2008 1040 US Topical Index

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Series: Topical Index

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ephone nume number: nail address This tax orgation RMATION	Coast Hwy 2nd Fl 265 hber: (310) 589-2101 310-589-2701 : nizer will assist you in gatherin your 2008 tax return. Please er	Date: Time: Location: ug information necessary for the preparation nter all pertinent 2008 information.
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800	1040	US	Tax Organizer		
		governm	ase enter all pertinent 2008 info ent form for an item, check the	rmation. If you have attached box and do not enter a 2008	d amount.
	GES, SALA oyer name:	RIES AND	TIPS	2008 Amount	2007 Amount
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	Form 1099-G	- State tax re	efunds	Attach Forms 1099	
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	Taxpayer: A	Alimony recei	ved		
Other	-	=	ed		
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ORGANIZER Page 2008 1040 US Tax Organizer RETIREMENT PLAN CONTRIBUTIONS 2008 Amount 2007 Amount Taxpayer: Traditional IRA contributions (1=maximum)..... Self-employed health insurance premiums..... Traditional IRA contributions (1=maximum)..... Spouse: Self-employed health insurance premiums..... OTHER GOVERNMENT FORMS - DEDUCTIONS Attach Forms 1098 ADJUSTMENTS TO INCOME Taxpayer: Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum). Educator expenses Expenses from rental of personal property..... Other adjustments to income: Spouse: Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum). Expenses from rental of personal property..... Other adjustments to income: Alimony paid - Recipient name & SSN . MEDICAL AND DENTAL EXPENSES Doctors, dentists and nurses. Insurance premiums..... Insurance reimbursement Out-of-pocket lodging and transportation expenses. Number of medical miles (1/1/08 - 6/30/08)..... Number of medical miles (7/1/08 - 12/31/08)..... Other: TAXES PAID State income taxes - 1/08 payment on 2007 state estimate..... State income taxes - paid with 2007 state return.....

ORGANIZER 1040 US Tax Organizer 2008 TAXES PAID (continued) 2008 Amount 2007 Amount City/local income taxes - 1/08 payment on 2007 city/local estimate..... State and local sales taxes..... Sales taxes paid on vehicles, boats, and aircraft..... Real estate taxes - principal residence..... Attach Tax Notice Personal property taxes (including automobile fees in some states) . . . **INTEREST PAID** Home mortgage interest and points paid: Attach Forms 1098 Home mortgage interest not on Form 1098 (include name, SSN, & address of payee): Points not reported on Form 1098: Mortgage insurance premiums on post 12/31/06 contracts Investment interest (interest on margin accounts): **CASH CONTRIBUTIONS** NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s). Volunteer expenses (out-of-pocket). NONCASH CONTRIBUTIONS NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied. MISCELLANEOUS DEDUCTIONS Union and professional dues..... Estate tax, section 691(c)..... Unreimbursed employee expenses: Other:

2008 1040 US Client Information (continued) 1 p2

Please add, change or delete information for 2008.

CLIENT INFORMATION

	Home phone
	Work phone
_	Work extension
Taxpayer Contact	Daytime phone (table)
Information	Mobile phone
	Pager number
	Fax number
	E-mail address
	Home phone
	Work phone
	Work extension
Spouse Contact	Daytime phone (table)
Information	Mobile phone
	Pager number
	Fax number
	E-mail address

Daytime Phone

- 1 = Work
- 2 = Home
- 3 = Mobile

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Dependents

2

Please add, change or delete information for 2008.

DEPENDENTS

	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	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			
Claimed by: 1=taxpayer, 2=spouse	Dependent	Dependent	
First name	Берепцепт	Dependent	
		CWP.	
Last name	- 15		
Title/suffix.	- INE		
Date of birth (m/d/y).	DE H	+	
Social security number	KV.	+	
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			

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

Earned Income Credit

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

Did anyone owe you money which had become uncollectible?

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.	2008	1040	US	Miscellaneous Questions (continued)					
Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you transfer or rollover any amount from one retirement plan to another retirement plan? Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA? EDUCATION Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? ITEMIZED DEDUCTIONS Did you incur a loss because of damaged or stolen property? Did you use your car on the job (other than to end from yours): 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)? MISCELLANEOUS Do you expect your 2009 taxable income and withholdings to be different from 2008? MISCELLANEOUS Do you want to electronically file your tax return? 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.		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.							
Did you transfer or rollover any amount from one retirement plan to another retirement plan? Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA? EDUCATION Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? ITEMIZED DEDUCTIONS Did you incur a loss because of damaged or stolen property? Did you work out of town for part of the year? Did you use your car on the job (other than to and from work). ESTIMATED TAXES Did you apply an overpayment of 2007 taxes to your 2008 estimated tax (instead of being refunded)? If you have an overpayment of 2008 taxes, do you want the excess applied to your 2009 estimated tax (instead of being refunded)? Do you expect your 2009 taxable income and withholdings to be different from 2008? MISCELLANEOUS Do you want to electronically file your tax return? Do you want to allocate \$3 to the Presidential Election Campaign Fund? 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.	YES	NO 🔲							
Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA? EDUCATION Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? ITEMIZED DEDUCTIONS Did you incur a loss because of damaged or stolen property? Did you work out of town for part of the year? Did you use your car on the job (other than to and from work). ESTIMATED TAXES Did you apply an overpayment of 2007 taxes to your 2008 estimated tax (instead of being refunded)? If you have an overpayment of 2008 taxes, do you want the excess applied to your 2009 estimated tax (instead of being refunded)? Do you expect your 2009 taxable income and withholdings to be different from 2008? MISCELLANEOUS Do you want to electronically file your tax return? Do you want to allocate \$3 to the Presidential Election Campaign Fund? 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.			Did you m	nake a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?					
EDUCATION Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? ITEMIZED DEDUCTIONS Did you incur a loss because of damaged or stolen property? Did you work out of town for part of the year? Did you use your car on the job (other than to and from work). ESTIMATED TAXES Did you apply an overpayment of 2007 taxes to your 2008 estimated tax (instead of being refunded)? If you have an overpayment of 2008 taxes, do you want the excess applied to your 2009 estimated tax (instead of being refunded)? Do you expect your 2009 taxable income and withholdings to be different from 2008? MISCELLANEOUS Do you want to electronically file your tax return? Do you want to allocate \$3 to the Presidential Election Campaign Fund? 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			Did you tr	ransfer or rollover any amount from one retirement plan to another retirement plan?					
Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? ITEMIZED DEDUCTIONS Did you incur a loss because of damaged or stolen property? Did you work out of town for part of the year? Did you use your car on the job (other than to and from work)? ESTIMATED TAXES Did you apply an overpayment of 2007 taxes to your 2008 estimated tax (instead of being refunded)? If you have an overpayment of 2008 taxes, do you want the excess applied to your 2009 estimated tax (instead of being refunded)? Do you expect your 2009 taxable income and withholdings to be different from 2008? MISCELLANEOUS Do you want to 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 Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank Did you have an interest in or signature or other authority over a financial account in a foreign country or such as a bank Did you have an interest in or signature or other authority over a financial account in a foreign country or other authority over a financial account in a foreign country or			Did you c	onvert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?					
Did you incur a loss because of damaged or stolen property? Did you work out of town for part of the year? Did you use your car on the job (other than to and from work)? ESTIMATED TAXES Did you apply an overpayment of 2007 taxes to your 2008 estimated tax (instead of being refunded)? If you have an overpayment of 2008 taxes, do you want the excess applied to your 2009 estimated tax (instead of being refunded)? Do you expect your 2009 taxable income and withholdings to be different from 2008? MISCELLANEOUS Do you want to electronically file your tax return? Do you want to allocate \$3 to the Presidential Election Campaign Fund? 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			Did you re	eceive a distribution from an Education Savings Account or a Qualified Tuition Program? your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or					
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If you have an overpayment of 2008 taxes, do you want the excess applied to your 2009 estimated tax (instead of being refunded)? Do you expect your 2009 taxable income and withholdings to be different from 2008? MISCELLANEOUS Do you want to electronically file your tax return? Do you want to allocate \$3 to the Presidential Election Campaign Fund? Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? May the IRS discuss your tax return with your preparer? Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank			Did you u	Did you use your car on the job (other than to and from work)?					
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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			Do you w	ant to allocate \$3 to the Presidential Election Campaign Fund?					
Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank			Does you	r spouse want to allocate \$3 to the Presidential Election Campaign Fund?					
			May the I	RS discuss your tax return with your preparer?					

2008	1040	US	Miscellaneous Questions (continued)							
		l	·							
	If ar	ny of the fo appr	llowing items pertain to you or your spouse for 2008, please check the opriate box and provide additional information if necessary.							
YES	NO		MISCELLANEOUS (continued) Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?							
		Was your	home rented out or used for business?							
			or someone on your behalf, including your employer) make contributions to a health savings account (HSA) or, did you receive a HSA distribution or acquire an interest in an HSA due to the death of the account y?							
		Medicare	ave a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Advantage MSA because of the death of the account holder? Or, were you a policyholder who received under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life policy?							
		Did you ir	ncur moving expenses due to a change of employment?							
		Did you e	ngage the services of any household employees?							
		Were you	notified or audited by either the Internal Revenue Service or the State taxing agency?							
		Did you o	r your spouse make any gifts to an individual that total more than \$12,000, or any gifts to a trust?							
		Were you Midwest f	or was any of your property located in a federally declared disaster area, such as those affected by the looding or Hurricanes Gustav or Ike?							

ORGANIZER Page 12 1040 US Miscellaneous Questions 2008 If any of the following items pertain to you or your spouse for 2008, please check the appropriate box and provide additional information if necessary. YES NO Did your marital status change during the year? Did your address change during the year? Could you be claimed as a dependent on another person's tax return? Were there any changes in dependents? Did you receive unreported tip income of \$20 or more in any month? Did you receive any disability income? Did you buy or sell any stocks, bonds or other investment property? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you purchase a new hybrid vehicle in 2008? Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? Did you transfer or rollover any amount from one retirement plan to anothe Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? Did you incur a loss because of damaged or stolen property? Did you use your car on the job (other than to and from work)? Do you want to electronically file your tax return? May the IRS discuss your tax return with your preparer? Was your home rented out or used for business? Were you notified or audited by either the IRS or the State taxing agency? Did you receive the Economic Stimulus Payment (rebate) in 2008?

ORGANIZER 2008 1040 US Direct Deposit & Estimates (Form 1040 ES) 3, 6 Please enter all pertinent 2008 information. STIMULUS PAYMENT / DIRECT DEPOSIT OF REFUND / ELECTRONIC PAYMENT (3) Stimulus payment received from IRS..... 1=direct deposit of federal tax refund into bank account..... 1=electronic payment of balance due..... 1=electronic payment of estimated tax..... BANK INFORMATION Percent to Type of Type of Deposit Account Invest. Name of Bank **Routing Number** Account Number (Table 2) (xx.xx)(Table 1) 2008 ESTIMATED TAX / 1040-ES (6) 2008 Federal Amount Paid Date Paid Voucher Amount Overpayment applied from 2007..... 1st quarter payment (due 4/15/08) 2nd quarter payment (due 6/16/08)...... 3rd quarter payment (due 9/15/08)...... 4th quarter payment (due 1/15/09) Additional Estimated Tax Payments Paid with extension (not later than 4/15/09) 2008 State **Amount Paid** Date Paid Voucher Amount Overpayment applied from 2007..... 1st quarter payment (due 4/15/08) 2nd quarter payment (due 6/16/08)...... 3rd quarter payment (due 9/15/08)..... 4th quarter payment (due 1/15/09) Additional Estimated Tax Payments Paid with extension (not later than 4/15/09). Type of Account Type of Investment 1 = Savings 1 = Checking or savings (default) 6 = Coverdell savings account (ESA) 2 = Checking 2 = Taxpayer's IRA (next year limits) 7 = Other3 = Spouse's IRA (next year limits) 8 = Taxpayer's IRA (current year limits) 4 = Health savings account (HSA) 9 = Spouse's IRA (current year limits) 5 = Archer MSA Hash Total 3, 6 ORGANIZER Page 14 Direct Deposit & Estimates (Form 1040 ES) (cont.) 2008 1040 US 7.1 Please enter all pertinent 2008 information. APPLICATION OF 2008 OVERPAYMENT (7.1) or applied to 2009 estimate? . . . If you have an overpayment of 2008 taxes, do you want the excess refunded?. Other (please explain): 2009 FSTIMATED TAX INFORMATION Do you expect your 2009 taxable income to be different from 2008? Yes If "yes" explain any differences in income, deductions, dependents, etc.: Hash Total 7.1

ORGANIZER Wages, Pensions, Gambling Winnings US 10, 13.1, 13.2 2008 1040 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) Tax Withheld 1=retirement Wages, Tips, plan (Box 13) Other 2007 Social No. Name of Employer (Box c) Medicare Federal State Local Compensation Wages 1=spouse Security (Box 4) (Box 19) (Box 2) (Box 17) (Box 6) (Box 1) PENSIONS, IRA DISTRIBUTIONS (13.1) Distribution code #2 Tax Withheld Distribution code #1 Value of Gross Taxable 2007 all IRAs 1=IRA/SEP/SIMPLE Distribution No. Name of Payer Amount (Box 2a) Federal State Distribution at (Box 1) (Box 4) (Box 10) 12/31/08 1=spouse NECKE GAMBLING WINNINGS (W-2G) (13.2) Tax Withheld **Gross Winnings** 2007 No. Name of Payer 1=spouse Winnings (Box 1) Federal (Box 2) State (Box 14) GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)2008 Amount 2007 Amount TS Winnings not reported on Form W-2G 10, 13.1, 13.2

						_
2008	1040	US	Interest & Dividend Income	11.	. 1:	2

Please enter all pertinent 2008 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

INTEREST INCOME (11)

				Interest Income	:	Tax-Exem	pt Interest	English	
No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds	Early Withdrawal Penalty (Box 2)	2007 Interest
						EK			
	DIVIDEND INCOME (12) Dividend Income Tax-Exempt Interest								
	Dividend Income Tax-Exempt Interest						Foreian		

			Dividend	Income		Tax-Exem	pt Interest		
Name of Payer	1=tp 2=sp	Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 6)	2007 Dividends
	Name of Payer	Name of Payer I=tp 2=sp	Name of Payer I=tp	Name of Payer Total Ordinary Dividends (Box 1a) Qualified Dividends (Box 1b)	Name of Payer Total Ordinary Dividends (Box 1a) Coualified Dividends (Box 1b) Coualified Gain Distrib. (Box 2a)	Name of Payer Total Ordinary Dividends (Box 1a)	Name of Payer Total Ordinary Dividends (Box 1a) Coualified Dividends (Box 1b) County County	Name of Payer = tp Total Ordinary Dividends (Box 1a) Total Gapital Gain Distrib. (Box 2a) U.S. Bonds (% or amt.) Municipal Mu	Name of Payer = tp 2

2008	1040	US	Miscellaneous Income	14.1

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

MISCELLANEOUS INCOME	2008	Amount	2007 Amount		
	Taxpayer	Spouse	Taxpayer	Spouse	
Social security benefits (SSA-1099, box 5)					
Medicare premiums paid (SSA-1099)					
Tier 1 RR retirement benefits (RRB-1099, box 5)					
1=lump-sum election for SS benefits					
Alimony received					
Taxable scholarships and fellowships					
Jury duty pay					
Household employee income not on W-2					
Excess minister's allowance					
Alaska permanent fund dividends					
Income from rental of personal property					
Income subject to S/E tax:					
Other income (1099-MISC, box 3)					
		O ·			
	CINE	'			
TAX WITHHELD (not entered elsewhere)					
Federal income tax withheld					
State income tax withheld.					
Local income tax withheld.					
Local mosmo tax withhold		1			

ORGANIZER Page 18 State & Local Tax Refunds / Unemployment Compensation 2008 1040 US 14.2 Please add, change or delete 2008 information as appropriate. Be sure to attach all 1099-G forms. STATE AND LOCAL TAX REFUNDS / **UNEMPLOYMENT COMPENSATION (Form 1099-G)** 2008 1099-G Amount Name of payer..... 1=spouse..... Unemployment compensation: Total received (Box 1)..... 2008 Overpayment repaid..... State and local refunds: State and local income tax refund, credit or offsets (Box 2) No. Tax year for box 2 if not 2007 (Box 3)..... Federal income tax withheld (Box 4)..... Taxable grants: Federal taxable amount (Box 6) State taxable amount, if different Agriculture payments: Agriculture payments (Box 7)..... Number of farm..... 1=box 2 is trade or business income (Box 8)..... State income tax withheld..... Name of payer..... IECKE Unemployment compensation: Total received (Box 1)..... 2008 Overpayment repaid..... State and local refunds: State and local income tax refund, credit or offsets (Box 2) 1=city or local income tax refund Tax year for box 2 if not 2007 (Box 3)..... No. Federal income tax withheld (Box 4)..... Taxable grants: State taxable amount, if different Agriculture payments: Agriculture payments (Box 7)..... Number of farm..... 1=box 2 is trade or business income (Box 8) State income tax withheld.....

Page 19 ORGANIZER

2008	1040	US	Education Distributions (ESA's and OTP's)	14	1.3

Please enter all nertinent 2008 amounts and attach all 1099-O forms

SA'S A	ND QTP'S (Form 1099-Q)	2008 Amount	2007 Amount
	Name of payer	2000 / 11110 01111	
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits).		
	Form 1099-Q:		
	Gross distributions (Box 1)		
No.	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2008 contributions to this ESA		
	Value of this account at 12/31/08 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/07.		
	Dasis III tilis ESA ds 01 12/31/07.		
	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)	CR	
	Elementary & secondary education (net of nontaxable benefits).		
	Form 1099-Q: Gross distributions (Box 1)		
	Gross distributions (Box 1)		
No.	Earnings (Box 2)		
	Earnings (Box 2)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2008 contributions to this ESA		
	Value of this account at 12/31/08 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/07.		
	Name of payer		+
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits).		
	Form 1099-Q:		
	Gross distributions (Box 1)		
No.	Earnings (Box 2).		
	Basis (Box 3).		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2008 contributions to this ESA		
	Value of this account at 12/31/08 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/07.		İ

80									 		Page
	1040	US	Bus	iness	s Incom	e (Sche	dule C)		No.	16
	Please e	nter all pe	ertinent	2008 ar	mounts. L	ast year's	amounts	are provi	ded for yo	our reference	e.
GEN	NERAL IN	IFORMA	TION								
Princip	pal business/ _[profession									
	pal business										
	ess name, if o ess address, i										
-	state, ZIP cod										
	yer identifica accounting m										
Other	accounting in	ictriou			L						
	inting method										
	tory method: inge of invent										
•	use, 2=joint .										
	t Schedule C 2 earnings as								-		
	subject to se										
	not "materiall										
	sonal services										
	ister's Sched										
	gle member li	mited liability	y company								
INC	OME							2008 Amount		2007 Am	ount
	receipts or sand allowa						→ W				
	income:	11065				U Z		-			
_											
						AN					
-				F	E						
- -				F	E						
- - -				F	E						
- - - -				F	ZEI						
- - - - -				Y	REI						
	ST OF GO	OODS SO	OLD	Y	ZEI						
	ST OF GO			F	SEI.						
Invent Purcha	tory at beginn	ing of the ye	ear								
Invent Purcha Cost o	tory at beginn	ing of the ye	ar								
Invent Purcha Cost o Cost o Materi	tory at beginn ases	ing of the ye	ear								
Invent Purcha Cost o Cost o Materi	tory at beginn ases	ing of the ye	ear								
Invent Purcha Cost o Cost o Materi	tory at beginn ases	ing of the ye	ear								
Invent Purcha Cost o Cost o Materi	tory at beginn ases	ing of the ye	ear								
Invent Purcha Cost o Cost o Materi	tory at beginn ases	ing of the ye	ear								
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Invent Purcha Cost o Cost o Materi	tory at beginn ases	ing of the ye	ear								

JRGANIZER					Page ZI
2008	1040	US	Business Income (Schedule C) (cont.)	No.	16 p2

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		
· · ·		
nsurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
lanitorial		
aundry and cleaning		
egal 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.	•	
Faxes - real estate	•	
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)	•	
Telephone		
Tools		
Fravel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (75%)		
Jniforms		
Jtilities		
Vages		
5		•
Other expenses:		
		+

2008 | 1040 | US | Capital Gains & Losses (Schedule D)

17

If you sold any stocks, bonds, or other investment property in 2008, please list the pertinent information for each sale below or provide a spreadsheet file with this information.

Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity (Box 5)	Description of Property (Box 7)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
				-1	FR			
				EC1				
			EIL					
			1	ı	l	l		17

	Description or Date acquired Date sold (m. Gross profit r Current year) Description or Date acquired Date sold (m. Gross profit r Current year) Description or Date acquired Date sold (m. Gross profit r Current year) Description or Date acquired Date sold (m. Gross profit r Current year) Description or Date acquired Date sold (m. Gross profit r Current year) Description or Date acquired Date sold (m. Gross profit r Current year)	pertinent 2008 amounts. Last year's ALLMENT SALE of property od (m/d/y) oratio (.xxxx) principal payments (-1 if none). of property od (m/d/y) oratio (.xxxx) principal payments (-1 if none). of property od (m/d/y) od (m/d/y) of property od (m/d/y) oratio (.xxxx) principal payments (-1 if none). of property od (m/d/y) of property od (m/d/y) of property od (m/d/y) of property od (m/d/y) oratio (.xxxx) principal payments (-1 if none).	amounts are provided and a second a second and a second a	Š	Prence.
No	Description of Date acquired Date sold (m. Gross profit in Current year) Description of Date acquired Date sold (m. Gross profit in Current year) Description of Date acquired Date sold (m. Gross profit in Current year) Description of Date acquired Date sold (m. Gross profit in Current year) Description of Date acquired Date sold (m.	of property of (m/d/y) of/d/y) ratio (.xxxx) principal payments (-1 if none) of property of (m/d/y) of/d/y) ratio (.xxxx) principal payments (-1 if none) of property of (m/d/y) of (m/d/y) of property of (m/d/y) of (m/d/y) of (m/d/y) of (m/d/y) of (xxxxx) of property of (m/d/y) of (m/d/y) of (m/d/y) of (xxxxx) of property of (m/d/y) of (m/d/y) of (m/d/y) of (m/d/y) of (m/d/y) of (xxxxx) of property of (m/d/y)	2008 Amount	2007	7 Amount
No	Date acquired Date sold (m. Gross profit r Current year Description of Date acquired Date sold (m. Gross profit r Current year Description of Date acquired Date sold (m. Gross profit r Current year Description of Date acquired Date sold (m. Gross profit r Current year Description of Date acquired Date sold (m. Date sold (m. Date sold (m.	ad (m/d/y). aratio (.xxxx) principal payments (-1 if none). of property. ad (m/d/y). aratio (.xxxx) principal payments (-1 if none). of property. ad (m/d/y). aratio (.xxxx) principal payments (-1 if none). of property. ad (m/d/y). aratio (.xxxx) principal payments (-1 if none).			
No	Date sold (m. Gross profit r Current year Description o Date acquired Date sold (m. Gross profit r Current year Description o Date acquired Date sold (m. Gross profit r Current year Description o Date acquired Date sold (m. Gross profit r Current year) Description o Date acquired Date sold (m. Date sold (n/d/y). ratio (.xxxx) principal payments (-1 if none). of property. d (m/d/y). ratio (.xxxx) principal payments (-1 if none). of property. d (m/d/y). ratio (.xxxx) principal payments (-1 if none).			
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No.	Description of Date acquired Date sold (m. Gross profit recurrent year) Description of Date acquired Date sold (m. Gross profit recurrent year) Description of Date acquired Date sold (m. Gross profit recurrent year) Description of Date acquired Date sold (m. Date sold (m. Date sold (m. Date acquired Date sold (m. Date acquired Date sold (m. Date s	of property of (m/d/y) ratio (.xxxx) principal payments (-1 if none) of property of (m/d/y) ratio (.xxxx) principal payments (-1 if none) of property of (m/d/y) ratio (.xxxx) principal payments (-1 if none) of property of (m/d/y) ratio (.xxxx) ratio (.xxxx)	KER		
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No.	Date sold (m. Gross profit r Current year Description o Date acquired Date sold (m. Gross profit r Current year Description o Date acquired Date sold (m.	oratio (.xxxx)	SKER		
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	Date acquired Date sold (m.	.d (m/d/y)	CKER		
	Date sold (m.	n/d/y)	CKr.		
No		ratio (.xxxx)	<u> </u>		
No		principal payments (-1 if none).			
No	Current year	DE			
No	Description	of property			
No.	•	d (m/d/y).			
	- 1	ı/d/y)			
	Gross profit r	ratio (.xxxx)			
	Current year	principal payments (-1 if none)			
	Description of	of property			
		d (m/d/y)			
No.	_	/d/y)			
		ratio (.xxxx)			
	Current year	principal payments (-1 if none)			
	Description o	of property			
	Description 0	d (m/d/y).			
No.	·	· · · · · · · · · · · · · · · · · · ·			
<u></u>	Date acquire	/d/y)			
	Date acquired Date sold (m. Gross profit r				

Page 24

2008	1040	US	Sale of Home & Moving Expenses	17 2	27

old.

For the sale of home, please provide Form 1099-S and closing state the purchase and sale of your home.	
SALE OF HOME (17)	
escription of property (Box 3)	
ate acquired (m/d/y).	
ate sold (m/d/y) (Box 1)	
ales price (Box 2).	
=sale of home	
owned and used property as main home for at least 2 of 5 years before sale	
=business use in year of sale.	
djusted Basis	
riginal cost.	• • • •
nprovements:	
	-
	-
	-
Adjusted basis	-
Adjusted basis	• • •
xpenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)	_
	-
otal expenses of sale.	
reduced Exclusion lease complete the following information if due to a change in health, place of employment, or unforseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May	n circumstances you either:
deduced Exclusion lease complete the following information if due to a change in health, place of employment, or unforseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y	7 6, <mark>1997.</mark>
Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May	/ 6, 1997. /)
Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y	/ 6, 1997. /)
Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y=sale due to change in health, employment or unforseen circumstances	(6, 1997. ()
Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y=sale due to change in health, employment or unforseen circumstances	(6, 1997.)
Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y=sale due to change in health, employment or unforseen circumstances)
Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y=sale due to change in health, employment or unforseen circumstances. ays used as main home - taxpayer. ays used as main home - spouse. ays property owned - taxpayer.)
Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y=sale due to change in health, employment or unforseen circumstances ays used as main home - taxpayer. ays used as main home - spouse. ays property owned - taxpayer. ays property owned - spouse. AOVING EXPENSES (27) (If you moved because of a change in the location of your job)	(6, 1997.))
Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y=sale due to change in health, employment or unforseen circumstances	(6, 1997.))
Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y=sale due to change in health, employment or unforseen circumstances ays used as main home - taxpayer. ays used as main home - spouse. ays property owned - taxpayer ays property owned - spouse. AOVING EXPENSES (27) (If you moved because of a change in the location of your job) =spouse, 2=joint	(6, 1997.))
Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y=sale due to change in health, employment or unforseen circumstances. ays used as main home - taxpayer. ays used as main home - spouse. ays property owned - taxpayer ays property owned - spouse. MOVING EXPENSES (27) (If you moved because of a change in the location of your job) =spouse, 2=joint. =armed forces move due to permanent change of station illes from old home to new work place.	(6, 1997.
Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y=sale due to change in health, employment or unforseen circumstances. ays used as main home - taxpayer. ays used as main home - spouse. ays property owned - taxpayer. ays property owned - spouse. MOVING EXPENSES (27) (If you moved because of a change in the location of your job) =spouse, 2=joint. =armed forces move due to permanent change of station iles from old home to new work place.	(6, 1997.))
Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y=sale due to change in health, employment or unforseen circumstances ays used as main home - taxpayer. ays used as main home - spouse. ays property owned - taxpayer ays property owned - spouse. AOVING EXPENSES (27) (If you moved because of a change in the location of your job) espouse, 2=joint earmed forces move due to permanent change of station liles from old home to new work place. iles from old home to old work place. expenses for transportation and storage of household goods and personal effects	(6, 1997.))
Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/yesale due to change in health, employment or unforseen circumstances ays used as main home - taxpayer. ays used as main home - spouse. ays property owned - taxpayer ays property owned - spouse. AOVING EXPENSES (27) (If you moved because of a change in the location of your job) espouse, 2=joint earmed forces move due to permanent change of station illes from old home to new work place. illes from old home to old work place. interpretation and storage of household goods and personal effects odging and travel (excluding meals):	(6, 1997.))
Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y = sale due to change in health, employment or unforseen circumstances as used as main home - taxpayer. ays used as main home - spouse. ays property owned - taxpayer as property owned - spouse. AOVING EXPENSES (27) (If you moved because of a change in the location of your job) = spouse, 2 = joint = armed forces move due to permanent change of station illes from old home to new work place. illes from old home to new work place. illes from old home to old work place. xpenses for transportation and storage of household goods and personal effects odging and travel (excluding automobile).	
Did not meet the ownership and use tests *, or Di Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y=sale due to change in health, employment or unforseen circumstances as used as main home - taxpayer. ays used as main home - spouse. ays property owned - taxpayer asys property owned - spouse. ACOVING EXPENSES (27) (If you moved because of a change in the location of your job) espouse, 2=joint earmed forces move due to permanent change of station liles from old home to new work place. illes from old home to old work place. illes from old home to old work place. ixpenses for transportation and storage of household goods and personal effects odging and travel (excluding meals): Lodging and travel (excluding automobile). Parking fees and tolls.	(6, 1997.))
Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y=sale due to change in health, employment or unforseen circumstances ays used as main home - taxpayer. ays used as main home - spouse. ays property owned - taxpayer ays property owned - spouse. AOVING EXPENSES (27) (If you moved because of a change in the location of your job) espouse, 2=joint earmed forces move due to permanent change of station illes from old home to new work place. illes from old home to new work place. xpenses for transportation and storage of household goods and personal effects obdging and travel (excluding meals): Lodging and travel (excluding automobile). Parking fees and tolls. Gas and oil	(6, 1997.))
Did not meet the ownership and use tests *, or Di Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y=sale due to change in health, employment or unforseen circumstances as used as main home - taxpayer. ays used as main home - spouse. ays property owned - taxpayer asys property owned - spouse. ACOVING EXPENSES (27) (If you moved because of a change in the location of your job) espouse, 2=joint earmed forces move due to permanent change of station liles from old home to new work place. illes from old home to old work place. illes from old home to old work place. ixpenses for transportation and storage of household goods and personal effects odging and travel (excluding meals): Lodging and travel (excluding automobile). Parking fees and tolls.	

17, 27

ORGANIZER 2008 1040 US Rental & Royalty Income (Schedule E) No. 18 Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. **GENERAL INFORMATION** Kind of property..... Location of property..... Percentage of ownership if not 100% (.xxxx)..... Percentage of tenant occupancy if not 100% (.xxxx)..... 1=spouse, 2=joint 1=nonpassive activity, 2=passive royalty..... 1=did not actively participate..... 1=real estate professional..... 1=rental other than real estate..... INCOME 2008 Amount 2007 Amount Rents received (Form 1099-MISC, box 1)..... Royalties received (Form 1099-MISC, box 2)..... DIRECT EXPENSES NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies. Auto and travel (not entered elsewhere) Legal and professional fees..... Miscellaneous Mortgage interest (paid to banks, etc.)..... Excess mortgage interest Other interest (not entered elsewhere)..... Painting and decorating..... Taxes - other (not entered elsewhere) Telephone..... Wages and salaries.... Other: NOTE: If you purchased or disposed of any business assets, please complete Sheet 22. 18

ORGANIZER Page 26

800	1040	US	Rental & Royalty Income	e (Sch. E) (cont.)	No.	18 p2
Plea e:	se enter al xpense col	l pertinent lumn shoul	2008 amounts. Last year's amoun Id only be used for vacation homes	ts are provided for your re s or less than 100% tenant	ference. The i occupied ren	ndirect tals.
OII	AND GA	S				
				2008 Amount	2007 Amo	ount
	·	•	ly)			
	•					
Perce	ntage depletion	on rate or amo	ount			
State	cost depletion	n, if different (-1 if none)			
State	% depletion r	ate or amount	, if different (-1 if none)			
VAC	CATION F	HOME				
Numb	er of days rer	nted at fair ma	rket value			
	-					
			al method elected)			
	_	•				
IND	IRECT EX	KPENSES				
NOTE	: Indirect exp These inclu	enses are rela de repairs, ins	ated to operating or maintaining the dwelling surance, and utilities.	unit.		
Adver	tising					
Assoc	iation dues					
Auto a	and travel (no	t entered else	where)			
Clean	ing and maint	enance				
Comm	nissions					
Garde	nina				1	
	o .					
Legal	and profession	nal fees			1	
J						
14000				<i>J</i> •		
Misce	llaneous		etc.)			
Morta	age interest (i	paid to banks.	etc.)		1	
Qualif	ied mortgage	insurance pre	emiums			
		•				
	0 0		here)		1	
	•	•			1	
					1	
-						
Taxes	- other (not e	entered elsewh	nere)			
			· · · · · · · · · · · · · · · · · · ·			
Wage	s and salaries	S				
Other						
•						
•						
•						
•						
			_		<u> </u>	
			_			
•						

ORGANIZER 2008 1040 US Farm Income (Schedule F/Form 4835) No. 19 Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. **GENERAL INFORMATION** Employer ID number..... 1=did not "materially participate" (Schedule F only)..... 1=did not actively participate (Form 4835 only)..... 1=real estate professional (Form 4835 only)..... % of ownership if not 100% (.xxxx) (Form 4835 only)..... **FARM INCOME** Cash method: 2008 Amount 2007 Amount Cost or basis of livestock, etc. bought for resale Accrual method: NECKE Inventory of livestock, etc. at beginning of year..... Inventory of livestock, etc. at end of year..... Other farm income: Total cooperative distributions..... Total agricultural program payments..... Commodity credit loans reported under election..... Total commodity credit loans forfeited or repaid..... Total crop insurance proceeds received in 2008..... Taxable crop insurance proceeds deferred from 2007..... Other income: 19

80	1040	US	Farm Income (Sch. F/Fori	m 1835) (cont.)	No.	19
	1040	03	Farm income (Sch. F/Fon	11 4033) (COIII.)	140.	19
	D.I.					
			rtinent 2008 amounts. Last year's ar	nounts are provided for	your reference.	
	RM EXPE		-	2008 Amount	2007 Amou	unt
	-		ered elsewhere)			
	•					
	•	,				
		· ·				
	•					
•	•	•				
Insura	ance (other the	an health)				
Mortg	jage interest (j	paid to banks	s, etc.)			
Other	interest (not	entered elsev	vhere)			
Labor	hired					
Pensi	ion and profit :	sharing - con	tributions			
		٠.	- admin. and education costs			
		-	equipment (not entered elsewhere)			
•						
	-	-				
	-			10		
	•	•				
			ine			
Other	expenses:	_				
	скрепаса.					
			CINE			
			REINE			
			REINE			
			REINE			
	expenses.		REINE			
			REINE			
			REINE			
	CAPCITSCS.		REINE			
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			REINE			
			REINE			
			REINE			
			REIN			
PDI		CTIVE PE	ERIOD EXPENSES (also enter above)			

ORGANIZER Partnership and S corporation Information US 2008 1040 Please add, change or delete 2008 information as appropriate. Be sure to attach all Schedule K-1s. PARTNERSHIP INFORMATION (20.1) Employer Identification Tax Shelter Additional Amounts Registration Invested in No. Name of Partnership Number Number Partnership S CORPORATION INFORMATION (20.2) Tax Shelter Registration Additional Amounts Invested in No. Number S corporation

DRGA	ANIZER					Page 30
20	800	1040	US	Estate or Trust and R	EMIC Information	20.3,20.4
	ESTA	TE OD T		ease add, change or delete 2008 Be sure to attach all Schedule	information as appropriate. K-1s and Schedule Qs.	
	ESIA	TE OR I	RUSTIN	FORMATION (20.3)		
No.			Nan	ne of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number
					WER	
	REMI	C INFOR	MATION	(20.4)	CKER	
No.				Name of REMIC		Employer Identification Number
					<u> </u>	
						20.3,20.4

ORGANIZER				Page 31
2008	1040	US	Asset Disposition List	22

If you disposed of any business assets in 2008, please enter date sold, sales price, and expenses of sale. For real estate transactions, be sure to attach all 1099-S forms and closing statements.

lo.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale
			NE	R		
		EINE	611			
	R					

Page 32 ORGANIZER Asset Acquisition List US 2008 1040 22 p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2008, please enter all pertinent information below.

		1							
		Polatod	Prep	arer Use	Only		Cost	Preparer U	se Only
No.	Description of Property	Related Business or Activity	Form	No. of Form	Category	Date Placed in Service	or Basis	Current Section 179	Method
				~V		K			
		-11	E	61					
		REIN							
								2:	2 p2
									F

RGANIZER			<u> </u>			Page 3
2008	1040	US	Vehicle Expenses		No.	22 p3
CEN	Please e NERAL IN	•	rtinent 2008 amounts. Last year's ar	mounts are provided for	your reference) .
Descri 1=no 1=no 1=veh 1=no 1=veh	iption of vehic evidence to s written evider iicle is availat other vehicle iicle used prin	cleupport your d ace to support alle for off-duty is available fo marily by more	eduction your deduction personal use than 5% owner ired a vehicle (if not 12 months)	2008 Amount	2007 Amo	ount
AUT	OMOBIL	E MILEA	GE			
Busine Busine Comm	ess mileage (ess mileage (nuting mileage	1/1/08 - 6/30/ 7/1/08 - 12/31	08) /08)			
АСТ	TUAL EXI	PENSES				
Gasol Repai Tires. Insura Misce Auto I Perso Intere Vehicl Inclus	ine, lube, oil. rs	than persona axes (based of for Schedule e payments . enter as positi	portion only). I property taxes). on car's value). C, E & F) ve). cle on Form W-2 (2106).	KER		

RGANIZER				Page
2008	1040	US	Adjustments to Income	24
		·	nent 2008 information. Last year's amounts are provided for you	r reference. 2007 Amount
TRAI	DITIONAL	- IRA COI	ITRIBUTIONS Taxpayer Spouse Taxpayer	
(1=max Contribu 1=cover	imum) (\$5,000 utions made to red by plan, 2	o date =not covered .	ct to make or older)	
ROTI	HIRA CO	NTRIBUT	IONS	
make (1	=maximum) (s you made o (\$5,000/\$6,000 o date	if 50 or older)	
SEP,	SIMPLE	AND QUA	LIFIED PLANS (KEOGH)	
		.25) contributi ake (1=maxim		
made o	r expect to ma	•	utions you	
Self-em made o Plan co Individual	ployed SEP (; r expect to ma ntribution rate 401k: SE elective	25%/1.25) corake (1=maxim if not .25 (.xx deferrals (exceptated Roth contribu	ributions you (m)	
Self mad Em 1=n	f-employed SI de or expect to ployer matchin onelective con	MPLE contributed make (1=macong rate if not antributions (2%) and attentions (2%) and attentions (2%) and attentions (2%) and attentions (2%).	ximum)	
ADJU	JSTMEN1	rs to inc	COME	
Self-em	ployed health	insurance:		
Tota	al premiums (excluding long	term care)	

Total premiums (excluding long-term care)		
Long-term care premiums		
Student loan interest paid (1098-E, box 1)		
Educator expenses (kindergarten thru grade 12)		
Jury duty pay given to employer		
Expenses from rental of personal property		
Other adjustments to income:		
Alimony paid: <u>Taxpayer</u>	Spouse	

2007 amt:

2007 amt:		

Recipient's first name.... Recipient's last name Recipient's SSN.....

Amount paid.....

ORGANIZER Page 35

2008 1040 US Itemized Deductions 25

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

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			
Ooctors, dentists and nurses.			
lospitals and nursing homes		\perp	
nsurance premiums not entered elsewhere (excl. long-term care & amts. paid w/pre-tax dollars).			
ong-term care premiums - taxpayer		-+	
.ong-term care premiums - spouse.			
nsurance reimbursement (enter as a positive number)			
odging and transportation:			
Out-of-pocket expenses			
Medical miles driven (7/1/08 - 0/30/06)			
Other medical and dental expenses:			
The state of the s			
State income taxes - paid with 2007 state return			
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 on yehicles hoats and aircraft			
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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. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local return. City/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. C			
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. 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 on vehicles, boats, and aircraft. COTHER TAXES PAID Real estate taxes - principal residence: Coresponding to the property held for investment according to the property taxes (including automobile fees in some states. Provide a copy of tax notice). Foreign income taxes.			

ORGANIZER

1040 US Itemized Deductions (continued) 2008 25 p2 Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. **INTEREST PAID** Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098: 2008 Amount 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): 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 v from the donee, showing the name of the organization, contribution date(s), and contribution amount(s). maintains a bank record, or a written communication Churches, schools, hospitals, and other charitable organizations (50% limitation): Contributions by cash or check: Volunteer expenses (out-of-pocket)..... 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)..... Midwestern disaster relief miles (5/2/08 - 6/30/08)

25 p2

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

Itemized Deductions (continued) US 2008 1040 25 p3

Please enter all	nortinont 2000	amaunta	1 00+ 1	100rlo	amaiinta	oro	nravidad	forvi	SLIP PC	forono
Piease emer an	Delinieni zuus	amounis.	า สรา ง	veal S	amounis	are	DEOVIGEO	1() V() (П	aerence.

NONCASH CONTRIBUTIONS

NOTE:	Use Sheet 26 if total	noncash contributions a	re over \$500.	No deduction	is allowed for	contributions	s of clothing	and household	items
	that are not in good	used condition or better.	In addition.	a deduction for	r anv item wit	h minimal mo	onetary valŭe	may be denied	d.

% limitation (see above):	2008 Amount	TS	2007 Amount
s limitation (see above):			
% capital gain property (gifts of capital gain property to 50% limit orgs.):		-1-1	
-			
	_		
% capital gain property (gifts of capital gain property to non-50% limit or	·gs.):		
	_		
	enses):		
	enses):		
her unreimbursed employee expenses (uniforms and protective clothing, of protective clothing, of essional subscriptions, employment agency fees, and certain edu. exp	ienses):		
her unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. exp	ienses):		
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her unreimbursed employee expenses (uniforms and protective clothing, of protective clothing, of the protection of the p	enses):		
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ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. exp	ienses):		
ther unreimbursed employee expenses (uniforms and protective clothing, rofessional subscriptions, employment agency fees, and certain edu. exp	ienses):		
ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses			
vestment expense: westment expense:			
her unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense: Value			
her unreimbursed employee expenses (uniforms and protective clothing, of protection of the protection			
vestment expense: vestment expense: vestment expense: ax return preparation fee. afe deposit box rental secllaneous deductions (2% AGI) (certain legal and accounting fees,			
vestment expense: vestment expense: vestment expense: ax return preparation fee. afe deposit box rental secllaneous deductions (2% AGI) (certain legal and accounting fees,			
her unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. expenses vestment expense: Value			
ther unreimbursed employee expenses (uniforms and protective clothing, ofessional subscriptions, employment agency fees, and certain edu. exp			

2008	1040	US	Itemized Deductions (continued)	25	р4

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

THER MISCELLANEOUS DEDUCTIONS	2008 Amount	TS	2007 Amount
tate tax, section 691(c)			
her miscellaneous deductions:			
SINA			
061			

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1040 US Noncash Contributions (Form 8283) 2008

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

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

DONATEL	PROPERTY INFORMATION
No.	Name of charitable organization (donee). Street address. City, state, ZIP code. 1=spouse, 2=joint. Property description Date of contribution (m/d/y) *. Date acquired by donor (m/y) *. How acquired by donor (Table 1 or describe). Donor's cost or basis. Fair market value. Method used to determine FMV (Table 2 or describe)
No.	Name of charitable organization (donee). Street address. City, state, ZIP code. 1=spouse, 2=joint. Property description. Date of contribution (m/d/y) * Date acquired by donor (m/y) * How acquired by donor (Table 1 or describe). Donor's cost or basis Fair market value. Method used to determine FMV (Table 2 or describe).
No.	Name of charitable organization (donee). Street address. City, state, ZIP code. 1=spouse, 2=joint. Property description. Date of contribution (m/d/y) *. Date acquired by donor (m/y) *. How acquired by donor (Table 1 or describe). Donor's cost or basis. Fair market value. Method used to determine FMV (Table 2 or describe).
	1 How Property was Acquired 2 Method Used to Determine EMV

How Property was Acquired

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

Method Used to Determine FMV

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

For other methods, see IRS Pub. 561.

26

26

ORGANIZER 2008 1040 US Business Use of Home (Form 8829) No. 29 Please enter 2008 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only. BUSINESS USE OF HOME 2008 Amount 2007 Amount Number of form (e.g., enter 2 for Schedule C number 2)..... Business use area (square footage)..... % (.xx) or amount of gross income from home if not 100% (-1 if none)..... % (.xx) or amount of expenses from home if not 100% (-1 if none)..... INDIRECT EXPENSES NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home. Mortgage interest Real estate taxes..... Insurance..... Repairs and maintenance Excess mortgage interest Other indirect expenses: DIRECT EXPENSES NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business. Mortgage interest..... Real estate taxes..... Excess mortgage interest Other direct expenses:

ORGANIZER US Employee/Vehicle Bus. Exp. (Form 2106) 2008 1040 No. 30 Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. **GENERAL INFORMATION** Occupation, if different from Form 1040..... Number of form (1=first Schedule C, 2=second, etc.).... 1=spouse..... 1=performance artist, 2=handicapped, 3=fee-basis government official..... **EMPLOYEE BUSINESS EXPENSES** 2008 Amount 2007 Amount Meal and entertainment expenses..... 1=Department of Transportation (75% meal allowance)..... Local transportation (bus, taxi, train, etc.)..... Travel expenses while away from home overnight..... Reimbursements not included on Form W-2, box 1..... Other business expenses: REINECKE 30

800	1040	US	Vehicle Expenses (Form	2106) (cont.)	No.	30 p2
	Please e	nter all per	tinent 2008 amounts. Last year's a	mounts are provided for	your reference	
VEH	IICLE INF	FORMATI	ON	2008 Amount	2007 Amo	unt
1=veh 1=no 1=no	icle is availab other vehicle i evidence to si	ole for off-duty is available fo upport your de	than 5% owner personal use r personal use eduction your deduction.	2000 Amount	2007 AIII0	unt
VEH	IICLE 1					
Date protection of the parties of th	blaced in serving mileage	ice (m/d/y) 1/1/08 - 6/30/0 7/1/08 - 12/31 d-trip commut of vehicle bus oils (business) oil ther than pers rty taxes (bas an) (for Sched lease paymer nt (enter as p	onal property taxes) ed on car's value) ulle C, E & F). its. ositive) vehicle on Form W-2 (2106)			
VEH	IICLE 2					
Date p Total I Busine Comm Avera Numb Parkir Actua Gi Ri In	mileage	ice (m/d/y)	onal property taxes)			
Pe In Ve In	ersonal prope terest (car loa ehicle rent or clusion amou	rty taxes (bas an) (for Sched lease paymer nt (enter as p	ed on car's value) ule C, E and F). ositive) vehicle on Form W-2 (2106)			

ORGANIZER US 2008 1040 Foreign Income Exclusion (Form 2555) No. 31.1 Please enter all pertinent 2008 information. **GENERAL INFORMATION** Foreign address of taxpayer, if different from Form 1040: Street address.... Employer: U.S. state..... Foreign street address Foreign region..... Foreign postal code..... Foreign country..... Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other. Type of exclusion revoked if revoked in earlier year (if applicable): Country of citizenship..... City and country of separate foreign residence if maintained due to adverse living conditions (if applicable): Tax homes(s) during tax year:

Page 45 ORGANIZER Foreign Income Exclusion (Form 2555) US 2008 1040 No. 31.2

Please enter all pertinent 2008 amounts and attach all W-2 forms, or other wage statements

	2008 Amount	2007 Amount
Name or number		
I = spouse		_
=retirement plan (Box 13)		
Wages, tips, other compensation (Box 1)		
Federal income tax withheld (Box 2).		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)		
State income tax withheld (Box 17)		
Local income tax withheld (Box 19).		
FOREIGN ALLOWANCES, REIMBURSEMENTS A	ND OTHER FARNED IN	COME
Noncash Income	THE CHILD III	OOME
Home (lodging)		
Meals		
Car		
Other properties or facilities:		1
	_	
Allowances and Reimbursements Cost of living and overseas differential diamily ducation lome leave		
Quarters		
Ouarters Other purposes: Meals and lodging provided for the convenience of the		
Ouarters Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
Ouarters Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
Ouarters Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
Ouarters Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
Allowances and Reimbursements Cost of living and overseas differential Family Education Home leave Quarters Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119) Other Foreign Earned Income		
Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119) Other Foreign Earned Income		
Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119) Other Foreign Earned Income		

31.2

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

HSA CONTRIBUTIONS

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

	2008 A	mount	2007 A	mount
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).				
Contributions included above that were made after you became eligible for medicare				
Contributions made to date				
HSA DISTRIBUTIONS Total HSA distribution received (1099-SA, box 1)				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				
R	EINE	CKER		

32.1

2008	1040	US	Child and Depe	endent Care	Expenses (For	m 2441)	33.1,33.			
Please paid	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.									
DEF	DEPENDENT CARE EXPENSES (33.1) 2008 Amount Taxpayer Spouse 2007 Amount Taxpayer Spouse									
-		-	ed but not paid in 2008ted in 2008	Тахрауеі	Spouse	Тахрауеі	Spouse			
PER	RSONS A	AND EXPE	NSES QUALIFYIN	G FOR DEPEN	IDENT CARE CRE	EDIT				
No. [La Di So Q in 1=	ast name	/y) mber ent care expenses in 2008			2007 amt:				
	Fi	rst name								
No.	La Da So	ast named ate of birth (m/d ocial security nu	/y)mber							
	in 1=	curred and paid =disabled	ent care expenses in 2008		KER	2007 amt:				
No.	La Da	rst name	RE	WEO						
	in 1=	curred and paid =disabled	ent care expenses in 2008			2007 amt:				
DEC	_	•	NIZATIONS PROV		2 2)					
No.	Ni Si Ci	ame of provider. treet address ity, state, ZIP co	ode	DING CARE (C	13.2)					
	Aı	mount paid to ca	are provider in 2008			2007 amt:				
No.	St Ci	treet address ity, state, ZIP co	ode.							
	Aı	mount paid to ca	are provider in 2008			2007 amt:				

33.1,33.2

CHILDREN	Qualified Adoption Expense inent 2008 information. Last year's amo		your reference.
CHILDREN		·	
First name		2008 Amount	2007 Amount
			ZOUI MINUUIIL
Identification nun Date of birth (m/o 1=born before 19 1=special needs 1=foreign child 1=adoption was r Oualified Adoption Expenses Paid in	nber d/y). 91 and was disabled child. not final in 2008. 7 for adoption not finalized by end of 2008. -2001 for adoption of foreign child finalized in 2008. 7 and 2008 for adoption finalized in 2008. 8 for adoption finalized before 2008.		
Last name Identification nun Date of birth (m/c 1=born before 19 1=special needs 1=foreign child 1=adoption was r Qualified Adoption Expenses Paid in Output Dentification 1997 200 200 200	nber d/y). 91 and was disabled child. not final in 2008. 7 for adoption not finalized by end of 20082001 for adoption of foreign child finalized in 2008. 7 and 2008 for adoption finalized in 2008. 8 for adoption finalized before 2008.	(ER	
Last name Identification nun Date of birth (m/c 1=born before 19 1=special needs 1=foreign child 1=adoption was r Qualified Adoption Expenses Paid in Output Description Expenses Paid in Output Description Expenses Paid in Output Description Descri	nber		
	1=special needs of 1=foreign child 1=adoption was reconstruction of 1=special needs of 200 and 20	1=special needs child. 1=adoption was not final in 2008. Qualified Adoption Expenses Paid in 1=spouse, 2=joint. Pirst name. Last name. Identification number. Date of birth (m/d/y). 1=sporion was not final in 2008. Qualified Adoption of foreign child finalized in 2008. 2008 for adoption finalized before 2008. 1=spouse, 2=joint. Pirst name. Identification number. Date of birth (m/d/y). 1=born before 1991 and was disabled. 1=special needs child. 1=adoption was not final in 2008. Qualified Adoption Expenses Paid in 1=spouse, 2=joint. 2007 for adoption of foreign child finalized in 2008. 2008 for adoption finalized before 2008. 1=spouse, 2=joint. 2008 for adoption finalized before 2008. 1=spouse, 2=joint. 2007 and 2008 for adoption finalized before 2008. 1=spouse, 2=joint. 2008 for adoption finalized before 2008. 1=spouse, 2=joint. 2007 and 2008 for adoption finalized before 2008. 2009 for adoption foreign child finalized before 2008. 2009 for adoption foreign child finalized before 2008. 2009 for adoption foreign child finalized in 2008.	1=special needs child.

, CO, UNIZETO	_			1490
2008	1040	US	Education Credits / Tuition Deduction	38

Please complete the information below if you paid qualified education expenses in 2008 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.

Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

			2008 Amount	2007 Amount
		1=taxpayer, 2=spouse		
	Student	First name		
	Info.	Last name		
No.		Social security number		
	1=hope cred	it, 2=lifetime learning credit		
	Qualified tuit (net of refun	ion and fees paid in 2008 d or assistance and not entered elsewhere)		
	Amount of p	rior year refund or assistance*		
				_
		1=taxpayer, 2=spouse		
	Student	First name		
	Info.	Last name		
No.		Social security number		
140.	1-hone cred	it, 2=lifetime learning credit		
		· ·		
	Qualified tuit	ion and fees paid in 2008 d or assistance and not entered elsewhere)		
	`	rior year refund or assistance*		
		1=taxpayer, 2=spouse		
	Ctudent	First name	10	
	Student Info.	Last name.		
No		Social security number		
No	1	it, 2=lifetime learning credit		
	'			
	Qualified tuit	ion and fees paid in 2008 d or assistance and not entered elsewhere)		
	Amount of p	rior year refund or assistance*		
	1	1		
		1=taxpayer, 2=spouse		
	Student	First name		
<u> </u>	Info.	Last name		
No.		Social security number		
	1=hope cred	it, 2=lifetime learning credit		
	Qualified tuit	ion and fees paid in 2008		
	`	d or assistance and not entered elsewhere)		
	Amount of p	rior year refund or assistance*		
	+	·		
		1=taxpayer, 2=spouse		
	Student	First name		
	Info.	Last name		
No.		Social security number		
	1=hope cred	it, 2=lifetime learning credit		
		ion and fees paid in 2008 d or assistance and not entered elsewhere)		
	1,	rior year refund or assistance*		
	MINOUIL OF P	noi yeai retuttu oi assistance		

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

2008	1040	US	Household Employment Taxes (Schedule H)	4	12

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

HOUSEHOLD EMPLOYMENT TAXES

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

· · · · · · · · · · · · · · · · · · ·		
Employer identification number		
1=spouse, 2=joint		
Social security, Medicare and income taxes:	2008 Amount	2007 Amount
1=paid any one employee cash wages of \$1,500 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Advance earned income credit payments		
Taxes withheld from state disability payments.		
Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008.		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/09		
1=all wages taxable for FUTA were also taxable for state unemployment.		
Name of state		
State reporting number		
Contributions paid to state unemployment fund		
State reporting number. Contributions paid to state unemployment fund.		

ORGANIZER 2008 1040 US Parent's Election to Report Child's Inc. 44 Please enter all pertinent 2008 amounts & attach all 1099-INT and 1099-DIV forms. Last year's amounts are provided for your reference. CHILD'S INFORMATION First name..... Last name..... Social security number..... Date of birth (m/d/y)..... 1=nontaxable to federal..... 1=nontaxable to state..... INTEREST INCOME (Form 1099-INT) Banks, credit unions, etc. (Box 1): 2008 Amount 2007 Amount U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): Tax-exempt interest: Total municipal bonds..... In-state municipal bonds..... Adjustments: Tax-exempt interest (1099-INT in error)..... OID adjustment..... Foreign: Name of foreign country..... 1=grantor/transferor or received distribution from foreign trus Post 8/7/86 private activity bond interest (included above) (6251) **DIVIDEND INCOME (Form 1099-DIV)** Total ordinary dividends (Box 1a): Qualified dividends (Box 1b)..... Total capital gain distributions (Box 2a): Unrecaptured section 1250 gain (Box 2b)..... Section 1202 gain (Box 2c)..... Collectibles (28%) gain (Box 2d) Nontaxable distributions (Box 3)..... Tax-exempt interest: Total municipal bonds..... In-state municipal bonds..... Nominee distributions: Ordinary dividends..... Capital gain distributions..... Alaska permanent fund dividends included above

2008 1040 US Topical Index

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Series: Topical Index

ORGANIZER				Page 54
2008	1040	US	Tax Organizer	
	28925 F Malibu, Telepho Fax nur	Pacific Coa CA 90265 one numbe	ker, Acctcy Corp est Hwy 2nd Fl er: (310) 589-2101 310-589-2701	Tax Return Appointment Date: Time: Location:
			er will assist you in gather ur 2008 tax return. Please	ing information necessary for the preparation enter all pertinent 2008 information.
CLIENT	INFORMA	TION	Taxpayer	Spouse
First name ar Last name Title/suffix Social securit Occupation Date of birth Date of death 1=blind Home phone Work phone Work extension Cell phone E-mail addres	ty number (m/d/y) n (m/d/y) on	In care of Street addres		
Addı	ress	Apartment nu City State ZIP code	DEI	
DEPENI	DENTS		Dependent No.	Dependent No.
First name Last name Title/suffix Date of birth Social securit Relationship. Months lived	(m/d/y) ty number		Dependent No.	Dependent No.
First name Last name	(m/d/y)ty number		Dependent No.	Dependent No.

ORGANIZER Page 55 2008 1040 US Tax Organizer Please enter all pertinent 2008 information. If you have attached a government form for an item, check the box and do not enter a 2008 amount. WAGES, SALARIES AND TIPS Employer name: 2008 Amount 2007 Amount Attach Forms W-2 INTEREST INCOME Paver name: Attach Forms 1099-INT DIVIDEND INCOME Payer name: Attach Forms 1099-DIV NECKE PENSIONS, IRA AND GAMBLING INCOME Payer name: Attach Forms 1099-R & W-2G Winnings not reported on W-2G..... Total gambling losses OTHER GOVERNMENT FORMS - INCOME Form 1099-B - Sales of stock (also include transaction history). Attach Forms 1099 Form 1099-S - Sales of real estate (also include closing statements). Attach Forms 1099 Form 1099-G - State tax refunds..... Taxpayer: Form SSA-1099 - Social security benefits..... Attach Forms 1099 Form 1099-G - Unemployment compensation..... Spouse: Form SSA-1099 - Social security benefits..... Attach Forms 1099 MISCELLANEOUS INCOME Spouse: Alimony received..... Other: _

ORGANIZER 2008 1040 US Tax Organizer RETIREMENT PLAN CONTRIBUTIONS 2008 Amount 2007 Amount Taxpayer: Traditional IRA contributions (1=maximum)..... Self-employed health insurance premiums..... Traditional IRA contributions (1=maximum)..... Spouse: Self-employed health insurance premiums..... OTHER GOVERNMENT FORMS - DEDUCTIONS Attach Forms 1098 ADJUSTMENTS TO INCOME Taxpayer: Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum). Educator expenses Expenses from rental of personal property..... Other adjustments to income: Spouse: Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum). Expenses from rental of personal property..... Other adjustments to income: Alimony paid - Recipient name & SSN . MEDICAL AND DENTAL EXPENSES Doctors, dentists and nurses. Insurance premiums..... Insurance reimbursement Out-of-pocket lodging and transportation expenses. Number of medical miles (1/1/08 - 6/30/08)..... Number of medical miles (7/1/08 - 12/31/08)..... Other: TAXES PAID State income taxes - 1/08 payment on 2007 state estimate..... State income taxes - paid with 2007 state return.....

ORGANIZER 1040 US Tax Organizer 2008 TAXES PAID (continued) 2008 Amount 2007 Amount City/local income taxes - 1/08 payment on 2007 city/local estimate..... State and local sales taxes..... Sales taxes paid on vehicles, boats, and aircraft..... Real estate taxes - principal residence..... Attach Tax Notice Personal property taxes (including automobile fees in some states) . . . **INTEREST PAID** Home mortgage interest and points paid: Attach Forms 1098 Home mortgage interest not on Form 1098 (include name, SSN, & address of payee): Points not reported on Form 1098: Mortgage insurance premiums on post 12/31/06 contracts Investment interest (interest on margin accounts): **CASH CONTRIBUTIONS** NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s). Volunteer expenses (out-of-pocket). NONCASH CONTRIBUTIONS NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied. MISCELLANEOUS DEDUCTIONS Union and professional dues..... Estate tax, section 691(c)..... Unreimbursed employee expenses: Other:

Page 59 ORGANIZER Client Information (continued) US/CA 2008 1040 1 p2

Please add, change or delete information for 2008.

CLIENT INFORMATION

Home phone		
Work phone		
Work extension		
Daytime phone (table)		
Mobile phone		
Pager number		
Fax number		
E-mail address		
Home phone		
Work phone		
Work extension		
Daytime phone (table)		
Mobile phone		
Pager number		
Fax number		
E-mail address		
1=PMB no. in address		
	MR number in the "Apartment Number" field in the Address area of	
	REINECKER	
	Work phone Work extension Daytime phone (table) Mobile phone Pager number. Fax number. E-mail address Home phone Work phone Work extension Daytime phone (table) Mobile phone Pager number. Fax number. E-mail address. Registered domestic partner filling status (see table) 1=PMB no. in address NOTE: If the taxpayer's mailing below and enter the P	Work extension Daytime phone (table) Mobile phone Pager number. Fax number E-mail address. Home phone Work extension Daytime phone (table) Mobile phone Fax number Fax number Work extension Daytime phone (table) Mobile phone Pager number. Fax number Fax number I = PMB no. in address NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of

Daytime Phone

- 1 = Work
- 2 = Home
- 3 = Mobile

RDP Filing Status

- 1 = Not applicable
- 2 = Joint
- 3 = Separate

2008 1040 US Dependents

Please add, change or delete information for 2008.

DEPENDENTS

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
orannoa syr r tanpayor, z opoaca	Dependent	Dependent
First name	Беренает	Верепает
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)	SINE	
Social security number	DE.	
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
1	Dependent	Dependent
First name	Берепасти	Берепист
Last name		
Title/suffix.		
Date of birth (m/d/y).		
Social security number		
Relationship		
Manada a Barada at Islama		
Months lived at home		
Type of dependent (see table)		

Type of Dependent

2

- 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

Earned Income Credit

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

Did anyone owe you money which had become uncollectible?

ORGANIZER Page 64 1040 US Miscellaneous Questions 2008 If any of the following items pertain to you or your spouse for 2008, please check the appropriate box and provide additional information if necessary. YES NO Did your marital status change during the year? Did your address change during the year? Could you be claimed as a dependent on another person's tax return? Were there any changes in dependents? Did you receive unreported tip income of \$20 or more in any month? Did you receive any disability income? Did you buy or sell any stocks, bonds or other investment property? Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? Did you purchase a new hybrid vehicle in 2008? Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? Did you transfer or rollover any amount from one retirement plan to anothe Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? Did you incur a loss because of damaged or stolen property? Did you use your car on the job (other than to and from work)? Do you want to electronically file your tax return? May the IRS discuss your tax return with your preparer? Was your home rented out or used for business? Were you notified or audited by either the IRS or the State taxing agency? Did you receive the Economic Stimulus Payment (rebate) in 2008?

ORGANIZER US/CA 1040 Direct Deposit & Estimates (Form 1040 ES) 2008 3, 6 Please enter all pertinent 2008 information. STIMULUS PAYMENT / DIRECT DEPOSIT OF REFUND / ELECTRONIC PAYMENT (3) Stimulus payment received from IRS..... 1=direct deposit of federal tax refund into bank account 1=electronic payment of balance due..... 1=electronic payment of estimated tax..... 1=direct deposit of CA state tax refund 1=electronic payment of CA state tax balance due..... 1=electronic payment of CA estimated tax BANK INFORMATION Type of Percent to Type of Account Deposit Invest. Name of Bank $(x\dot{x}.xx)$ Routing Number Account Number (Table 1) (Table 2) 2008 ESTIMATED TAX / 1040-ES (6) Federal Amount Paid Date Paid Voucher Amount Overpayment applied from 2007..... 1st quarter payment (due 4/15/08) 2nd quarter payment (due 6/16/08)...... 3rd guarter payment (due 9/15/08)..... MECKI 4th quarter payment (due 1/15/09) Additional Estimated Tax Payments Paid with extension (not later than 4/15/09). 2008 State Amount Paid Date Paid Voucher Amount Overpayment applied from 2007. 1st quarter payment (due 4/15/08) 2nd quarter payment (due 6/16/08)...... 3rd quarter payment (due 9/15/08)...... 4th quarter payment (due 1/15/09) Additional Estimated Tax Payments Paid with extension (not later than 4/15/09). Type of Account Type of Investment 1 = Savings 1 = Checking or savings (default) 6 = Coverdell savings account (ESA) 2 = Taxpayer's IRA (next year limits) 2 = Checking 7 = Other 8 = Taxpayer's IRA (current year limits) 3 = Spouse's IRA (next year limits) 9 = Spouse's IRA (current year limits) 4 = Health savings account (HSA) 5 = Archer MSA Hash Total 3, 6

Page 66 ORGANIZER Direct Deposit & Estimates (Form 1040 ES) (cont.) 2008 1040 US 7.1 Please enter all pertinent 2008 information. APPLICATION OF 2008 OVERPAYMENT (7.1) or applied to 2009 estimate? . . . If you have an overpayment of 2008 taxes, do you want the excess refunded?. Other (please explain): 2009 FSTIMATED TAX INFORMATION Do you expect your 2009 taxable income to be different from 2008? Yes If "yes" explain any differences in income, deductions, dependents, etc.: Hash Total 7.1

ORGANIZER US/CA Wages, Pensions, Gambling Winnings 10, 13.1, 13.2 2008 1040 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) Tax Withheld 1=retirement Wages, Tips, plan (Box 13) Other 2007 Social No. Name of Employer (Box c) Medicare SDI Federal State Compensation Wages 1=spouse Security (Box 4) (Box 14) (Box 2) (Box 17) (Box 6) (Box 1) PENSIONS, IRA DISTRIBUTIONS (13.1) Distribution code #2 Tax Withheld Distribution code #1 Value of Gross Taxable 2007 all IRAs 1=IRA/SEP/SIMPLE Distribution No. Name of Payer Amount (Box 2a) Federal State Distribution at (Box 1) (Box 4) (Box 10) 12/31/08 1=spouse NECKE GAMBLING WINNINGS (W-2G) (13.2) Tax Withheld **Gross Winnings** 2007 No. Name of Payer 1=spouse Winnings (Box 1) Federal (Box 2) State (Box 14) GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)2008 Amount 2007 Amount TS Winnings not reported on Form W-2G

10, 13.1, 13.2

ORGANIZER Interest & Dividend Income 2008 1040 US 11, 12

Please enter all pertinent 2008 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

INTEREST INCOME (11)

	Name of Davis	1 taypaya		Interest Income		Tax-Exem	pt Interest	Early	
No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse		Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds	Withdrawal Penalty (Box 2)	2007 Interest
					-1/	EK			
	DIVIDEND INCOME (12) Dividend Income Tax-Exempt Interest								
			Di	vidend Income		Tax-Exem	pt Interest	Foreign	

			Dividend	Income		Tax-Exem	pt Interest		
Name of Payer	1=tp 2=sp	Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 6)	2007 Dividends
	Name of Payer	Name of Payer I=tp 2=sp	Name of Payer I=tp	Name of Payer Total Ordinary Dividends (Box 1a) Qualified Dividends (Box 1b)	Name of Payer Total Ordinary Dividends (Box 1a) Coualified Dividends (Box 1b) Coualified Gain Distrib. (Box 2a)	Name of Payer Total Ordinary Dividends (Box 1a)	Name of Payer Total Ordinary Dividends (Box 1a) Coualified Dividends (Box 1b) County County	Name of Payer = tp Total Ordinary Dividends (Box 1a) Total Gapital Gain Distrib. (Box 2a) U.S. Bonds (% or amt.) Municipal Mu	Name of Payer = tp 2

2008	1040	US	Miscellaneous Income	14	4.1

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

MISCELLANEOUS INCOME	2008 Amount		2007 Amount		
	Taxpayer	Spouse	Taxpayer	Spouse	
Social security benefits (SSA-1099, box 5)					
Medicare premiums paid (SSA-1099)					
Tier 1 RR retirement benefits (RRB-1099, box 5)					
1=lump-sum election for SS benefits					
Alimony received					
Taxable scholarships and fellowships					
Jury duty pay					
Household employee income not on W-2					
Excess minister's allowance					
Alaska permanent fund dividends					
Income from rental of personal property					
Income subject to S/E tax:					
Other income (1099-MISC, box 3)		12			
, ,					
	-11/2	<u> </u>			
	ZINZ				
TAV MITHIELD					
TAX WITHHELD (not entered elsewhere)					
Federal income tax withheld.					
State income tax withheld.					
Local income tax withheld.					
			LL		

ORGANIZER State & Local Tax Refunds / Unemployment Compensation 2008 1040 US 14.2 Please add, change or delete 2008 information as appropriate. Be sure to attach all 1099-G forms. STATE AND LOCAL TAX REFUNDS / **UNEMPLOYMENT COMPENSATION (Form 1099-G)** 2008 1099-G Amount Name of payer..... 1=spouse..... Unemployment compensation: Total received (Box 1)..... 2008 Overpayment repaid..... State and local refunds: State and local income tax refund, credit or offsets (Box 2) No. Tax year for box 2 if not 2007 (Box 3)..... Federal income tax withheld (Box 4)..... Taxable grants: Federal taxable amount (Box 6) State taxable amount, if different Agriculture payments: Agriculture payments (Box 7)..... Number of farm..... 1=box 2 is trade or business income (Box 8)..... State income tax withheld..... Name of payer..... IECKE Unemployment compensation: Total received (Box 1)..... 2008 Overpayment repaid..... State and local refunds: State and local income tax refund, credit or offsets (Box 2) 1=city or local income tax refund Tax year for box 2 if not 2007 (Box 3)..... No. Federal income tax withheld (Box 4)..... Taxable grants: State taxable amount, if different Agriculture payments: Agriculture payments (Box 7)..... Number of farm..... 1=box 2 is trade or business income (Box 8) State income tax withheld..... 14.2

Page 71 ORGANIZER

2008	1040	US	Education Distributions (ESA's and QTP's)	14.3

	Please enter all pertinent 2008 amounts and a Enter qualified education expenses below that a Last year's amounts are provided for	re not entered elsewhe	ere.
ESA'S AN	ID QTP'S (Form 1099-Q)	2008 Amount	2007 Amount
No.	Name of payer. 1=spouse. Qualified expenses: Higher education (net of nontaxable benefits). Elementary & secondary education (net of nontaxable benefits). Form 1099-Q: Gross distributions (Box 1). Earnings (Box 2). Basis (Box 3). Rollover: 1=nontaxable, 2=taxable (Box 4). Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5). ESA's only: 2008 contributions to this ESA. Value of this account at 12/31/08 (plus outstanding rollovers). Basis in this ESA as of 12/31/07.		
	1		
No.	Name of payer. 1=spouse. Qualified expenses: Higher education (net of nontaxable benefits). Elementary & secondary education (net of nontaxable benefits). Form 1099-Q: Gross distributions (Box 1). Earnings (Box 2). Basis (Box 3). Rollover: 1=nontaxable, 2=taxable (Box 4). Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5). ESA's only: 2008 contributions to this ESA. Value of this account at 12/31/08 (plus outstanding rollovers). Basis in this ESA as of 12/31/07.	FR	
No.	Name of payer. 1=spouse. Qualified expenses: Higher education (net of nontaxable benefits). Elementary & secondary education (net of nontaxable benefits). Form 1099-Q: Gross distributions (Box 1). Earnings (Box 2). Basis (Box 3). Rollover: 1=nontaxable, 2=taxable (Box 4). Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5). ESA's only: 2008 contributions to this ESA. Value of this account at 12/31/08 (plus outstanding rollovers). Basis in this ESA as of 12/31/07.		

80	1040	US/CA	Business Income (Schedule C)	No.	l 16
				·	•
	Please e	enter all per	tinent 2008 amounts. Last year's amounts are provide	ed for your referen	ce.
GEN	NERAL II	NFORMAT	TION		
Princip	pal business/	profession			
			Form 1040		
			from Form 1040.		
	-				
Other	accounting n	nethod			
Accou	inting method	l: 1=cash, 2=a	accrual		
	-		ver c/m, 3=other		
	Ü	•			
			usiness.		
			loyee		
	•		tax		
			erial income producing factor.		
			company		
	B Form 3805				
	enigible siliai	I business			
\bigcirc	ualified now k	oucinoce voor	1=1st, 2=2nd, 3=3rd		
\bigcirc	ualified now k	oucinoce voor	1 1ct 2 2nd 2 2rd		
\bigcirc	ualified now k	oucinoce voor	1 1ct 2 2nd 2 2rd	2007 Ar	mount
\bigcirc	ualified now k	oucinoce voor	1 1ct 2 2nd 2 2rd	2007 Ar	mount
\bigcirc	ualified now k	oucinoce voor	1 1ct 2 2nd 2 2rd	2007 Ar	mount
\bigcirc	ualified now k	oucinoce voor	1=1st, 2=2nd, 3=3rd	2007 Ar	mount
\bigcirc	ualified now k	oucinoce voor	1 1ct 2 2nd 2 2rd	2007 Ar	mount
\bigcirc	ualified now k	oucinoce voor	1 1ct 2 2nd 2 2rd	2007 Ar	mount
\bigcirc	ualified now k	nucinose voor	1 1ct 2 2nd 2 2rd	2007 Ar	mount
\bigcirc	ualified now k	nucinose voor	1 1ct 2 2nd 2 2rd	2007 Ar	mount
Qu Pr INCO Gross Return Other	ualified new brinciple busin OME receipts or sens and allowatincome:	ousiness year: ess code (SIC ales (Form 100 nnces	1=1st, 2=2nd, 3=3rd. 1987)	2007 Ar	mount
Ou Pr INCO Gross Return Other	ualified new brinciple busin OME receipts or sens and alloware income:	ousiness year: ess code (SIC ales (Form 100 nnces	1=1st, 2=2nd, 3=3rd. 1987)	2007 Ar	mount
Ou Pr INCO Gross Return Other	ualified new brinciple busin OME receipts or sens and allowatincome: ST OF GO tory at beginn	DODS SO	1=1st, 2=2nd, 3=3rd. 1987)	2007 Ar	mount
Ou Pr INCO Gross Return Other COS Invent Purcha	ualified new brinciple busin OME receipts or sens and allowatincome: ST OF GO tory at beginn ases	DODS SO hing of the year sersonal use	1=1st, 2=2nd, 3=3rd. 1987)	2007 Ar	mount
COS Invent Purcha Cost of	ualified new brinciple busin OME receipts or sons and allowatincome: ST OF GO tory at beginnases	DODS SO hing of the year	1=1st, 2=2nd, 3=3rd. 1987)	2007 Ar	mount
COS Invent Purcha Cost of Materi	ualified new brinciple busin OME receipts or sons and allowatincome: ST OF GO tory at beginnases	DODS SO hing of the year	1=1st, 2=2nd, 3=3rd. 1987)	2007 Ar	mount
COS Invent Purcha Cost of Materi	ualified new brinciple busin OME receipts or sens and allower income: ST OF GO tory at beginn ases	DODS SO hing of the year	1=1st, 2=2nd, 3=3rd. 1987)	2007 Ar	mount
COS Invent Purcha Cost of Materi	ualified new brinciple busin OME receipts or sens and allower income: ST OF GO tory at beginn ases	DODS SO hing of the year	1=1st, 2=2nd, 3=3rd. 1987)	2007 Ar	mount
COS Invent Purcha Cost of Materi	ualified new brinciple busin OME receipts or sens and allower income: ST OF GO tory at beginn ases	DODS SO hing of the year	1=1st, 2=2nd, 3=3rd. 1987)	2007 Ar	mount
COS Invent Purcha Cost of Materi	ualified new brinciple busin OME receipts or sens and allower income: ST OF GO tory at beginn ases	DODS SO hing of the year	1=1st, 2=2nd, 3=3rd. 1987)	2007 Ar	mount
COS Invent Purcha Cost of Materi Other	ualified new brinciple busin OME receipts or sens and allowarincome: ST OF GO tory at beginnases	DODS SO ning of the year ersonal use	1=1st, 2=2nd, 3=3rd. 1987)	2007 Ar	mount

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ORGANIZER

2008	1040	US	Business Income (Schedule C) (cont.)	No.	16 n2

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		
nsurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
lanitorial		
aundry and cleaning		
egal 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.	•	
Faxes - real estate	•	
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)	•	
Telephone		
Tools		
Fravel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (75%)		
Jniforms		
Jtilities		
Vages		
5		•
Other expenses:		
		+

2008 1040 US Capital Gains & Losses (Schedule D)

17

If you sold any stocks, bonds, or other investment property in 2008, please list the pertinent information for each sale below or provide a spreadsheet file with this information.

Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity (Box 5)	Description of Property (Box 7)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
				-1	FR			
				EC1				
			EIL					
			1	ı	l	l		17

PRIOR YEAR INSTALLMENT SALE Description of property. Date acquired (m/d/y). Date sold (m/d/y). Gross profit ratio (.xxxx) Current year principal payments (-1 if none). Description of property. Date acquired (m/d/y). Date sold (m/d/y). Date sold (m/d/y). Date sold (m/d/y). Date acquired (m/d/y). Date acquired (m/d/y). Date sold (m/d/y).	2008 10)40	US	Installment Sales (Forn	า 6252)	17 p2
Description of property. Date acquired (m/d/y). Date sold (m/d/y). Gross profit ratio (.xxxx). Current year principal payments (-1 if none). Description of property. Date acquired (m/d/y). Date sold (m/d/y). Date sold (m/d/y). Gross profit ratio (.xxxx). Current year principal payments (-1 if none).	Ple	ease e	enter all per	tinent 2008 amounts. Last year's	amounts are provided for your reference) .
Date acquired (m/d/y). Date sold (m/d/y). Gross profit ratio (.xxxx) Current year principal payments (-1 if none). Description of property. Date acquired (m/d/y). Date sold (m/d/y). Gross profit ratio (.xxxx) Current year principal payments (-1 if none). Description of property.	PRIOR Y	EAR	INSTALL	MENT SALE	2008 Amount 2007 Amou	nt
No. Date sold (m/d/y). Gross profit ratio (.xxxx) Current year principal payments (-1 if none). Description of property. Date acquired (m/d/y). Date sold (m/d/y). Gross profit ratio (.xxxx) Current year principal payments (-1 if none). Description of property.						
Current year principal payments (-1 if none). Description of property. Date acquired (m/d/y). Date sold (m/d/y). Gross profit ratio (.xxxx). Current year principal payments (-1 if none). Description of property.	No.	Dat	e sold (m/d/y).			
Description of property. Date acquired (m/d/y). Date sold (m/d/y). Gross profit ratio (.xxxx). Current year principal payments (-1 if none). Description of property.						
Date acquired (m/d/y). Date sold (m/d/y). Gross profit ratio (.xxxx). Current year principal payments (-1 if none). Description of property.		Jour	rent year print	spar paymonts (Til Hono)		
No. Date sold (m/d/y). Gross profit ratio (.xxxx). Current year principal payments (-1 if none). Description of property.		Des	scription of pro	perty		
Gross profit ratio (.xxxx)			· ·	-		
Current year principal payments (-1 if none)	No		-			
Description of property						
		Į.				
		Des	scription of pro	perty		
	<u> </u>					
No. Date sold (m/d/y)	No.					
Gross profit ratio (.xxxx)						
Current year principal payments (-1 if none)		Cur	rent year princ	cipal payments (-1 if none)		
Description of property				· -		
Date acquired (m/d/y)	<u> </u>		· ·		-KEI	
No. Date sold (m/d/y).	No		-			
Gross profit ratio (.xxxx)						
Jean-one Jea		ļou.	rent year print	RE	,	
Description of property.		Des	scription of pro	inerty		
Date acquired (m/d/y).				-		
No. Date sold (m/d/y)	No.	-1	, ,	<i>31</i>		
Gross profit ratio (.xxxx).		Gro	ss profit ratio	(.xxxx)		
Current year principal payments (-1 if none)		Cur	rent year princ	cipal payments (-1 if none)		
Description of property		Des	scription of pro	perty		
Date acquired (m/d/y)		Dat	e acquired (m.	/d/y)		
No Date sold (m/d/y)	No		-			
Gross profit ratio (.xxxx).						
Current year principal payments (-1 if none)		Cur	rent year print	cipal payments (-1 ii none).	<u> </u>	
	_	- 1				
Description of property.						
Date acquired (m/d/y).	No		· ·	-		
No. Date sold (m/d/y). Gross profit ratio (.xxxx).	INO.		_			
Current year principal payments (-1 if none)			-			
			- '		·	
17 n2						47

	<u> </u>			Page 7
2008	1040	US	Sale of Home & Moving Expenses	17, 27
	lf F	you sold y or the sale	your home or moved in 2008, please complete the information below. e of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.	
SALE	E OF HON	ЛЕ (17)		
Descrip	tion of proper	ty (Box 3)		
	, ,	,		
	. 3, .	•		
			nin home for at least 2 of 5 years before sale	
I=buSii	iess use in ye	ai oi saie		
-	ted Basis			
Original	l cost			
-	l cost			
Original	l cost			
Original	l cost			
Original Improve	I cost			
Original Improve	costements:			

Reduced Exclusion

1=spouse, 2=joint . . .

Please complete the following information if due to a change in health, place of employment, or unforseen 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). Days used as main home - taxpayer. Days used as main home - spouse. Days property owned - spouse.....

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

Miles driven to new home (1/1/08 - 6/30/08).....

1=armed forces move due to permanent change of station Miles from old home to new 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

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

Miles driven to new home (7/1/08 - 12/31/08).....

17, 27

ORGANIZER US/CA Rental & Royalty Income (Schedule E) 2008 1040 No. 18 Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. **GENERAL INFORMATION** Kind of property..... Location of property..... Percentage of ownership if not 100% (.xxxx)..... Percentage of tenant occupancy if not 100% (.xxxx)..... 1=spouse, 2=joint 1=nonpassive activity, 2=passive royalty..... 1=did not actively participate..... 1=real estate professional..... 1=rental other than real estate..... 1=single member limited liability company..... CA FTB Form 3805V: Qualified new business year: 1, 2 or 3..... Principle business code (SIC 1987)..... INCOME 2008 Amount 2007 Amount Rents received (Form 1099-MISC, box 1)..... Royalties received (form 1099-MISC, box 2)..... DIRECT EXPENSES NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies. Auto and travel (not entered elsewhere)..... Cleaning and maintenance Gardening Insurance..... Legal and professional fees..... Mortgage interest (paid to banks, etc.)..... Excess mortgage interest Other interest (not entered elsewhere)..... Painting and decorating..... Pest control. Plumbing and electrical Repairs. Telephone..... Utilities..... Wages and salaries..... Other: NOTE: If you purchased or disposed of any business assets, please complete Sheet 22. 18 ORGANIZER Page 78

800	1040	US	Rental & Royalty Income	(Sch.	E) (cont.)	No.	18 p2
Plea: ex	se enter al kpense col	l pertinent umn shoul	2008 amounts. Last year's amount ld only be used for vacation homes	s are pro or less	ovided for your re than 100% tenant	eference. The i	indirect itals.
OIL	AND GA	S		2	000 Amount	2007 Amo	ount.
Deserve	-ti t (1.3		008 Amount	2007 Amo	ount
			ly)				
	•		ount				
			-1 if none)				
	•		; if different (-1 if none)				
			, il dillerent (-1 il none)			<u> </u>	
	CATION F		r				
	-		ırket value				
Numb	er of days ow	ned (if optiona	al method elected)				
IND	IRECT EX	KPENSES					
NOTE	: Indirect exp	enses are rela	ated to operating or maintaining the dwelling usurance, and utilities.	unit.			
							1
	•						
			where)				
	•						
	=						
	5				10		
				4/1			
0				- 1			
Manag	ses and penni	11.5	. 15	,\-			
Miscol	Janoous						
Morta	naneous	noid to banks	ata)				
Ouglif	age interest (p	paid to banks,	eic.)				
Evene	s mortanan ir	toroct	etc.). emiums				
Othor	interest (not a	optored elsew	here)				
	-						
	-	-					
	=						
'							
			here)				
	•						
Other:							
-							
-							
-							
-							
-							
-							
-							
-							
-						<u> </u>	

ORGANIZER US/CA 2008 1040 Farm Income (Schedule F/Form 4835) No. 19 Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. **GENERAL INFORMATION** Employer ID number..... Agricultural activity code 1=did not "materially participate" (Schedule F only)..... 1=did not actively participate (Form 4835 only)..... 1=real estate professional (Form 4835 only)..... % of ownership if not 100% (.xxxx) (Form 4835 only)..... CA FTB Form 3805V: 1=eligible small business Qualified new business year: 1=1st, 2=2nd, 3=3rd..... Principle business code (SIC 1987).... FARM INCOME Cash method: 2007 Amount Cost or basis of livestock, etc. bought for resale..... Accrual method: Sales of livestock, produce, grains, etc. . . . Inventory of livestock, etc. at beginning of year Cost of livestock, etc. purchased Inventory of livestock, etc. at end of year..... Other farm income: Taxable agricultural program payments Commodity credit loans reported under election..... Total commodity credit loans forfeited or repaid..... Taxable commodity credit loans forfeited or repaid Total crop insurance proceeds received in 2008..... Taxable crop insurance proceeds deferred from 2007..... Custom hire (machine work) income Other income: 19

38	1040	US	Farm Income (Sch. F/Form	4835) (cont.)	No.	19
	Diagona	mtor all ma	rtipont 2000 organista. Loct voorla ama	unto are provided for	. vous sofososo	
		•	rtinent 2008 amounts. Last year's amo	unts are provided for	your reference	;.
	RM EXPE		tered elsewhere)	2008 Amount	2007 Amo	unt
		•				
	•					
	•	•				
		•				
_	-		s, etc.)			
			where)			
			utributions			
Pensi	on and profit :	sharing plans	s - admin. and education costs			
		=	equipment (not entered elsewhere)			
•	~	•				
				10		
	•	,				
11-1						
	=	g, and medic	ine			
	inary, breeding expenses:	g, and medic	ine		1	
	=	g, and medic	cine.			
	=	g, and medic	cine.			
	=	g, and medic	cine.			
	=	g, and medic	cine.			
	=	g, and medic	cine.			
	=	g, and medic	cine.			
	=	g, and medic	cine.			
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	=	g, and medic	cine.			
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	=	g, and medic	cine.			
	=	g, and medic	cine.			
	=	g, and medic	cine.			
	=	g, and medic	cine.			
Other	expenses:		ERIOD EXPENSES (also enter above)			

19 p2

ORGANIZER							Dago 91
2008	1040	US	Partnersh	ip and S corporat	ion Information		Page 81 20.1,20.2
		_		nformation as appropriat	te. Be sure to attach all \$	Schedule K	.1s.
No.	Nam	ne of Partners	hip	Employer Identification Number	Tax Shelter Registration Number	Inve	al Amounts ested in nership
					ER		
S CC)RPORAT	TION INFO	ORMATION (2	Employer Identification Number			
No.	Name	e of S corpora	tion	Employer Identification Number	Tax Shelter Registration Number	Inve	al Amounts ested in poration

20.1,20.2

ORGAN	NIZER				Page 82
20	08 1040) US	Estate or Trust and REN	AIC Information	20.3,20.4
_			lease add, change or delete 2008 in Be sure to attach all Schedule K-	formation as appropriate. 1s and Schedule Qs.	
E	STATE OF	RIRUSTI	NFORMATION (20.3)		
No.		Na	ame of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number
				. ER	
F	REMIC INF	ORMATIO	N (20.4)		
No.			Name of REMIC		Employer Identification Number
					20.3,20.4

ORGANIZER				Page 83
2008	1040	US	Asset Disposition List	22

If you disposed of any business assets in 2008, please enter date sold, sales price, and expenses of sale. For real estate transactions, be sure to attach all 1099-S forms and closing statements.

D.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale
				0		
			CKE			
	D	FINE	O '			

2008 1040 US Asset Acquisition List

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2008, please enter all pertinent information below.

		D.I.J.	Prep	parer Use	Only		Cost	Preparer U	se Only
No.	Description of Property	Related Business or Activity	Form	No. of Form	Category	Date Placed in Service	or Basis	Current Section 179	Method
						2			
			E	GY					
	,	DEI	11						
								22	2 p2

800	1040	US	Vehicle Expenses		No.	22 p3
		I	,		1	<u>.</u>
	Please e	nter all pe	ertinent 2008 amounts. Last year's	amounts are provided fo	or your reference	e.
CEN	NERAL IN	IEODMA	TION			
				2008 Amount	2007 Amo	ount
	-		deduction			
			t your deduction			
			y personal use		_	
			or personal use		_	
			e than 5% ownerured a vehicle (if not 12 months)			
		,	,	,	•	
ΑU٦	OMOBIL	E MILEA	AGE			
Total	mileage					
	•		/08)			
	_		1/08)			
			ite			
	g					
AC1	UAL EXI	PENSES				
Parkir	na fees and to	olls (business	portion only).			
•						
				1/CK		
				· N		
Auto I	icense (other	than persona	al property taxes)	J*		
Perso	nal property t	axes (based	on car's value)			
Intere	st (car loan) ((for Schedule	C, E & F)			
Inclus	ion amount (e	enter as posit	tive)			
Value	of employer-	provided veh	icle on Form W-2 (2106)			

ORGANIZER 2008 1040 US Adjustments to Income 24 Please enter all pertinent 2008 information. Last year's amounts are provided for your reference. 2008 Amount 2007 Amount TRADITIONAL IRA CONTRIBUTIONS Spouse Taxpayer **Taxpayer** Spouse IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older). . . . Contributions made to date..... 1=covered by plan, 2=not covered 2008 payments from 1/1/09 to 4/15/09..... ROTH IRA CONTRIBUTIONS Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older). Contributions made to date..... SEP, SIMPLE AND QUALIFIED PLANS (KEOGH) Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum). Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)..... Defined benefit contributions you expect to make... Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)..... Plan contribution rate if not .25 (.xxxx)...... MECK Individual 401k: SE elective deferrals (except Roth) (1=max.). . . . Individual 401k: SE designated Roth contributions (1=max.). . . . SIMPLE contributions: Self-employed SIMPLE contributions you made or expect to make (1=maximum). Employer matching rate if not .03 (.xxxx). . 1=nonelective contributions (2%)...... Contributions made to date..... ADJUSTMENTS TO INCOME Self-employed health insurance: Total premiums (excluding long-term care)..... Long-term care premiums Student loan interest paid (1098-E, box 1) Educator expenses (kindergarten thru grade 12).... Expenses from rental of personal property..... Other adjustments to income: Alimony paid: Taxpayer Recipient's first name.... Recipient's last name Recipient's SSN..... 2007 amt: 2007 amt:

24

ORGANIZER Page 87

2008 1040 US Itemized Deductions 25

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

MEDICAL AND DENTAL EXPENSES			
NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.	2008 Amount	TS	2007 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
nsurance premiums not entered elsewhere (excl. long-term care & amts. paid w/pre-tax dollars). Long-term care premiums - taxpayer			
Long-term care premiums - taxpayer			
nsurance reimbursement (enter as a positive number)			
odging 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 automates are also automates are automates are automates are also	atic.)	 	
State income taxes - 1/08 payment on 2007 state estimate.	40		
State income taxes - paid with 2007 state extension			
State income taxes and with 2007 state return	1/1/		
State income taxes - paid with 2007 state return	KEI.		
State income taxes - paid for prior years and/or to other state	KEI		
	KEI		
State income taxes - paid for prior years and/or to other state	KEI		
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			
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	KEI		
State income taxes - paid for prior years and/or to other state			
State income taxes - paid for prior years and/or to other state			
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.			
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			
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.			
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.			
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.			
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.			
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.			
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. 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. COTHER TAXES PAID Real estate taxes - principal residence:			
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. 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. COTHER TAXES PAID Real estate taxes - principal residence: CREAL ESTATES PAID Real estate taxes - property held for investment.			
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. 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. COTHER TAXES PAID Real estate taxes - principal residence:			
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. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local return. City/local return. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local return. City/local income taxes - paid with 2007 city/local extension. City/local extension. City/local income taxes - paid with 2007 city/local extension. City/local income taxes - paid with 2007 city/local extension. City/local extension. City/local income taxes - paid with 2007 city/local extension. City/local			
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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. 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 on vehicles, boats, and aircraft. COTHER TAXES PAID Real estate taxes - principal residence: Coresponding taxes (including automobile fees in some states. Provide a copy of tax notice). Coreign income taxes.			

NIZER							Page
800	1040	US	Itemized Deductions (cor	ntinued)			25 _i
INT	Please e EREST P	•	rtinent 2008 amounts. Last year's a	mounts are provided	for y	your reference	
			and points (Box 2) reported on Form 1098:	2008 Amount	TS	2007 Amo	unt
			ot reported on Form 1098:				
	Payee's nam Payee's SSN						
	Payee's stree						
	Payee's city,	state, ZIP.			1	i	
	•		0.				
Points	s not reported	on Form 109	8:				
_	=	-	n post 12/31/06 contracts (Box 4)				
Invest	tment interest	(interest on r	margin accounts):		1	1	
Passi	ve interest						
Certai	in home mort	gage interest	included above (6251)				
NOTE	: No deduction from the do	on is allowed to onee, showing	for cash or check contributions unless the don the name of the organization, contribution da	or maintains a bank record te(s), and contribution amo	, or a unt(s)	written communic	ation
		hospitals, and y cash or che	d other charitable organizations (50% limitations)	n):	-	1	
_	ontributions =	hava mada fa	ar Midweetern disactor relief				
			or Midwestern disaster relief				
	•						
			iles (5/2/08 - 6/30/08)				
IVI	idwestern dis	aster relief mi	iles (7/1/08 - 12/31/08)				
Vetera	ans' organizat	tions, fraterna	ıl societies, nonprofit cemeteries, and certain բ	orivate nonoperating founda	itions	(30% limitation):	
C	ontributions b	y cash or che	ck:		1	1	
	-		pocket)				
			iles (5/2/08 - 6/30/08)				
			iles (7/1/08 - 12/31/08)				

25 p2

ORGANIZER Page 89

2008 1040 US/CA Itemized Deductions (continued)

25 p3

NOTE: Use Sheet 26 if total noncathat are not in good used of			2000 A		2007 A
50% limitation (see above):			2008 Amount	TS	2007 Amount
30% limitation (see above):				1 1	
30% capital gain property (gifts of	capital gain property to 50%	limit orgs.):			
2004		FOO(limit areas			
20% capital gain property (gifts of	capital gain property to non-	·50% limit orgs.):			
Jnion and professional dues			KER		
Jnion and professional dues			KER		
Union and professional dues Other unreimbursed employee exporofessional subscriptions, employ			KER		
Union and professional dues Other unreimbursed employee exporofessional subscriptions, employ			KER		
Union and professional dues Other unreimbursed employee exporofessional subscriptions, employ			KER		
Union and professional dues Other unreimbursed employee exporofessional subscriptions, employ			KER		
MISCELLANEOUS DEI Union and professional dues Other unreimbursed employee exporofessional subscriptions, employ Investment expense: Tax return preparation fee Safe deposit box rental	enses (uniforms and protectment agency fees, and cert	tive clothing ain edu. expenses):	KER		
Union and professional dues	enses (uniforms and protectment agency fees, and cert	tive clothing, ain edu. expenses):	KER		
Union and professional dues Other unreimbursed employee exporofessional subscriptions, employ Investment expense: Tax return preparation fee	enses (uniforms and protectment agency fees, and cert	tive clothing, ain edu. expenses):	KER		
Union and professional dues Other unreimbursed employee exporofessional subscriptions, employ Investment expense: Tax return preparation fee	enses (uniforms and protectment agency fees, and cert	tive clothing, ain edu. expenses):	KER		
Union and professional dues Other unreimbursed employee exporofessional subscriptions, employ Investment expense: Tax return preparation fee	enses (uniforms and protectment agency fees, and cert	tive clothing, ain edu. expenses):	KER		
Union and professional dues Other unreimbursed employee exporofessional subscriptions, employ Investment expense: Tax return preparation fee	enses (uniforms and protectment agency fees, and cert	tive clothing, ain edu. expenses):	KER		
Union and professional dues Other unreimbursed employee exporofessional subscriptions, employ Investment expense: Tax return preparation fee	enses (uniforms and protectment agency fees, and cert	tive clothing, ain edu. expenses):	KER		

ORGANIZER							Page 9
2008	1040	US/CA	Itemized Deductions (co	ntinued)			25 p4
	HER MISC	CELLANE	tinent 2008 amounts. Last year's a OUS DEDUCTIONS	mounts are provide	ed for yo	our reference. 2007 Amou	
		us deductions:					

EINECKE

25	n 1

Federal only:

State only:

ORGANIZER Page 91

2008 1040 US Noncash Contributions (Form 8283)

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

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

DONATED	PROPERTY INFORMATION
No.	Name of charitable organization (donee). Street address. City, state, ZIP code. 1=spouse, 2=joint. Property description. Date of contribution (m/d/y) *. Date acquired by donor (m/y) *. How acquired by donor (Table 1 or describe). Donor's cost or basis.
	Fair market value
	Method used to determine FMV (Table 2 or describe)
	<u> </u>
	Name of charitable organization (donee) Street address City, state, ZIP code. 1=spouse, 2=joint
No.	Property description Date of contribution (m/d/y) * Date acquired by donor (m/y) * How acquired by donor (Table 1 or describe)
	Donor's cost or basis
	Name of charitable organization (donee)
	Street address
	City, state, ZIP code
	1=spouse, 2=joint
<u> </u>	Property description
No	Date of contribution (m/d/y) *
	Date acquired by donor (m/y) *
	Donor's cost or basis
	Fair market value
	Method used to determine FMV (Table 2 or describe)
	1 How Property was Acquired 2 Method Used to Determine FMV

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

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

For other methods, see IRS Pub. 561.

26

26

ORGANIZER 2008 1040 US Business Use of Home (Form 8829) No. 29 Please enter 2008 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only. BUSINESS USE OF HOME 2008 Amount 2007 Amount Number of form (e.g., enter 2 for Schedule C number 2)..... Business use area (square footage)..... % (.xx) or amount of gross income from home if not 100% (-1 if none)..... % (.xx) or amount of expenses from home if not 100% (-1 if none)..... INDIRECT EXPENSES NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home. Mortgage interest Real estate taxes..... Insurance..... Repairs and maintenance Excess mortgage interest Other indirect expenses: DIRECT EXPENSES NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business. Mortgage interest..... Real estate taxes..... Excess mortgage interest Other direct expenses:

ORGANIZER US Employee/Vehicle Bus. Exp. (Form 2106) 2008 1040 No. 30 Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. **GENERAL INFORMATION** Occupation, if different from Form 1040..... Number of form (1=first Schedule C, 2=second, etc.).... 1=spouse..... 1=performance artist, 2=handicapped, 3=fee-basis government official..... **EMPLOYEE BUSINESS EXPENSES** 2008 Amount 2007 Amount Meal and entertainment expenses..... 1=Department of Transportation (75% meal allowance)..... Local transportation (bus, taxi, train, etc.)..... Travel expenses while away from home overnight..... Reimbursements not included on Form W-2, box 1..... Other business expenses: REINECKE 30

ORGANIZER Vehicle Expenses (Form 2106) (cont.) 2008 1040 US No. 30 p2 Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. VEHICLE INFORMATION 2008 Amount 2007 Amount 1=vehicle used primarily by more than 5% owner..... 1=vehicle is available for off-duty personal use 1=no other vehicle is available for personal use..... 1=no written evidence to support your deduction..... **VEHICLE 1** Date placed in service (m/d/y) Average daily round-trip commute..... Number of months of vehicle business use (if not 12)..... Parking fees and tolls (business portion only)..... Actual expenses: Gasoline, lube, oil Repairs Insurance..... Miscellaneous 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 **VEHICLE 2** Date placed in service (m/d/y)..... Average daily round-trip commute..... Number of months of vehicle business use (if not 12)..... Parking fees and tolls (business portion only)..... Actual expenses: Gasoline, lube, oil Repairs Miscellaneous Interest (car loan) (for Schedule C, E and F)..... Vehicle rent or lease payments.....

Value of employer-provided vehicle on Form W-2 (2106)

ORGANIZER US 2008 1040 Foreign Income Exclusion (Form 2555) No. 31.1 Please enter all pertinent 2008 information. **GENERAL INFORMATION** Foreign address of taxpayer, if different from Form 1040: Street address..... Employer: U.S. state..... Foreign street address Foreign region..... Foreign postal code..... Foreign country..... Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other. Type of exclusion revoked if revoked in earlier year (if applicable): Country of citizenship..... City and country of separate foreign residence if maintained due to adverse living conditions (if applicable): Tax homes(s) during tax year:

ORGANIZER 1040 US Foreign Income Exclusion (2555) No. 2008 31.1 p2 Please enter all pertinent 2008 information. TRAVEL INFORMATION NOTE: Please enter all travel for 2008 as well as travel for 2009 known to date. Travel Type (table) Name of country (if not United States) Date left Days in U.S. on business BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST Beginning date for bona fide residence (m/d/y)..... Ending date for bona fide residence (m/d/y)..... Names of family living abroad with taxpayer (if applicable): Period family lived abroad 1=submitted statement to country of bona fide residence 1=required to pay income tax to country of bona fide reside Contractual terms relating to length of employment abroad Type of visa you entered foreign country under. . . . Explanation why visa limited stay or employment in country (if applicable) Address of home in U.S. maintained while living Names of occupants in U.S. Relationship of occupants in 1=U.S. home rented (if applicable) abroad (if applicable): home (if applicable) U.S. home (if applicable) Principal country of employment FOREIGN HOUSING EXPENSES 2008 Amount 2007 Amount Qualified housing expenses... Location of housing expenses: Qualifying days in location (multiple locations only) Travel Type 1 = Travel to U.S. (default) 2 = Travel to foreign country 3 = Travel to restricted country

Page 97 ORGANIZER Foreign Income Exclusion (Form 2555) US 2008 1040 No. 31.2

FOREIGN WAGES, SALARIES, TIPS	2008 Amount	2007 Amount
Name or number		
=spouse		
=retirement plan (Box 13)		
Name of employer (Box c)		
Federal income tax withheld (Box 2).		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)		
State income tax withheld (Box 17).		
Local income tax withheld (Box 19)		
	A NID OTHED E A DAIED IN	COME
FOREIGN ALLOWANCES, REIMBURSEMENTS A	AND OTHER EARNED IN	COME
Noncash Income		
Home (lodging)		
Car		
Other properties or facilities:		
	ICK	
	CKE	
Allowances and Reimbursements	613	
Allowances and Reimbursements Cost of living and overseas differential	Give	_
Allowances and Reimbursements Cost of living and overseas differential		
Allowances and Reimbursements Cost of living and overseas differential Family Education	GIV	
Allowances and Reimbursements Cost of living and overseas differential Family Education Home leave		
Allowances and Reimbursements Cost of living and overseas differential Family Education Home leave Quarters		
Allowances and Reimbursements Cost of living and overseas differential Family Education Home leave Quarters Other purposes:		
Quarters		
Quarters		
Quarters		
Ouarters Other purposes: Meals and lodging provided for the convenience of the		
Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
Ouarters Other purposes: Meals and lodging provided for the convenience of the		
Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119) Other Foreign Earned Income		
Other purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
Dither purposes: Meals and lodging provided for the convenience of the Employer (excludable under section 119) Other Foreign Earned Income 2008 Days Worked Allocation Information		

31.2

ORGANIZER Page 98

2008 1040 US Health Savings Accounts (8889) 32.1

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

HSA CONTRIBUTIONS

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

	2008 A	mount	2007 Aı	mount
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for medicare				
Contributions made to date				
HSA DISTRIBUTIONS Total HSA distribution received (1099-SA, box 1) Distributions included above that were rolled over				
to another HSA				
Total unreimbursed qualified medical expenses	EINE	CKER		

32.1

	First name		
	Last name		
	Date of birth (m/d/y)		
No.	Social security number		
	Qualified dependent care expenses incurred and paid in 2008	CR	2007 amt:
	1=disabled		
	1=spouse, 2=joint		

Name of provider....... Street address..... City, state, ZIP code..... Address where care provided (if different): Street address..... No. Identification number (SSN or EIN)...... 1=organization is tax-exempt..... 1=care provider is a person Amount paid to care provider in 2008..... 2007 amt: Name of provider..... Street address..... City, state, ZIP code..... Address where care provided (if different): Street address..... No. Identification number (SSN or EIN)...... 1=organization is tax-exempt..... 1=care provider is a person Amount paid to care provider in 2008..... 2007 amt: 1=spouse, 2=joint.

33.1,33.2

800	1040	US	Qualified Adoption Ex	(nenses (Form 8830)	3
,00	1040	0.5	Qualifica Adoption Ex		
F	Please e	nter all per	tinent 2008 information. Last ye	ar's amounts are provided fo	r your reference.
ELIG	IBLE C	HILDREN		2008 Amount	2007 Amount
No.	1 = 1 =	entification nurate of birth (m/eborn before 19especial needseforeign child eadoption was Qualified Adoption Expenses Paid in	mber	08	
	Fi	rst name	nt		
	Da 1=	ate of birth (m/ born before 19	mberd/y)		
No.	1 = <u>1 = </u>	-foreign child -adoption was Qualified Adoption 199 Expenses 200 Expenses 200	child		_
	1=		08 for adoption finalized before 2008		
	La Id Da 1=	nst name entification nui ate of birth (m/ born before 19	mber d/y) 		
No.	1=	eforeign child eadoption was Oualified	childnot final in 2008		-

DRGANIZER				Page 10	<u> </u>
2008	1040	US	Education Credits / Tuition Deduction	38	1

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.

Student First name				2008 Amount	2007 Amount	
Student Info. Last name.			1=taxpayer, 2=spouse			
Info. Last name. Social security number 1=hope credit, 2=lifetime learning credit Cualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere). Amount of prior year refund or assistance* No. 1=taxpayer, 2=spouse.		Student				
No. Social security number. Tahope 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*			Last name			
1-hope credit, 2-lifetime learning credit Qualified tuition and fees paid in 2008 (net of refund or assistance*. Telegraphic Common	No.					
Amount of prior year refund or assistance*. Student Inio.		1=hope cred	-			
Amount of prior year refund or assistance*. Student Inio.		Qualified tuit (net of refun	tion and fees paid in 2008 d or assistance and not entered elsewhere)			
Student Info. I						
Student Info. I						
No. Last name Social security number 1			1=taxpayer, 2=spouse			
Info. 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*		Student	First name			
No. Social security number 1=hope credit, 2=lifetime learning credit Qualified tuition and fees paid in 2008 Into or effect of assistance and not entered elsewhere) Info. Info Inf			Last name			
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* 1=taxpayer, 2=spouse. First name. Last name. Social security number	No.		T F			
Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere). Amount of prior year refund or assistance*. Telaxpayer, 2=spouse.		1=hone cred	-			
Amount of prior year refund or assistance*. Student First name						
Amount of prior year refund or assistance*. Student First name		Qualified tuit (net of refun	d or assistance and not entered elsewhere)			
No. Student Info. 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. 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. Student Info. Student elarning credit. Info. Info. Student elsewhere elsewhere. Info. Info. Student Info. Social security number.						
No. Student Info. 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. 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. Student Info. Student elarning credit. Info. Info. Student elsewhere elsewhere. Info. Info. Student Info. Social security number.						
No. 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*. 1=taxpayer, 2=spouse Student Info. Last 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*. 1=taxpayer, 2=spouse Student Info. last name Last name Last name Social security number 1=taxpayer, 2=spouse First name Last name Last name Last name Social security number			1=taxpayer, 2=spouse			
No.		Student	First name			
No. 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* 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* 1=taxpayer, 2=spouse. Student First name Last name. Social security number.			Last name	/ P.13		
Tehope credit, 2=lifetime learning credit	No.					
Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere). Amount of prior year refund or assistance*. Student Info.						
Amount of prior year refund or assistance*. Student Info. Last name Last name Social security number Last name Last name Last name Last name Social security number Last name Social security number Last name Social security number Last name Last						
Amount of prior year refund or assistance*. Student Info. Last name Last name Social security number Last name Last name Last name Last name Social security number Last name Social security number Last name Social security number Last name Last		Qualified tuit (net of refun	d or assistance and not entered elsewhere)			
Student Info. Student Info. 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*. 1=taxpayer, 2=spouse. Student Info. Student Info. Last name. Social security number.						
Student Info.				Į.		
Student Info.			1=taxpayer, 2=spouse			
No. 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*. 1=taxpayer, 2=spouse. Student Info. First name Last name. Social security number.			First name			
No. 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*. 1=taxpayer, 2=spouse. Student Info. First name Last name. Social security number.			- I			
1=hope credit, 2=lifetime learning credit Oualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere). Amount of prior year refund or assistance*. 1=taxpayer, 2=spouse. First name Last name. Social security number.	No					
Qualified tuition and fees paid in 2008 (net of refund or assistance and not entered elsewhere). Amount of prior year refund or assistance*. 1=taxpayer, 2=spouse. First name Last name Social security number.	140.	1=hope cred	-			
Amount of prior year refund or assistance*. Student Info. No. Social security number.						
Student Info.						
Student Info. First name		Amount of p	rior year refund or assistance*			
Student Info. First name		1	1:	<u> </u>		
No. Last name						
No. Social security number			First name			
			Last name			
1=hope credit, 2=lifetime learning credit	No.		Social security number			
		1=hope cred	it, 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*		Amount of p	rior 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.

ORGANIZER Page 102

2000	1010	1.0	Llava ala la Francia de Tarra de Cala ala La Li	40
2008	1 1()4()	L US	Household Employment Taxes (Schedule H)	42

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

HOUSEHOLD EMPLOYMENT TAXES

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

complete the following:		
Employer identification number		
1=spouse, 2=joint		
Social security, Medicare and income taxes:	2008 Amount	2007 Amount
1=paid any one employee cash wages of \$1,500 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Advance earned income credit payments		
Taxes withheld from state disability payments.		
Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2007 or 2008.		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/09		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
State reporting number		
Contributions paid to state unemployment fund		
LINE		

ORGANIZER 2008 1040 US Parent's Election to Report Child's Inc. No. 44 Please enter all pertinent 2008 amounts & attach all 1099-INT and 1099-DIV forms. Last year's amounts are provided for your reference. CHILD'S INFORMATION First name..... Last name..... Social security number..... Date of birth (m/d/y)..... 1=nontaxable to federal..... 1=nontaxable to state..... INTEREST INCOME (Form 1099-INT) Banks, credit unions, etc. (Box 1): 2008 Amount 2007 Amount U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): Tax-exempt interest: Total municipal bonds..... In-state municipal bonds..... Adjustments: Tax-exempt interest (1099-INT in error)..... OID adjustment..... Foreign: Name of foreign country..... 1=grantor/transferor or received distribution from foreign trus Post 8/7/86 private activity bond interest (included above) (6251) **DIVIDEND INCOME (Form 1099-DIV)** Total ordinary dividends (Box 1a): Qualified dividends (Box 1b)..... Total capital gain distributions (Box 2a): Unrecaptured section 1250 gain (Box 2b)..... Section 1202 gain (Box 2c)..... Collectibles (28%) gain (Box 2d) Nontaxable distributions (Box 3)..... Tax-exempt interest: Total municipal bonds..... In-state municipal bonds..... Nominee distributions: Ordinary dividends..... Capital gain distributions..... Alaska permanent fund dividends included above

2008 1040 CA Other Credits 53.014

Please enter all pertinent 2008 information.

RENTER'S CREDIT

To qualify for the credit you must have paid rent, for at least half of the year, on property in California which was your principal residence.

1=qualified renter.	
1=filing separate, claiming spouse's credit	
Number of months in California, if part-year resident	



53.014