

Daniel W. Anady, CPA
1600 E. Florida Ave. Ste. 308
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This letter is intended to express in writing the terms of our engagement. I will prepare your 2009 federal and state income tax returns from information you provide. I will not audit or verify the data you submit, except to the extent required by law, although I may ask you to clarify it.

Your signature below signifies that you have furnished me with all the information required for the preparation of the returns; that you have reported all income required to be reported; that you have the proper records to substantiate all items of income and deductions; and that you will carefully examine and approve your completed tax returns before authorizing me to electronically file your returns to the tax authorities.

I will use my judgement to resolve questions in your favor where tax law is unclear or where there are conflicts between the taxing authorities' interpretation of the law and what seems to be other supportable positions.

I must have all the information to prepare your returns in my office no later than March 25, 2010 to ensure your returns will be completed by April 15, 2010. If I have not received all your information by March 25, 2010, an extension of time to file may be filed for your returns, which may subject you to late payment penalties and interest.

Fees for my services will be computed using my standard billing schedule for tax preparation, plus any out-of-pocket costs. If your returns require any additional work, such as sorting or organizing your information, there will be an additional charge for those services. All invoices are due and payable upon completion of your returns.

Should you receive any correspondence from either the Internal Revenue Service or your state government, or are chosen to be audited, I suggest you contact me prior to taking any action yourself. I will be available to represent you before the governmental agency. Fees for responding to any correspondence, or representation in an audit, will be billed to you at my standard hourly rate, plus out-of-pocket costs.

If the above terms and conditions agree to your understanding, please sign this letter and return it to me along with your tax information.

Approved: _____ Date: _____

A PREFERRED TAX PACKAGE is offered to cover these additional services in 2010:

- 1) No charge to you for me responding to any correspondence you receive from the IRS or your state tax agency resulting from the 2009 income tax returns I prepared.
- 2) No charge to you for one 30 minute conference with me, from May 2010 thru December 2010. You choose the topic.
- 3) No charge to you for the first two hours of time I spend in preparing for and representing you before the federal or state government as a result of an audit of your 2009 tax return.

The Preferred Tax Package must be purchased at the time your tax return is prepared.

Initial here _____ if you would like to purchase the Preferred Tax Package for \$40.00

Tax Preparation Questions

- Yes No If a question does not apply, write "N/A"
- Did your marital status or number of household members change in 2009? If yes, make all pertinent changes to the personal information section of the Client Organizer.
- Are all dependent children listed on the personal information section of the client organizer who are 19 years of age or older, full time students? If no, indicate which ones are not.
If you are claiming dependents who are 19 years old or older who are not full time students, or are 24 years old or older even if full time students, list each dependent's name and total income below
- Do you have any dependents who had interest or dividend income in excess of \$950, or total investment income in excess of \$1,900? (This includes dependents up through age 23 who are full time students)
If you answered "yes", your dependent should not file their tax return until after your return is completed, otherwise your dependent may have to file an amended return for 2009.
- Did you or your spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans? If yes, indicate who received the payment(s) taxpayer spouse
- Do you have an interest in or signature on a foreign bank account? If yes, did the account(s) have a combined balance of \$10,000 or more at any time in 2009? yes no
- Did you pay any real estate taxes in 2009? If yes, please provide the county statements for all payments, even if you take the standard deduction.
- Did you incur any child or dependent care expenses, required for employment or full-time schooling?
- Did you purchase a car, boat or airplane this year? If yes, please include a copy of purchase document.
- Did you or your spouse receive any distributions from any retirement plans, including and individual retirement accounts (IRA), including rollovers? If yes, include all 1099-R forms.
- Did you, your spouse, or one of your dependents receive a distribution from an Education Savings Account, a Qualified Tuition Program, or a 529 plan? Please include all tax documents received.
- Do you or your spouse have a Health Savings Account (HSA)? If yes, please include a copy of the December 31, 2009 statement(s) and all forms 1099-SA.
If yes, enter the amount you contributed to your account \$ _____ spouse account \$ _____
Your High Deductible Health Plan is a family plan individual plan
Amount contributed to your plan by your employer in 2009 \$ _____
Amount contributed to your spouse's plan by spouse's employer in 2009 \$ _____
- Do you or your spouse have any Traditional IRA account(s), even if you have not contributed to them in 2009?
- Did you convert a Traditional, SEP, or Simple IRA to a Roth IRA this year?
- Will you make a contribution into a Roth IRA account for 2009?
If so, how much will be contributed to your account \$ _____ spouse account \$ _____
- Would you like to make a Traditional IRA contribution for 2009, as long as you are eligible and it will reduce your tax liability? (Not applicable after April 15th). Check here if you would like to discuss the potential tax savings with me before I finish your return
- Did you pay interest on a post-secondary education loan in 2009? If yes, enter amount paid \$ _____
- Did you pay tuition and/or fees for any post-secondary education in 2009? If yes, please include form 1098-T from the college or university AND a statement from the college or university showing a history of your students billings and payments for 2009; also include a statement showing the cost of course materials.

- Did you purchase____, sell____, or refinance____ a home in 2009? If yes, please include the closing statement from the escrow company (HUD-1 statement).
If you acquired a new loan, how many years is the new loan? 15 30 other _____ yrs
If you purchased a residence that you use as your primary residence, have you owned another primary residence within the past three years of purchasing this one? yes no
If you purchased a residence that you use as your primary residence, have you owned another primary residence for five consecutive years within the past eight years of purchasing this one? yes no
If you did not purchase a primary residence, check here
- Did you lose a home in 2009 due to a foreclosure, a short-sale, or an abandonment? If yes, include any form 1099-A or 1099-C received.
- Did you dispose of any business assets (including real estate)? If yes, include your closing escrow statement for sales of real estate.
- Did you sell any stocks, bonds, or other investment property during the year? If yes, provide a list of the description, date acquired, date sold, sales price, cost or basis, and any expenses on the sale, on an attached schedule.
If yes, did you re-acquire any stock 31 days prior to, or 31 days after the date you sold that stock? yes no
If yes, please indicate which stocks were re-acquired.
- Did you incur any expenses working as a credentialed teacher, counselor, or principal for grades kindergarten through 12th? If so, please fill-in the amount paid in 2009: taxpayer \$ _____ spouse \$ _____
- Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements in 2009? If yes, please provide purchase documents including manufacturer's certification.
- Did you or your spouse elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and December 31, 2009 as a result of an involuntary termination? If yes, indicate who received the payment(s) taxpayer spouse
- Did you purchase any products outside of CA in which CA use tax is due? If yes, fill-in the total amount of your purchases here: \$ _____ (This question is for CA residents only)
If you would like more information about reporting CA use tax, go to my web site: anadycpa.com
- Do you rent the residence you live in or the land you live on? (This question is for CA residents only)
- If your federal or state return results in a refund, would you like the refund directly deposited into your bank account? If yes, please enclose a copy of a voided check unless the bank account information listed in the client organizer is still correct.



If I have any questions for you in preparing your tax returns, the person I should contact is:

- taxpayer spouse telephone (work) email video conference via Skype mail
 telephone (home) cell phone

If you would like me to contact you via email or Skype, be sure you have listed your email address in the client information section of the client organizer.



If you would like to allocate \$3 to the Presidential Election Campaign fund, check here: Taxpayer Spouse



In what format would you like your copy of this years tax return? CD only paper only CD and paper

If you received a copy of last year's tax return on CD, be sure to include the CD with this years tax information.

If you have any additional information necessary in preparing your tax returns, please report it on the last page of the tax organizer. Attach additional pages if necessary.

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SUPPLEMENTAL INFORMATION

Please include the following documents and information with your tax work:

1. All form W-2s.
2. All form 1099s and 1098s.
3. All form K-1s from partnerships, trusts, estates, S corporations, etc.
4. All closing escrow statements on 2009 sales and/or purchases of real estate.
5. All closing escrow statements on 2009 refinances of any mortgages. If cash was received from the refinance, give an explanation as how the cash was used/spent. If used/spent for business, including rental property, please describe how the money was used/spent in the business. If the money was used for personal reasons, just indicate the use as "Personal".
6. All real estate tax statements from your county assessor, even if you do not itemize.
7. All DMV renewal statements on cars, boats, planes, RVs, etc. If you can not locate the renewal statements, please provide a copy of your vehicle registration form (the one you carry in your vehicle)
8. All contracts on 2009 purchases of motor vehicles, boats and airplanes.
9. All receipts from charitable organizations to which you made a charitable gift.
10. If you made NON-CASH gifts to charitable organizations in which the aggregate value exceeds \$500, please provide the following information:
 - > Name and address of charity
 - > Description of item(s) donated
 - > Date of each donation
 - > Condition of each item donated (ie. good, fair or poor)
 - > Fair market value of each item donated
 - > Method of determining fair market value (ie. Thrift shop value, comparable sales, etc.)
 - > Your original cost of each item and the date purchased. (Estimate, if necessary)

2009	1040	US	Client Information	1
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Daniel W. Anady, CPA
1600 E. Florida Ave. Ste. 308
Hemet, CA 92544

Telephone number: **(951) 929-8060**
 Fax number: **(951) 925-2097**
 E-mail address:

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2009 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)		<p style="text-align: center;">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse		
	Year spouse died, if qualifying widow(er) (2007 or 2008)		
Taxpayer	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Spouse	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Address	In care of		
	Street address		
	Apartment number		
	City		
	State		
Foreign Address	Region		
	Postal code		
	Country		

2009

1040

US

Client Information (continued)

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Please add, change or delete information for 2009.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone.		
	Work extension.		
	Daytime phone (table)		
	Mobile phone.		
	Pager number.		
	Fax number.		
	E-mail address.		
Spouse Contact Information	Home phone.		
	Work phone.		
	Work extension.		
	Daytime phone (table)		
	Mobile phone.		
	Pager number.		
	Fax number.		
	E-mail address.		

Daniel W. Anady, CPA

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Please add, change or delete information for 2009.

DEPENDENTS

	Dependent	Dependent	
First name			Type of Dependent 1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	Earned Income Credit 1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			

Please enter all pertinent 2009 information.

ECONOMIC RECOVERY PAYMENT / DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

NOTE: You may have received an economic recovery payment if you received social security benefits, supplemental security benefits, railroad retirement benefits, or veterans disability compensation or pension benefits.

1=taxpayer received \$250 economic recovery payment		
1=spouse received \$250 economic recovery payment		
1=taxpayer received government pension not covered by social security		
1=spouse received government pension not covered by social security		
1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2009 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008				
1st quarter payment (due 4/15/09)				
2nd quarter payment (due 6/15/09)				
3rd quarter payment (due 9/15/09)				
4th quarter payment (due 1/15/10)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/10)				

State

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008				
1st quarter payment (due 4/15/09)				
2nd quarter payment (due 6/15/09)				
3rd quarter payment (due 9/15/09)				
4th quarter payment (due 1/15/10)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/10)				

1	Type of Account
	1 = Savings
	2 = Checking

2	Type of Investment
	1 = Checking or savings (default)
	2 = Taxpayer's IRA (next year limits)
	3 = Spouse's IRA (next year limits)
	4 = Health savings account (HSA)
	5 = Archer MSA
	6 = Coverdell savings account (ESA)
	7 = Other
	8 = Taxpayer's IRA (current year limits)
	9 = Spouse's IRA (current year limits)
	10 = Series 1 treasury bonds

2009	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2009 information.

APPLICATION OF 2009 OVERPAYMENT (7.1)

If you have an overpayment of 2009 taxes, do you want the excess refunded? or applied to 2010 estimate? ...

Other (please explain): _____

2010 ESTIMATED TAX INFORMATION

Do you expect your 2010 taxable income to be different from 2009? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2010 withholding to be different from 2009? Yes No

If "yes" explain any differences: _____

			Hash Total	7.1
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2009	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2009 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2008 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/09	2008 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE	1=spouse						

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2008 Winnings
				Federal (Box 2)	State (Box 14)	

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

	2009 Amount	TS	2008 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

10, 13.1, 13.2

2009	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2009 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2008 Interest
			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		

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income				Tax-Exempt Interest		Foreign Tax Paid (Box 6)	2008 Dividends
			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.)		

2009	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2009 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

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

Please add, change or delete 2009 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2009 1099-G Amount

No. <input style="width:40px; height:15px;" type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation:		
	Total received (Box 1)		
	2009 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 2008 (Box 3)		
	Federal income tax withheld (Box 4)		
	ATAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7)			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9)			
Number of farm			
1=box 2 is trade or business income (Box 8)			
State income tax withheld			

No. <input style="width:40px; height:15px;" type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation:		
	Total received (Box 1)		
	2009 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 2008 (Box 3)		
	Federal income tax withheld (Box 4)		
	ATAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7)			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9)			
Number of farm			
1=box 2 is trade or business income (Box 8)			
State income tax withheld			

2009	1040	US	Education Distributions (ESA's and QTP's)	14.3
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Please enter all pertinent 2009 amounts and attach all 1099-Q forms.
 Enter qualified education expenses below that are not entered elsewhere.
 Last year's amounts are provided for your reference.

ESA'S AND QTP'S (Form 1099-Q)

		2009 Amount	2008 Amount
No. <input type="text"/>	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:		
2009 contributions to this ESA.....			
Value of this account at 12/31/09 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/08.....			
No. <input type="text"/>	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:		
2009 contributions to this ESA.....			
Value of this account at 12/31/09 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/08.....			
No. <input type="text"/>	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:		
2009 contributions to this ESA.....			
Value of this account at 12/31/09 (plus outstanding rollovers)....			
Basis in this ESA as of 12/31/08.....			

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

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

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

INCOME

	2009 Amount	2008 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

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

Inventory at end of the year.....		

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2009 Amount	2008 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (80%)		
Uniforms		
Utilities		
Wages		

Other expenses:

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

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property	<input type="text"/>
Location of property	<input type="text"/>

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

INCOME

	2009 Amount	2008 Amount
Rents received (Form 1099-MISC, box 1)	<input type="text"/>	<input type="text"/>
Royalties received (Form 1099-MISC, box 2)	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

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

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

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

2009	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2009 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

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

S CORPORATION INFORMATION (20.2)

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

2009	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2009 information as appropriate.
 Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

				20.3,20.4
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Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2009 Amount	2008 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months your job required a vehicle (if not 12 months)		

AUTOMOBILE MILEAGE

Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		

ACTUAL EXPENSES

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

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	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				
2009 payments from 1/1/10 to 4/15/10				

ROTH IRA CONTRIBUTIONS

	2009 Amount	2008 Amount
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)

	2009 Amount	2008 Amount
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)		
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

	2009 Amount	2008 Amount
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)		
Jury duty pay given to employer		
Expenses from rental of personal property		
Other adjustments to income:		

	Taxpayer	Spouse
Alimony paid:		
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	2007 amt:	2007 amt:

Please enter all pertinent 2009 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.

	2009 Amount	TS	2008 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2009 estimates are automatic.)

State income taxes - 1/09 payment on 2008 state estimate			
State income taxes - paid with 2008 state extension			
State income taxes - paid with 2008 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/09 payment on 2008 city/local estimate			
City/local income taxes - paid with 2008 city/local extension			
City/local income taxes - paid with 2008 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2009 purchases			
Use taxes paid with 2008 state return			
New passenger auto's, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 *			
Vehicle #1 description			
Vehicle #1 purchase price			
Vehicle #1 sales tax paid			
Vehicle #1 other qualified taxes/fees			
Sales tax on auto's not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

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

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

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

2009 Amount TS 2008 Amount

Home mortgage interest not reported on Form 1098:

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

Points not reported on Form 1098:

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

--	--	--

Investment interest (interest on margin accounts):

Passive interest

--	--	--

Certain home mortgage interest included above (6251)

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

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Number of charitable miles

--	--	--

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

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

--	--	--

Number of charitable miles

--	--	--

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2009 Amount

TS

2008 Amount

30% limitation (see above):

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

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

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

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

Investment expense:

Tax return preparation fee

--	--	--

Safe deposit box rental

--	--	--

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

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2009 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
2. Total home acquisition debt exceeded \$1,000,000 at any time during 2009 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2009 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

	2009 Amount	TS	2008 Amount
Fair market value of the property on the date that the last debt was secured.			
Home acquisition and grandfather debt on the date that the last debt was secured.			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table).			
Number of form.			
1=taxpayer, 2=spouse, blank=joint			
Interest paid.			
Points paid.			
Total principal paid.			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12).			
Home acquisition debt balance - beginning of year.			
Home acquisition debt borrowed in 2009.			
Home equity debt balance - beginning of year.			
Home equity debt borrowed in 2009.			
Grandfather debt balance - beginning of year.			

Loan #2

Lender's name			
Form (see table).			
Number of form.			
1=taxpayer, 2=spouse, blank=joint			
Interest paid.			
Points paid.			
Total principal paid.			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12).			
Home acquisition debt balance - beginning of year.			
Home acquisition debt borrowed in 2009.			
Home equity debt balance - beginning of year.			
Home equity debt borrowed in 2009.			
Grandfather debt balance - beginning of year.			

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

If your total noncash contributions are in excess of \$500 in 2009, please complete the information below for each donee using the following guidelines:

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

DONATED PROPERTY INFORMATION

No. <input type="text"/>	Vehicle	Name of charitable organization (donee)	
		Street address	
		City, state, ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
		Year (yyyy)	
		Make and model	
		Condition and mileage	
		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. <input type="text"/>	Vehicle	Name of charitable organization (donee)	
		Street address	
		City, state, ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
		Year (yyyy)	
		Make and model	
		Condition and mileage	
		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. <input type="text"/>	Vehicle	Name of charitable organization (donee)	
		Street address	
		City, state, ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
		Year (yyyy)	
		Make and model	
		Condition and mileage	
		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)			

<p>1 How Property was Acquired</p> <p>1 = Purchase 3 = Inheritance 2 = Gift 4 = Exchange</p>	<p>2 Method Used to Determine FMV</p> <p>1 = Appraisal 3 = Catalog 2 = Thrift shop value 4 = Comparable sales</p> <p>For other methods, see IRS Pub. 561.</p>
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Please enter 2009 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2009 Amount	2008 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
% (.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.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
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.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....		
Form.....		
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

	2009 Amount	2008 Amount
Meal and entertainment expenses.....		
Reimbursements for meals and entertainment not on W-2, box 1.....		
1=Department of Transportation (80% 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:		

Daniel W. Anady, CPA

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2009 Amount	2008 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 evidence to support your deduction		
1=no written evidence to support your deduction		

VEHICLE 1

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
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		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

VEHICLE 2

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
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		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E and F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

2009	1040	US	Health Savings Accounts (8889)	32.1
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Please enter all pertinent 2009 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 2009, a high deductible health plan is one with an annual deductible that is not less than \$1,150 for self-only coverage or \$2,300 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,800 for self-only coverage or \$11,600 for family coverage.

	2009 Amount		2008 Amount	
	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				

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2009				
Employer-provided benefits forfeited in 2009				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:30px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2009		2008 amt:
	1=disabled 1=spouse, 2=joint		

No. <input style="width:30px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2009		2008 amt:
	1=disabled 1=spouse, 2=joint		

No. <input style="width:30px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2009		2008 amt:
	1=disabled 1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:30px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2009		2008 amt:
	1=spouse, 2=joint		

No. <input style="width:30px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2009		2008 amt:
	1=spouse, 2=joint		

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

		2009 Amount	2008 Amount	
No. <input style="width: 40px;" type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1992 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2009.....			
	Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009.....		
		1997-2001 for adoption of foreign child finalized in 2009.....		
2008 and 2009 for adoption finalized in 2009.....				
2009 for adoption finalized before 2009.....				
1=spouse, 2=joint.....				
No. <input style="width: 40px;" type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1992 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2009.....			
	Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009.....		
		1997-2001 for adoption of foreign child finalized in 2009.....		
2008 and 2009 for adoption finalized in 2009.....				
2009 for adoption finalized before 2009.....				
1=spouse, 2=joint.....				
No. <input style="width: 40px;" type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1992 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2009.....			
	Qualified Adoption Expenses Paid in	2008 for adoption not finalized by end of 2009.....		
		1997-2001 for adoption of foreign child finalized in 2009.....		
2008 and 2009 for adoption finalized in 2009.....				
2009 for adoption finalized before 2009.....				
1=spouse, 2=joint.....				

Please complete the information below if you paid qualified education expenses in 2009 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.

		2009 Amount	2008 Amount
No. <input style="width: 40px;" type="text"/>	Student Info. 1=taxpayer, 2=spouse First name Last name Social security number		
		1=American opportunity/hope credit, 2=lifetime learning credit	
		Number of years hope credit claimed	
		Student completed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no	
		1=student attended educational institution in midwest disaster area	
		Qualified tuition and fees paid in 2009 (net of refund or assistance and not entered elsewhere)	
		Course related materials required to be purchased from institution	
		Course related materials not entered above	

No. <input style="width: 40px;" type="text"/>	Student Info. 1=taxpayer, 2=spouse First name Last name Social security number		
		1=American opportunity/hope credit, 2=lifetime learning credit	
		Number of years hope credit claimed	
		Student completed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no	
		1=student attended educational institution in midwest disaster area	
		Qualified tuition and fees paid in 2009 (net of refund or assistance and not entered elsewhere)	
		Course related materials required to be purchased from institution	
		Course related materials not entered above	

No. <input style="width: 40px;" type="text"/>	Student Info. 1=taxpayer, 2=spouse First name Last name Social security number		
		1=American opportunity/hope credit, 2=lifetime learning credit	
		Number of years hope credit claimed	
		Student completed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no	
		1=student attended educational institution in midwest disaster area	
		Qualified tuition and fees paid in 2009 (net of refund or assistance and not entered elsewhere)	
		Course related materials required to be purchased from institution	
		Course related materials not entered above	

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

