



For any question answered Yes, please attach supporting detail or documents.

Personal Information:

- Did your marital status change during 2008? Yes No
- If married, do you and your spouse want to file separate returns? Yes No
- Did your address change during 2008? Yes No
- Can you or your spouse be claimed as a dependent by another taxpayer? Yes No

Dependents:

- Were there any changes in dependents from the prior year? Yes No
- Did you pay for child care while you worked or looked for work? Yes No
- Do you have any children under age 18 with unearned income more than \$900? Yes No
- Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$900? Yes No
- Did you adopt a child or begin adoption proceedings during 2008? Yes No

Purchases, Sales and Debt:

- Did you have any debts canceled, forgiven or refinanced during 2008? Yes No
- Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2008? Yes No
- Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2008? Yes No
- Did you sell, exchange or purchase any real estate in 2008? If so, please attach closing statements. Yes No
- Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? 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? Yes No
- Did you pay any student loan interest in 2008? Yes No
- Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year. Yes No
- Did you have an outstanding home equity loan at the end of 2008? If so, please provide the principal balance and interest rate at the beginning and end of the year. Yes No
- Did you take out a home equity loan in 2008? Yes No
- Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098? Yes No
- Did you engage in any put or call transactions? If Yes, please provide details. Yes No
- Did you close any open short sales during 2008? Yes No
- Did you sell any securities not reported on your Form 1099-B? Yes No



Miscellaneous: (continued)

- Did you engage in any bartering transactions?
- Did you have any work outside of the U.S. or pay any foreign taxes?
- Did someone displaced by the storms in the Midwest live with you?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Gifts:

- Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$12,000 to 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 assist in the purchase of any asset (auto, home) for any individual during the year?
- Did you forgive any indebtedness to any individual, trust or entity during the year?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above gift questions, please complete Form 34 and/or 35 in the back of the Organizer.

Severance/Retirement:

- Did you retire or change jobs in 2008?
- Did you receive deferred, retirement or severance compensation?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Date

If Yes, enter the date received (Mo/Da/Yr).

- Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking any distribution?

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

Sale of Your Home:

- Did you sell your home in 2008?
- If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?
- Did you ever rent out 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?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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

Additional Information:

- With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2008?
- Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2008?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2008 Amount Contributed



Personal Information, Dependent(s) and Wages

Taxpayer:

First Name and Initial

Last Name

Social Security Number

Occupation

Date of Birth (Mo/Da/Yr)

Daytime/Work Telephone Number

Evening/Home Telephone Number

Primary Email Address

Secondary Email Address

Spouse:

First Name and Initial

Last Name

Social Security Number

Occupation

Date of Birth (Mo/Da/Yr)

Present Mailing Address:

Street Address

Apartment Number

City

State

ZIP code

Foreign Country

May the IRS or other taxing authority discuss the return with the preparer? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Stimulus payment received before any reductions (If not received, enter -0) _____

Dependent Information:

Did dependent have income over \$3,500?

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return _____

Please list the years for which a release of claim to exemption is given for a dependent child not living with you _____

Wages and Salaries: Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



Electronic Filing

Electronic Filing: Please enclose all copies of your current year Forms W-2

Electronic filing is the means by which your return is transmitted directly to the IRS. Electronic filing is the only filing method that provides you with acknowledgement that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 2 weeks.

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

If you qualify for electronic filing, would you like to file the return electronically with the IRS?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Would you like your return prepared and filed electronically when you have a balance due?

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

Would you like your federal return filed electronically only if your refund is greater than a certain minimum dollar amount?

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

If Yes, enter the amount here.

If you qualify, would you like to file your state return electronically?

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

If you file more than one state, do you want to file all of them electronically?

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

The IRS has implemented a program to allow taxpayers to e-file without mailing a signature document. In order to participate, please provide a 5-digit self-selected Personal Identification Number (PIN).

Self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



Direct Deposit and Electronic Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns to be filed electronically, the IRS and many states allow the entire amount due to be paid using electronic withdrawal. If you would like to have your refund deposited directly into your account or pay a balance due by using an electronic withdrawal, please complete the following information. If the account should be used for a refund anticipation loan, please mark both the refund anticipation loan box and either the checking or trad. savings box.

(To properly file your return, please attach a voided check or a copy of a monthly statement for your account.)

Owner of account ... [] Taxpayer [] Spouse [] Joint
Select type of account ... [] Checking [] Trad. Savings [] IRA Savings [] HSA Savings
[] Archer MSA Savings [] Coverdell Ed.Savings [] Refund Anticipation Loan

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

(Use the routing number from a check, NOT a deposit slip. They can be different.

The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number _____

Do you want your refund deposited directly into your financial institution account? [Yes] [No]

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal? [] []

What amount do you want withdrawn if not the entire balance due? []

What date do you want the withdrawal done? (Mo/Da/Yr) _____

Owner of account ... [] Taxpayer [] Spouse [] Joint
Select type of account ... [] Checking [] Trad. Savings [] IRA Savings [] HSA Savings
[] Archer MSA Savings [] Coverdell Ed.Savings [] Refund Anticipation Loan

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

(Use the routing number from a check, NOT a deposit slip. They can be different.

The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number _____

Do you want your refund deposited directly into your financial institution account? [Yes] [No]

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal? [] []

What amount do you want withdrawn if not the entire balance due? []

What date do you want the withdrawal done? (Mo/Da/Yr) _____



Foreign Bank and Financial Accounts

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ _____
Enter all countries in which you have foreign bank accounts _____

Joint Ownership Information:

If you jointly own these accounts with anyone other than your spouse, complete the following items.

Indicate the number of joint owners _____
ID number of joint owner _____
Last name or organization name of joint owner _____
First name of joint owner _____
Middle initial of joint owner _____

Information on Foreign Financial Accounts:

Select Account Type	
1	Bank Account
2	Securities Account
3	Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name	Country in Which Account is Held
A					
B					

Street Address	City	State	ZIP/Postal Code
A			
B			

If you have no financial interest in the account, please complete the account owner information below.

Last Name or Organization Name	First Name	Middle Initial	Taxpayer ID Number	# of Joint Owners
A				
B				

1 No financial interest 2A Joint ownership - spouse is joint owner 2B Joint ownership - other joint owner

Street Address	City	State	ZIP/Postal Code	Country	Ownership Code
A					
B					

Foreign Bank Accounts and Trusts:

At any time during 2008, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2008, whether or not you had any beneficial interest in it?



Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state and ZIP code _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2008:

Did you dispose of this business? Yes No
 If Yes, what was the disposition date? _____ (Mo/Da/Yr)
 Was there a change in determining quantities, costs or valuations between opening and closing inventory?
 Were you involved in the operations of this business on a regular, continuous and substantial basis?

	2008 Amount	2007 Amount
Health insurance premiums paid for yourself and your dependents		

Income:

	2008 Amount	2007 Amount
Gross receipts or sales		
Less returns and allowances		

Cost of Goods Sold:

	2008 Amount	2007 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other Costs of Cost of Goods Sold:

Description	2008 Amount	2007 Amount
Ending inventory		

Other Income:

Description	2008 Amount	2007 Amount



Business Expenses - Vehicle Information

6B

Name of Business: _____

Principal Business or Profession: _____

Vehicle Questions for 2008:

Do you have evidence to support your deduction? Yes No

If Yes, is the evidence written? Yes No

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Yes No

Do you treat all use of vehicles by employees as personal use? Yes No

Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? Yes No

Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? Yes No

Vehicle:

Description of vehicle _____

Date placed in service _____ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? Yes No

Was your vehicle available for use during off-duty hours? Yes No

Mileage:

Total miles _____

Total business miles _____

Total business miles after June 30 _____

Total commuting miles for the year _____

Actual Expenses:

Gasoline, oil, repairs, insurance, etc. _____

Interest _____

Taxes _____

Fair market value of leased vehicle _____

Vehicle rentals/leases _____

Vehicle 1	
Description of vehicle _____	
Date placed in service _____ (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2008 Miles	2007 Miles
2008 Amount	2007 Amount

Vehicle 2	
Description of vehicle _____	
Date placed in service _____ (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2008 Miles	2007 Miles
2008 Amount	2007 Amount



Business Use of Home

6E

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2008	2007

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Individual Retirement Account (IRA):

TS _____
Name of payer _____

IRA Questions for 2008:

Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you receive distributions in 2008 from a traditional IRA, Roth IRA or Qualified Education Account?
Did you convert a traditional IRA to a Roth IRA in 2008?
Did you use your IRA as security for a loan this year?
Did you have any transactions with your IRA during the year?
If Yes, please explain.

Table with 2 columns: Yes, No. Rows for each question above.

IRA Values, Rollovers, and Distributions: Please enclose copies of all Forms 1099-R

Total value of all traditional IRAs on December 31, 2008
Outstanding rollovers on December 31, 2008
IRA distributions received during 2008
Total distributions converted to Roth IRAs
Amount of Qualified Disaster Recovery Assistance Distributions

Table with 5 rows for inputting values.

Contributions: Please enclose copies of all Forms 5498

IRA:
Contributions in 2008 for the 2008 tax return
Contributions in 2009 for the 2008 tax return
Amount for 2008 you choose to be treated as nondeductible
Roth IRA:
Contributions made for the 2008 tax year

Table with 4 rows for inputting contribution amounts.

Pensions and Annuities: Please enclose all Forms 1099-R and any nontaxable distribution details

Table with columns: TSJ, Name of Payer, 2008 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, IRA?, 2007 Gross Distributions.

Self-Employed Retirement Plan: Please enclose copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
Do you wish to contribute the maximum amount allowed?

Contributions to:

Simplified employee pension
Defined benefit plan
Defined contribution plan
SIMPLE plan

Complex table for Taxpayer and Spouse contributions with Yes/No boxes and 2008 Amount input fields.



**Rental and Royalty
Property and Equipment & Depletion**

Location of Property: _____

Property and Equipment: Please attach a list if more space is needed

Acquisitions:

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions:

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Percentage Depletion Information:

Production Type	Royalty Income	
	2008 Amount	2007 Amount



Activity Name: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

	2008 Amount	2007 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2008 Amount	2007 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses

Amount received for meals and entertainment

2008 Amount	2007 Amount

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2008	2007
Total miles		
Total business miles		
Total business miles after June 30		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2008 Amount	2007 Amount



Passthrough Business Use of Home

11B

Activity Name: _____

Partial Use of Your Home for Business:

2008

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? ... Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

Table with 2 main columns for TSJ (2008 and 2007 Amount) and 2 sub-columns for each (2008 and 2007 Amount). Rows include Taxable pensions, Nontaxable pensions, Federal/State withholding, Unemployment compensation, Social security benefits, Medicare premiums, Tier 1 railroad retirement, Taxable/Nontaxable IRA distributions, Total lump sum social security, Lump sum taxable social security, and Other federal/state withholding.

State and Local Income Tax Refunds:

Table with columns: TSJ, State, City, Tax Year, and Income Tax Refund (State, Local).

Educator Expenses: (Deduction for amounts paid by educators of kindergarten through Grade 12)

Table with columns: TS, 2008 Amount, 2007 Amount.

Other Income:

Table with columns: TSJ, Nature and Source, 2008 Amount, 2007 Amount.

Other Adjustments to Income: (Please enclose all Forms 1098-E for Student Loan Interest Paid)

Table with columns: TSJ, Nature and Source, 2008 Amount, 2007 Amount.

Alimony Paid or Received:

Table with columns: TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2008 Amount, 2007 Amount.



Itemize real estate taxes by state.

Medical and Dental Expenses:

- Prescription medicines and drugs
Total medical insurance premiums paid (Do not include medicare premiums paid)
Long-term care expenses
Total insurance reimbursement
Number of miles traveled for medical care
Number of miles traveled for medical care after June 30
Lodging
Doctors, dentists, etc.
Hospitals
Lab fees
Eyeglasses and contacts

Table with 3 columns: TSJ, 2008 Amount, 2007 Amount. Rows correspond to the medical and dental expense categories.

- Taxpayer long-term care insurance premiums paid
Spouse long-term care insurance premiums paid

Table with 2 columns: 2008 Amount, 2007 Amount. Rows correspond to the long-term care insurance categories.

Other Medical Expenses:

Table with 4 columns: TSJ, Description, 2008 Amount, 2007 Amount. For listing other medical expenses.

Taxes Paid: Please include copies of your tax bills

- Personal property taxes paid (include vehicle taxes)
General sales taxes paid on specified items
Note: Real estate taxes are deductible for taxpayers not itemizing in 2008

Table with 3 columns: TSJ, 2008 Amount, 2007 Amount. Rows correspond to the personal property and general sales taxes.

Table with 4 columns: TSJ, Real Estate Taxes, 2008 Amount, 2007 Amount. For listing real estate taxes.

Other Taxes Paid:

Table with 4 columns: TSJ, Description, 2008 Amount, 2007 Amount. For listing other taxes paid.

If you purchased or sold your home in 2008, did you include any taxes from your closing statement in the amounts above? Yes No



Mortgage Questions for 2008:

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, please enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____		
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2008 Amount	2007 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2008 Amount	2007 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2008 Amount	2007 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2008 Amount	2007 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2008 Amount	2007 Amount



Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2008 Amount, 2007 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2008 Amount, 2007 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2008 Miles, 2007 Miles. Includes rows for volunteer work for qualified charitable organizations and Midwest disaster relief work.

Table with 3 columns: TSJ, Description, 2008 Amount. Includes row for Cash contributions made on or after May 2, 2008, in support of Midwestern disaster area relief efforts.

Noncash Contributions Totaling Less Than or Equal to \$500:

Table with 4 columns: TSJ, Description of Donated Property, 2008 Amount, 2007 Amount

Noncash Contributions Totaling More Than \$500:

TSJ _____
Description of the donated property _____

Donee organization name _____

Donee organization address _____

Date the property was acquired by the taxpayer (Mo/Da/Yr) _____

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property []

Fair market value of the donated property []

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain _____

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange



Miscellaneous Itemized Deductions:

Union and professional dues
Tax preparation fee
Professional subscriptions
Hobby expense (To extent of income)
Safe deposit box
Uniforms and protective clothing
Work tools
Gambling losses
Estate taxes

Table with 3 columns: TSJ, 2008 Amount, 2007 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
Investment expenses
Custodial fees
Employment agency fees
Certain educational expenses

Table with 4 columns: TSJ, Description, 2008 Amount, 2007 Amount

Casualty or Theft Loss:

TSJ _____

Property description _____

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use, Business use, Income producing, Employee Use, Personal use due to Hurricane Katrina, Personal use attributable to a federally declared disaster, Personal use attributable to Midwestern disaster area

Date acquired (Mo/Da/Yr) _____

Date damaged or lost (Mo/Da/Yr) _____

Original cost or other basis _____

Fair market value before casualty _____

Fair market value after casualty _____

Cost of replacement _____

Insurance reimbursement _____



Itemized Deduction - Business Use of Home

16A

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2008	2007

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Employee Business Expenses

TS: _____ Occupation: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

	2008 Amount	2007 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2008 Amount	2007 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2008 Amount	2007 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2008	2007
Total miles		
Total business miles		
Total business miles after June 30		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2008 Amount	2007 Amount



Employee Business Expenses- Business Use of Home

17A

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2008	2007

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2008 Amount	2007 Amount	2008 Amount	2007 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2007 but paid in 2008
Employer-provided dependent care benefits that were forfeited in 2008
2007 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
Street address
City, state and ZIP code
Social security number OR
Employer identification number
Telephone number (California only)

	2008 Amount	2007 Amount
Expenses incurred and paid in 2008		
Expenses incurred and not paid in 2008		

Provider 2:

Name
Street address
City, state and ZIP code
Social security number OR
Employer identification number
Telephone number (California only)

	2008 Amount	2007 Amount
Expenses incurred and paid in 2008		
Expenses incurred and not paid in 2008		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2008 Expenses Incurred	2007 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

Please enclose copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	Grade	2008 Qualified Expenses



General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$1,600 or more in 2008? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Federal income tax withheld

Advance earned income credit (EIC) payments

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

Table with 2 columns: 2008 Amount, 2007 Amount. Rows correspond to Social Security, Medicare, and Income Taxes items.

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Table with 2 columns: 2008 Amount, 2007 Amount. Row for Total cash wages subject to FUTA tax.

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2009

Table with 5 columns: Name of State, State Reporting Number, Taxable Wages, Contribution Paid to Unemployment Fund, X, 2007 Amount.



Refund Application:

If you have an overpayment of 2008 taxes, do you want the excess:

Refunded Yes No
 Applied to your 2009 estimated tax liability Yes No

Federal Estimated Tax Payments:

2008 1st Quarter Estimate (Due 04-15-2008)
 2008 2nd Quarter Estimate (Due 06-16-2008)
 2008 3rd Quarter Estimate (Due 09-15-2008)
 2008 4th Quarter Estimate (Due 01-15-2009)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2007 overpayment applied to 2008 estimate

Tax Planning Information for Tax Year 2009:

Do you expect any of the following to occur in 2009?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, please provide details.



State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2008 1st Quarter Estimate		
2008 2nd Quarter Estimate		
2008 3rd Quarter Estimate		
2008 4th Quarter Estimate		

2007 overpayment applied to 2008 estimate

Balance of prior year(s)' tax paid in 2008 plus
amount paid with 2007 extensions

Estimated tax payments for 2007 paid in 2008

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2008 1st Quarter Estimate		
2008 2nd Quarter Estimate		
2008 3rd Quarter Estimate		
2008 4th Quarter Estimate		

2007 overpayment applied to 2008 estimate

Balance of prior year(s)' tax paid in 2008 plus
amount paid with 2007 extensions

Estimated tax payments for 2007 paid in 2008

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2008 1st Quarter Estimate		
2008 2nd Quarter Estimate		
2008 3rd Quarter Estimate		
2008 4th Quarter Estimate		

2007 overpayment applied to 2008 estimate

Balance of prior year(s)' tax paid in 2008 plus
amount paid with 2007 extensions

Estimated tax payments for 2007 paid in 2008



2007

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3					1	2	3	1	2	3	4	5	6	7
7	8	9	10	11	12	13	4	5	6	7	8	9	10	4	5	6	7	8	9	10	8	9	10	11	12	13	14
14	15	16	17	18	19	20	11	12	13	14	15	16	17	11	12	13	14	15	16	17	15	16	17	18	19	20	21
21	22	23	24	25	26	27	18	19	20	21	22	23	24	18	19	20	21	22	23	24	22	23	24	25	26	27	28
28	29	30	31				25	26	27	28				25	26	27	28	29	30	31	29	30					

MAY							JUNE							JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5					1	2	1	2	3	4	5	6	7				1	2	3	4	
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11
13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31					26	27	28	29	30	31	

SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
						1			1	2	3	4	5	6						1	2	3							1
2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8		
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15		
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22		
23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	23	24	25	26	27	28	29			
30														30							30	31							

2008

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5					1	2						1				1	2	3	4	5	
6	7	8	9	10	11	12	3	4	5	6	7	8	9	2	3	4	5	6	7	8	6	7	8	9	10	11	12
13	14	15	16	17	18	19	10	11	12	13	14	15	16	9	10	11	12	13	14	15	13	14	15	16	17	18	19
20	21	22	23	24	25	26	17	18	19	20	21	22	23	16	17	18	19	20	21	22	20	21	22	23	24	25	26
27	28	29	30	31			24	25	26	27	28	29	23	24	25	26	27	28	29	27	28	29	30				
														30	31												

MAY							JUNE							JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7					1	2	3
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23
25	26	27	28	29	30	31	29	30						27	28	29	30	31			24	25	26	27	28	29	30
																					31						

SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
		1	2	3	4	5	6				1	2	3	4						1				1	2	3	4	5	6
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13		
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20		
21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27		
28	29	30					26	27	28	29	30	31	23	24	25	26	27	28	29	28	29	30	31						
														30															

2009

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7				1	2	3	4
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14	5	6	7	8	9	10	11
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21	12	13	14	15	16	17	18
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28	19	20	21	22	23	24	25
25	26	27	28	29	30	31								29	30	31					26	27	28	29	30		

MAY							JUNE							JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7					1	2	3
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31	23	24	25	26	27	28	29	
31																					30	31					

SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
		1	2	3	4	5				1	2	3	4	1	2	3	4	5	6	7				1	2	3	4	5
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	
27	28	29	30				25	26	27	28	29	30	31	29	30						27	28	29	30	31			



NOTE: Only complete Forms 34 and/or 35 if in 2008:

- You made gifts of cash or marketable securities to an individual that exceeded \$12,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, please include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, please provide details below.

If your most recent gift tax return was not prepared by us, please include a copy.

For gifts other than cash, please include a copy of any appraisal(s) of assets.

If no appraisal is available, please describe how the value was determined.

For each gift made outright to an individual during the year, please provide the following information:

Gift 1:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$12,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash			
Value of assets gifted if other than cash			

Gift 2:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$12,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash			
Value of assets gifted if other than cash			



NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, please provide the following information:

Name of trust receiving the gift

Name of the trustee

Address of the trustee

Trust identification number

Name of the beneficiary of the trust

Your relationship to the beneficiary
(e.g., son, granddaughter or friend)

Age of the beneficiary

Date(s) of gift(s) (Mo/Da/Yr)

Description and amount of assets gifted
(e.g., \$12,000 in cash or 500 shares of ABC stock)

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

For gifts other than cash, please include a copy of any appraisal(s) of assets. If no appraisal is available, please describe how the value was determined.

Please include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.



General Information:

Resident county _____

School district name _____

School district code number _____

Did you make out of state, Internet or catalog purchases on which no sales tax was paid? Yes No

If Yes to above, enter the number of months the taxpayer maintained a permanent place of abode in NY _____

Permanent Home Address within New York State if Different from Mailing Address:

Street _____

Apartment number _____

City _____ ZIP code _____

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in New York state for all of 2008, enter the dates you did live in New York _____

If you were not a resident of New York state for any of 2008, enter the number of days spent in the state _____

Were you a part-year resident and received New York State income during nonresidency period? Yes No

If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse _____

Did you maintain living quarters in New York state? If Yes, enter address(es) below:

Do you still maintain these living quarters in New York? Yes No

Were you a New York City resident for only part of the taxable year? Yes No

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If Yes to above, enter the dates you did live in New York City _____

Were you a Yonkers resident for only part of the taxable year? Yes No

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If Yes to above, enter the dates you did live in Yonkers _____

Did you live in a nursing home during 2008? Yes No

Did you reside in public housing or other residence completely exempted from real property taxes in 2008? Yes No

Voluntary Gifts/Contributions:

Enter the amount you wish to contribute on your 2008 tax return to:

- Return a Gift to Wildlife _____
- Missing/Exploited Children Fund _____
- Breast Cancer Research Fund _____
- Olympic Fund (\$2 or \$4 if filing jointly) _____
- Alzheimer's Fund _____
- Prostate Cancer Research Fund _____
- WTC Memorial Fund _____
