

TAX YEAR 2008

The 2008 Tax Organizer will assist you in collecting and reporting information necessary to properly prepare your 2008 personal income tax return. Please complete the organizer sections as appropriate and provide supporting documentation where necessary. If I prepared your prior year's return, the prior year data is included on the organizer sections for your reference. Feel free to add information as necessary

Below is a list of items that you should use as references while completing this organizer. Please attach a copy of each reference you have used:

- A copy of your 2007 tax return, if not prepared by me
- Form(s) W-2 (wages, salaries, tips, gambling income, etc.)
- Form(s) 1099 (interest, dividends, etc.)
- Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)
- Form(s) 1098 (mortgage interest) and property tax statements
- Brokerage statements from stock, bond or other investment transactions
- Closing statements pertaining to real estate transactions
- All other supporting documents (medical bills, charitable contributions, schedules, checkbooks, etc.)
- Any tax notices received from the IRS or other taxing authorities

Thank you for taking the time to complete the organizer, and please feel free to call or email me if you have any questions.

Sincerely,



Johnene K Marcum
Certified Public Accountant

2008	1040	US	Client Information	1
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Tax Return Appointment

Date:
 Time:
 Location:

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

CLIENT INFORMATION

Filing Status	Filing status (table)		<p style="text-align: center;">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse		
	Year spouse died, if qualifying widow(er) (2006 or 2007)		
Taxpayer	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Spouse	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Address	In care of		
	Street address		
	Apartment number		
	City		
	State		
Foreign Address	Region		
	Postal code		
	Country		

Please add, change or delete information for 2008.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	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.		

Please add, change or delete information for 2008.

DEPENDENTS

	Dependent	Dependent	
First name			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
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	Earned Income Credit 1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled age 19 or older 4 = Force 5 = Suppress
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			
	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			

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.

PERSONAL INFORMATION

- | 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 for 2008? |

DEPENDENTS

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2008, with with interest and dividend income in excess of \$900, or total investment income in excess of \$1,800? |

INCOME

- | | | |
|--------------------------|--------------------------|---|
| <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 have any foreign income or pay any foreign taxes? |

PURCHASES, SALES AND DEBT

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2009? |
| <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? |

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Miscellaneous Questions

- 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?

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, 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)?

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Miscellaneous Questions

- 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?
- Was your home rented out or used for business?
- Did you make contributions to a health savings account (HSA) this year?
- Did you incur moving expenses due to a change of employment?
- Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
- 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	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)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

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

GAMBLING WINNINGS (W-2G) (13.2)

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

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

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

10, 13.1, 13.2

2008	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2008 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

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

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, state, ZIP code, if different from Form 1040	
Employer identification number	
Other accounting method	

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

INCOME

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

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year		

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

EXPENSES

	2008 Amount	2007 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (75%)		
Uniforms		
Utilities		
Wages		

Other expenses:

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

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

PRIOR YEAR INSTALLMENT SALE

		2008 Amount	2007 Amount
No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

2008	1040	US	Sale of Home & Moving Expenses	17, 27
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If you sold your home or moved in 2008, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)	
Date acquired (m/d/y)	
Date sold (m/d/y) (Box 1)	
Sales price (Box 2)	
1=sale of home	
1=owned and used property as main home for at least 2 of 5 years before sale	
1=business use in year of sale	

Adjusted Basis

Original cost	
Improvements:	

Adjusted basis	

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

Total expenses of sale	

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) ..	
1=sale due to change in health, employment or unforeseen circumstances	
Days used as main home - taxpayer	
Days used as main home - spouse	
Days property owned - taxpayer	
Days property owned - spouse	

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

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

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

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

GENERAL INFORMATION

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

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

INCOME

	2008 Amount	2007 Amount
Rents received (Form 1099-MISC, box 1)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Royalties received (Form 1099-MISC, box 2)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

DIRECT EXPENSES

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

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

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

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2008 Amount	2007 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

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

INDIRECT EXPENSES

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

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		

Other:

2008	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2008 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

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

S CORPORATION INFORMATION (20.2)

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

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

GENERAL INFORMATION

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

AUTOMOBILE MILEAGE

Total mileage		
Business mileage (1/1/08 - 6/30/08)		
Business mileage (7/1/08 - 12/31/08)		
Commuting mileage		
Average daily round-trip commute		

ACTUAL EXPENSES

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

Please enter all pertinent 2008 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2008 Amount	TS	2007 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. long-term care & amts. paid w/pre-tax dollars)			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven (1/1/08 - 6/30/08)			
Medical miles driven (7/1/08 - 12/31/08)			
Other medical and dental expenses:			

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

State income taxes - 1/08 payment on 2007 state estimate			
State income taxes - paid with 2007 state extension			
State income taxes - paid with 2007 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/08 payment on 2007 city/local estimate			
City/local income taxes - paid with 2007 city/local extension			
City/local income taxes - paid with 2007 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes			
Use taxes paid on 2008 purchases			
Use taxes paid with 2007 state return			
Taxes paid on vehicles, boats, and aircraft			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment			
Personal property taxes (including automobile fees in some states. Provide a copy of tax notice)			
Foreign income taxes			
Other taxes:			

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

INTEREST PAID

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

2008 Amount	TS	2007 Amount

Home mortgage interest not reported on Form 1098:

Payee's name	_____
Payee's SSN or FEIN	_____
Payee's street address	_____
Payee's city, state, ZIP	_____
Amount paid	_____

Points not reported on Form 1098:

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

Investment interest (interest on margin accounts):

Passive interest

Certain home mortgage interest included above (6251)

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Contributions above made for Midwestern disaster relief

Volunteer expenses (out-of-pocket)

Number of charitable miles

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

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

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

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

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

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

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

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues			
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Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):	2008 Amount	TS	2007 Amount

Tax return preparation fee			
Safe deposit box rental			

Please enter all pertinent 2008 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2008 . . .				
Employer-provided benefits forfeited in 2008				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

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

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

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

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

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

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

Please complete the information below if you paid qualified education expenses in 2008 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.
Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

		2008 Amount	2007 Amount	
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*				
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*				
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*				
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*				
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
	Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere)			
Amount of prior year refund or assistance*				

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

