage Statements	_____
1099-INT	_____	1099-G	_____	1099 MISC	_____
1099-DIV	_____	1099-SSA	_____	1098 Mortg. Int.	_____
1098-T	_____	1099-LTC	_____	1099-C (Debt Cancellation)	_____
1099-Q (529)	_____	1099-A	_____	1099-S (Sale of RE)	_____
1041 K-1	_____	1065 K-1	_____	1120 S K-1	_____
1099-HSA/MSA	_____				

Please provide any additional tax documentation so we may accurately include all taxable events you may have incurred throughout the year. If you are uncertain, provide the information and we will determine the tax impact.

Please take a moment to complete the following questionnaire, so we may accurately report all necessary tax events for this tax year. Your signature is required on the cover page of this document.

ELECTRONIC FILING NOTIFICATION

Unless disqualified, we are required to file your returns electronically with the IRS and State. Please contact us with any questions.

PERSONAL INFORMATION

YES

NO

Did your marital status change during the year?

If married, do you and your spouse want to file or consider filing separate returns?

Did any of your contact information change during 2009?

If so, please provide new address, phone, cell phone or email:

Do you know if you or your spouse can be claimed as a dependent by another taxpayer?

DEPENDENTS

YES **NO**

Were there any changes in dependents from the prior year?

If adding a dependent, please provide:

Name _____

Social Security Number _____

Date of Birth _____

If removing a dependent, please identify _____

Did you pay for childcare while you worked or looked for work?

If so, please provide the provider's name, address, SS#/EIN# and 2009 amounts paid for each child.

Do you have any children with wages, interest or dividend income over \$950 or who sold any stock in 2009?

If yes, do you want us to prepare their return?

Did you adopt a child or begin adoption proceedings during 2009?

PURCHASES, SALES & DEBTS

Did you sell any securities, bonds or other investment property? If so, please attach a statement (self prepared or broker prepared) of (Example of what is needed for each transaction is below):

<u>Security</u>	<u># of Shares</u>	<u>Purchase date</u>	<u>Sale date</u>	<u>Sale Proceeds</u>	<u>Cost basis</u>	<u>Gain (-loss)</u>
Sample Inc	1,000	06/25/02	03/02/08	10,000	5,000	5,000

If you sold at a loss, did you buy back the identical security sold within 30 days before or after the sale? If yes, please explain on the comments page found at the end of the Questionnaire.

Did you have any debts canceled, forgiven or refinanced during 2009? (If yes, include 1099-C)

Did you purchase or sell a rental property or farm, or acquire or sell any interest in any partnership or S Corporation during 2009? Please provide us with the K-1s as soon as they are available.

PURCHASES, SALES & DEBTS *(continued)*

YES

NO

Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? If so, please provide support (statements/schedules from your employer).

Did you engage in any put or call transactions? If yes, please provide details on the comments page found at the end of the Questionnaire.

HOME/REAL ESTATE TRANSACTIONS

Have you refinanced your mortgage or taken out a home equity loan this year? If yes, explain on the comments page found at the end of the Questionnaire.

Did you sell, exchange or purchase any real estate in 2009? If so, please attach the closing statements.

Are you a First Time Homebuyer?

Did you sell your primary residence in 2009? If no, go on to the next section.

If yes, did you own and occupy the home as your principal residence for at least two years out of the five-year period prior to the sale?

Did you ever rent this property?

Did you ever use any portion of the home for business purposes?

Have you or your spouse sold a principal residence within the last two years?

At the time of the sale, the residence was owned by the: Taxpayer Spouse Both

IRA/PENSION DISTRIBUTIONS

Did you withdraw any amounts from your Individual Retirement Account (IRA), Roth IRA, or pension plan? Indicate amount and provide all 1099Rs.

Total IRA withdrawal/distribution _____

Total Roth IRA withdrawal/distribution _____

Total pension withdrawal/distribution _____

If so, was it to acquire a principal residence or pay for qualified higher education expense?

Did you make a contribution to a retirement plan, 401k, SIMPLE, SEP, or IRA ***THAT IS NOT*** reported on your W-2 or K-1? If so, indicate amount and type of plan.

Taxpayer total contribution _____ Spouse total contribution _____

IRA/PENSION DISTRIBUTIONS *(continued)*

YES

NO

Did you retire or change jobs in 2009?

Did you receive retirement or severance compensation?

GIFTS

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc. with a total aggregate value in excess of \$13,000 to any individual during the year?
If yes, please list in the space below or in the comments section at the end of this Questionnaire.

Did you assist in the purchase of any asset (auto, home, etc.) for any individual during the year?

Did you or your spouse make any gifts to a trust for any amount during the year?

Do you or your spouse have a life insurance trust?

Did you forgive any indebtedness to any individual, trust, or entity during the year? If yes, please explain.

MISCELLANEOUS

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?

Did you pay any student loan interest?

Did you or your dependents incur any post-secondary education expense, such as tuition?
If yes, please provide 1099-T, if any.

Dependent's name _____ Tuition amount _____ School _____

Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (529 Plan)? If yes, include Form 1099-Q.

Did you move to a different home because of a change in the location of your job?

Did you have any household employees, whom you paid in excess of \$1,000 in any quarter, or \$1,500 for the entire year?

Did you file employment tax returns?

MISCELLANEOUS (continued)

YES

NO

Did you use your car on the job (other than to and from work)?

Did you receive unreported tip income of \$20 or more in any month in 2009?

Did you make any energy efficient improvements to your main home in 2009?

Did you receive any income not reported in this Organizer?

Did you or your spouse receive distributions from long-term care insurance contracts?
If yes, include Form 1099-LTC.

Were you or your spouse a grantor or transferor for a foreign trust, or have an interest in, a signature or other authority over a bank account, securities account or other financial account in a foreign country? If yes, we must file Form TD F 90-22.1 Report of Foreign Bank and Financial Accounts (Failure to file can result in penalties ranging from \$25,000 to \$100,000.).

Did you create or transfer money or property to a foreign trust?

Did you purchase a new "hybrid" or alternate technology vehicle in 2009?

Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year? If yes, how many gallons _____

Have you received a punitive damage award or an award from damages other than for physical illness or injury?

Were you notified by the IRS or other taxing authority of any changes in prior years' returns? If yes, please include copies of notices.

Were any distributions from your IRA and/or Roth IRA distributed to a charitable organization?

If yes, please indicate the amount: _____

Did you donate to a qualifying Michigan charitable organization? If yes, please list the amounts

Public Contributions: _____

Community Foundations: _____

Homeless Shelter/Food Banks: _____

Did you receive any payments from insurance companies, legal settlements, disability payments or other taxable income? Indicate amount _____

Did you or your spouse have any transactions pertaining to a Health Savings Account (HSA) or Medical Savings Account (MSA) during 2009?

If you received a distribution from an HSA or MSA, please attach Form 1099-HSA/MSA.

If you contributed to an HSA/MSA, please indicate the amount _____

MISCELLANEOUS (cont.)

YES

NO

With respect to any trust you have created or for which you are the trustee, have any beneficiaries passed away during 2009?

Did you or your spouse make any contributions to a Qualified State Tuition Plan (Section 529 Plan) or a Coverdell Educational Savings Account during 2009?

If yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2009 Amount Contributed

Did you engage in any bartering transactions?

Did you work outside the U.S. or pay any foreign taxes?

Have you been involved in a reportable transaction? These are transactions which produce questionable tax shelters, transactions which provide refunds of lost tax benefits, and/or require strict confidentiality of the transaction's tax benefits which result in significant amounts of losses with book to tax differences or provide tax credits with holding periods of less than 45 days. Tax avoidance transactions are included in this category.

LOCAL/CITY TAX RETURNS

Does your resident jurisdiction require a tax filing? If yes, please provide jurisdiction name. Jurisdiction name _____

It is the taxpayer's responsibility to inform us if a local/city tax return is required within their resident jurisdiction. Please provide the local forms whenever possible.

FEDERAL, STATE & CITY TAX PAYMENTS

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

▪ Applied to your 2010 estimated tax liability

▪ Refunded via a check in the mail

▪ Refunded via direct deposit (attach voided check)

TAPE VOIDED CHECK HERE

FEDERAL, STATE & LOCAL ESTIMATED TAX PAYMENTS

2009 1st Qtr. ES due 04-15-2009
 2009 2nd Qtr. ES due 06-15-2009
 2009 3rd Qtr. ES due 09-15-2009
 2009 4th Qtr. ES due 01-15-2010

Date Paid	FED Amount	State Amount	Local Amount

YES **NO**

With your authorization, the IRS and certain states allow us to verify credits, payments, etc. for your tax account online. Do we have your authorization to view this information if necessary?

Do you expect your 2010 taxable income and withholding to be generally the same as 2009? If no, please provide details on the comments page found at the end of the Questionnaire.

ASSET PROTECTION AND PLANNING

Do you have a financial advisor, attorney, banker, or other professional that would be used in your planning process that we should know about?

If yes, and we are not aware of who it is, please provide their name and number for our records.

Name _____ Number _____ Email _____
 Name _____ Number _____ Email _____
 Name _____ Number _____ Email _____
 Name _____ Number _____ Email _____

Do you have an estate plan?

Is your future income protected if tax rates start to go up?

Do you think you have a tax planning strategy? If not, would you like one?

Would you like more information on estate planning?

Are you currently making or considering cash gifts to children or grandchildren?

Are you aware of all of your options for a Roth IRA conversion?

Would you like to increase the amount of tax-free income available to you in retirement?

Do you have a retirement distribution strategy?

Is enough of your retirement income guaranteed to never run out no matter how long you live?

ASSET PROTECTION AND PLANNING (continued)

YES

NO

Are you currently receiving required minimum distributions from your retirement account(s) and are not in need of the income but because of IRS rules, you have to take the money out?

Do you think your family would be financially stable if one spouse unexpectedly passed away?
Do both spouses (if applicable) earn an income?

Do you feel comfortable with your current level of life insurance?

Would you like to learn about the benefits of providing life insurance for children?

Do you think an IRA is a good asset to pass on to your children through inheritance?
If yes, and you plan to leave an IRA to your children, please consider scheduling an appointment to make sure you have a clear picture on how that process works.

Yes, please contact me to schedule an appointment.

Are you interested in a planning document that details all aspects of your finances and wishes should you unexpectedly pass away?

Are the beneficiaries on your retirement accounts and insurance policies up to date?

If you own any business interests, do you have a buy/sell agreement?

Would you like a complimentary financial organizer packet?

Thank you for your continued business this tax season. Some of the above questions may require the involvement of other advisors on your team. We will not hesitate to involve all of your advisors in your planning process related to any of the above questions. We at Valley Oak Financial feel you will be best served by an informed team approach to your financial well-being.

In relation to the above asset protection and planning questions, someone may be contacting you based on your answers (a Valley Oak representative or your current advisor as prompted by us) to discuss these items unless you would otherwise not like to be contacted which is as simple as checking the box below. Valley Oak will not be charging any fees for initiating this contact and will also assure the same if we prompt other advisors to contact you. If fees from other advisors are possible, a Valley Oak representative will contact you first so you have the option of proceeding knowing there could be fees involved.

Please **DO NOT** have anyone contact me regarding the above information

Name Blank Organizer

SSN XXX-XX-XXXX

Wages and Retirement Income

W-2 Information

Enter "X"
if spouse

W-2	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				

1099-R Information

	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 12a State Distribution	Box 10a State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	1						
<input type="checkbox"/>	2	2						
<input type="checkbox"/>	3	3						
<input type="checkbox"/>	4	4						
<input type="checkbox"/>	5	5						
<input type="checkbox"/>	6	6						
<input type="checkbox"/>	7	7						
<input type="checkbox"/>	8	8						
<input type="checkbox"/>	9	9						
<input type="checkbox"/>	10	10						
<input type="checkbox"/>	11	11						
<input type="checkbox"/>	12	12						
<input type="checkbox"/>	13	13						
<input type="checkbox"/>	14	14						
<input type="checkbox"/>	15	15						
<input type="checkbox"/>	16	16						
<input type="checkbox"/>	17	17						
<input type="checkbox"/>	18	18						
<input type="checkbox"/>	19	19						
<input type="checkbox"/>	20	20						

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	1						
<input type="checkbox"/>	2	2						
<input type="checkbox"/>	3	3						
<input type="checkbox"/>	4	4						
<input type="checkbox"/>	5	5						
<input type="checkbox"/>	6	6						
<input type="checkbox"/>	7	7						
<input type="checkbox"/>	8	8						
<input type="checkbox"/>	9	9						
<input type="checkbox"/>	10	10						
<input type="checkbox"/>	11	11						
<input type="checkbox"/>	12	12						
<input type="checkbox"/>	13	13						
<input type="checkbox"/>	14	14						
<input type="checkbox"/>	15	15						
<input type="checkbox"/>	16	16						
<input type="checkbox"/>	17	17						
<input type="checkbox"/>	18	18						
<input type="checkbox"/>	19	19						
<input type="checkbox"/>	20	20						

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

- 1 Employer Identification Number (do not enter Social Security Number)
- 2 Principal business or profession
- 3 Business name
- 4 Business address
- 5 City State _____ Zip _____

General Check Boxes (Enter "X" where applicable)

- 6 Accounting Method Cash Accrual Other - (Specify)
- 7 Did you "materially participate" in this business? Yes No
- 8 Check ('X') if you started or acquired this business in 2009.

Business Income

* Report statutory income as W-2 income.

- 9 Income reported on 1099 MISC 9
Gross receipts or sales not reported on Form 1099 or Form W-2
- 10
- 11
- 12
- 13
- 14 Returns and allowances 14
- 15 Other income 15

	Current Year Amount	Prior Year Amount
9		
10		
11		
12		
13		
14		
15		

Inventory (Enter "X" where applicable)

- 16 Method(s) used to value closing inventory . . . Cost Lower of cost or market Other
- 17 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

- 18 Inventory at the beginning of year 18
- 19 Purchases less cost of items withdrawn for personal use 19
- 20 Cost of labor 20
- 21 Materials and supplies 21
- 22 Other Costs 22
- 23 Inventory at end of year 23

	Current Year Amount	Prior Year Amount
18		
19		
20		
21		
22		
23		

Assets Placed in Service This Year

Description:

- A
- B
- C
- D
- E
- F
- G

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name Blank Organizer

SSN XXX-XX-XXXX

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

		Current Year Amount	Prior Year Amount
Expenses			
41	Advertising	41	
42	Contract labor	42	
43	Commissions and fees	43	
44	Depletion	44	
45	Employee benefit programs (other than on line 51)	45	
46	Insurance (other than health)	46	

Interest:

47	Mortgage (paid to banks, etc.)	47	
48	Other	48	

49	Legal and professional services	49	
50	Office expense	50	
51	Pension and profit-sharing plans	51	

Rent or Lease:

52	Machinery rental or lease	52	
53	Equipment rental or lease	53	
54	.....	54	
55	.....	55	
56	.....	56	
	Other business property rental or lease		
57	.....	57	
58	.....	58	
59	.....	59	

60	Repairs and maintenance	60	
61	Supplies (not included in inventory cost of goods sold)	61	
62	Taxes and licenses	62	

Travel, Meals, and Entertainment:

Travel

63	.....	63	
64	.....	64	
65	.....	65	
66	.....	66	

Meals and entertainment

67	Enter "X" in the box if subject to DOT hours of service limits	67	<input type="checkbox"/>	<input type="checkbox"/>
68	.....	68		
69	.....	69		
70	.....	70		
71	.....	71		

72	Utilities	72	
73	Wages	73	

Other Expenses

74	.....	74	
75	.....	75	
76	.....	76	
77	.....	77	
78	.....	78	
79	.....	79	
80	.....	80	
81	.....	81	
82	.....	82	

Name Blank Organizer

SSN XXX-XX-XXXX

Business _____

Vehicle Information (Schedule C)

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year . . .	4			
5	Parking fees and tolls	5			
6	Vehicle Interest	6			
7	Vehicle Personal Property tax	7			
Actual Expenses					
8	Gasoline, oil and repairs	8			
9	Vehicle registration fees	9			
10	Vehicle lease or rental	10			
11	Vehicle Insurance	11			
12	.....	12			

		Vehicle 3 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year . . .	4			
5	Parking fees and tolls	5			
6	Vehicle Interest	6			
7	Vehicle Personal Property tax	7			
Actual Expenses					
8	Gasoline, oil and repairs	8			
9	Vehicle registration fees	9			
10	Vehicle lease or rental	10			
11	Vehicle Insurance	11			
12	.....	12			

Miscellaneous Income

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state			1		
2 Unemployment compensation			2		
3 Prizes and awards			3		
4 Scholarships and fellowships			4		
5 Bartering income			5		
6 Fees received for jury duty			6		
7 Income from rental of personal property, if not in the business of renting such property			7		
8 Precinct election board duty			8		
9 Alaska Permanent Fund Dividends			9		
10 -----			10		
11 -----			11		
12 -----			12		
13 Other income not provided for in this Organizer			13		

Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses	1		
<input type="checkbox"/>	2	Student loan interest	2		
<input type="checkbox"/>	3	Health Savings account deduction	3		
<input type="checkbox"/>	4	Moving expenses	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings	6		
<input type="checkbox"/>	7	Tuition and fees deduction	7		

Miscellaneous Deductions

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses	1		
<input type="checkbox"/>	2	Foreign housing deduction	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer	3		
<input type="checkbox"/>	4	Reforestation amortization	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18) pension plans	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions.	7		
<input type="checkbox"/>	8	Employee business expenses of fee-basis state or local government officials	8		
<input type="checkbox"/>	9	Expenses from the rental of personal property but were not in the business of renting such property	9		
<input type="checkbox"/>	10	Contributions by chaplains to section 403(b) plans	10		
<input type="checkbox"/>	11	Archer MSA deduction	11		
<input type="checkbox"/>	12	-----	12		
<input type="checkbox"/>	13	-----	13		

Medical and Dental - Itemized Deductions

		Current Year Amount	Prior Year Amount
1	Health/Dental/Other ins. premiums (do not include self-employed plans) . . .	1	
2	Health insurance premiums - coverage established under your business (1) .	2	
3	Health insurance premiums - coverage established under your business (2) .	3	
4	Long Term Care insurance premiums - coverage est. under your business (1)	4	
5	Long Term Care insurance premiums - coverage est. under your business (2)	5	
6	Long Term Care insurance premiums (taxpayer)	6	
7	Long Term Care insurance premiums (spouse)	7	
8	Prescription medications	8	
9	Fees for doctors, dentists, etc.	9	
10	Fees for hospitals, clinics, etc.	10	
11	Lab and X-ray fees	11	
12	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. . . .	12	
13	Medical equipment and supplies	13	
14	Lodging for medical purposes (up to \$50 per night per person)	14	
15	Expenses to stop smoking	15	
16	Medical mileage (number of miles driven)	16	
17	Medical parking, tolls and local transportation	17	
18	.....	18	
19	.....	19	
20	.....	20	
21	.....	21	
22	Insurance reimbursement for any medical and dental expense listed above	22	

Taxes - Itemized Deductions

Real Estate Taxes

22 Principal residence 22

Real Estate Not Held For Investment

23 23

24 24

25 25

26 26

27 27

Real Estate Held For Investment

28 28

29 29

30 30

31 31

32 32

33 Personal property taxes 33

Other Taxes

34 34

35 35

36 36

Current Year Amount	Prior Year Amount

--	--

Interest - Itemized Deductions

Home Mortgage Interest and Points Reported on Form 1098

Current Year Amount	Prior Year Amount

- 37 Lender 37
- 38 Lender 38
- 39 Lender 39
- 40 Lender 40

Home Mortgage Interest Not Reported on Form 1098

- 41 Name: 41
- Address:
- SSN:

- 42 Mortgage insurance paid on 2009 acquisition indebtedness for principal residence 42

Refinancing Points

43 Description 43		
Points paid		
Date of loan		
Total number of scheduled loan payments		
Number of payments made in 2009		
44 Description 44		
Points paid		
Date of loan		
Total number of scheduled loan payments		
Number of payments made in 2009		
45 Description 45		
Points paid		
Date of loan		
Total number of scheduled loan payments		
Number of payments made in 2009		

- 46 Investment interest paid 46

Name Blank Organizer

SSN XXX-XX-XXXX

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2008 and paid in 2009 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2009
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2009
6	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
7	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
8	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
9	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
10	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		