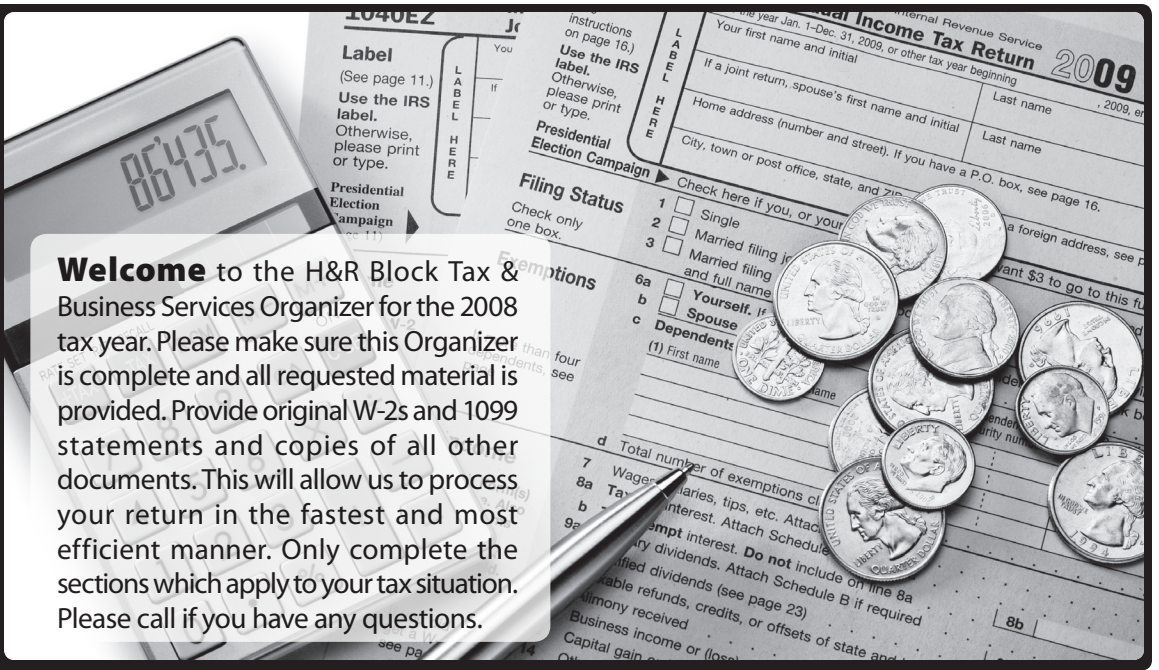


AdvantageTax & Financial

Welcome to the H&R Block Tax & Business Services Organizer for the 2008 tax year. Please make sure this Organizer is complete and all requested material is provided. Provide original W-2s and 1099 statements and copies of all other documents. This will allow us to process your return in the fastest and most efficient manner. Only complete the sections which apply to your tax situation. Please call if you have any questions.

H&R BLOCK®
tax & business services



PERSONAL DATA (Please Print)

First Name	M.I.	Last Name (as on your SS Card)	Social Security Number	Date of Birth	
Taxpayer:			- -	/ /	
Spouse:			- -	/ /	
Street Address	Apt. #	City	State	Zip Code	
Current Tax Address:					
Mailing Address:					
<i>Tax Address: The current state to which you pay tax and the address we use on your tax return. Note: Must be able to receive mail.</i>					
<i>Mailing Address: The address where we mail your documents if different from your tax address.</i>					
Occupation	Airline	Base	Employee #	Date of Hire	Home Telephone
Taxpayer:				/ /	
Spouse:				/ /	
Email Address:	Cell Phone Number:		Preferred Name or Nickname:		
Best way to contact you:	Spouse's Cell Number:		Spouse's Preferred or Nickname:		
Who prepared your taxes last year?			New Clients—Who referred you to us?		

IMPORTANT QUESTIONS

Yes	No	Please Answer All Questions	Amount	Yes	No	Please Answer All Questions	Amount
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a state and/or local tax refund last year?	\$	<input type="checkbox"/>	<input type="checkbox"/>	Did you adopt a child during 2008? If yes, contact us for additional information.	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a federal refund last year?	\$	<input type="checkbox"/>	<input type="checkbox"/>	Do you owe any back taxes to the IRS or your state?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay additional tax when you filed your state return last year?	\$	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any delinquent student loans or owe back child support?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive an Economic Stimulus Payment during 2008?	\$	<input type="checkbox"/>	<input type="checkbox"/>	Did the IRS garnish your refund last year?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you itemize your deductions for 2007?		<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled, forgiven or refinanced?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any out of state purchases without paying sales tax that you need to claim on your state return?	\$	<input type="checkbox"/>	<input type="checkbox"/>	In 2008, did you have bank or financial accounts in any foreign countries whose total combined value exceeded \$10,000?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any alimony during 2008?	\$	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a K-1 from any entity—Corporation, Estate, Trust, Partnership, etc.? If yes, enclose.	
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any To: alimony in 2008? SSN: - -	\$	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any type of additional income during 2008? (jury duty pay, taxable prizes, trustee fees, etc.)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any unemployment during 2008? (Enclose 1099 G)	\$	<input type="checkbox"/>	<input type="checkbox"/>	New Clients —Did you take a distribution from a retirement plan (401K, IRA, SEP, ROTH) during 2006 or 2007?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any Social Security during 2008? (Enclose SSA - 1099)		<input type="checkbox"/>	<input type="checkbox"/>	Do you agree to allow H&R Block Tax & Business Services to discuss this return with the IRS should questions arise?	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any children under age 24 with investment income over \$1800? If yes, please provide 1099 statements.		What is your maiden name or previous married name?			

FILING STATUS (Check One)	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Qualifying Widow(er) Spouse's date of death ____/____/____
	<input type="checkbox"/> Married Filing Separate <i>If you file MFS and itemize your deductions, your spouse must itemize their deductions as well.</i>	Spouse Name: _____	Spouse Soc. Sec. #: - -
		Did you live with your spouse any time during 2008? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, did you live with your spouse any time after June 30? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Head of Household <i>If you are the custodial parent & someone else is taking the exemption for your child, complete this section. Otherwise, list all dependents in the following section.</i>	Name: _____	Soc. Sec. #: - -	
	Relationship: _____	# of months lived with you: _____	
	Who is claiming this person on their tax return? _____		

Dependent's income must be under \$3500 unless they are a full time student under the age of 24. If your dependent children do not live with you, you must provide form 8332, Release of Claim or a copy of your divorce decree.

DEPENDENT INFO	Name (as is appears on the SS Card)	Date of Birth	SSN	Relationship	# Months at home	Full Time Student?
			/ /	- -		
		/ /	- -			<input type="checkbox"/> Yes <input type="checkbox"/> No
		/ /	- -			<input type="checkbox"/> Yes <input type="checkbox"/> No
		/ /	- -			<input type="checkbox"/> Yes <input type="checkbox"/> No
		/ /	- -			<input type="checkbox"/> Yes <input type="checkbox"/> No

All clients complete this section, even if you only lived in one state or lived in a state with no income tax. If you paid taxes to more than one state, you may receive a separate W2 for each state. We must have ALL of these W2's.

STATE RESIDENCY INFO	State	Date Moved In	Date Moved Out	Still a Resident?	County	School District
			/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you are required to file a state return and **DO NOT** want us to prepare your state return for you, initial here.
(Remember, you **should not** file your state return before you file your federal return.)

Initial Here

Provide all 1099 interest statements for you, your spouse and any dependents under the age of 24. NEW FOR 2008—If your child files their own return and their interest and dividends earned is over \$1800, it must be reported on YOUR tax return or taxed at your tax rate on their return.

A. INTEREST INCOME	Owner SSN	Institution	Amount
	- - -		\$
- - -		\$	
- - -		\$	
- - -		\$	
- - -		\$	

Provide all 1099 dividend statements and state information that accompany the 1099 and all year-end summary statements. We need these statements for you, your spouse, and any dependents under the age of 24. NEW FOR 2008—If your child files their own return and their interest and dividends earned is over \$1800, it must be reported on YOUR tax return or taxed at your tax rate on their return.

B. DIVIDEND INCOME	Owner SSN	Institution	Amount
	- - -		\$
- - -		\$	
- - -		\$	
- - -		\$	
- - -		\$	

Questions?
800-224-8066

The information below **MUST** be provided. Provide your complete year-end statement including the 1099-B from your broker. Purchase price (cost basis) must be provided. Please call us if you have any questions about this section!

C. STOCKS & BONDS SOLD*

Description and Quantity	Purchase Date	Sale Date	Proceeds	Purchase Price Cost Basis
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$
	/ /	/ /	\$	\$

D. MOVING EXPENSES*

Only report job related relocations of primary residence below. See Professional Deductions for relocation of commuter pad.

Moved Primary Residence From:	Old City:	Number of Vehicles driven: #
Moved Primary Residence To:	New City:	Miles driven for move: #
Distance: mi.	Lodging Expense (only while in transit):	\$
Date Moved: / /	Shipping Expense (material, rental, movers):	\$
Was this move for change of job for spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Old Employment City:	New Employment City:

E. CHILD CARE EXPENSES*

Qualifying expense for care which allows you to work, look for work, or go to school full time. Deduction only allowed for children under age 13. NOTE: Social Security Number or ID Number is required to receive credit! Kindergarten enrollment may not qualify for deduction. This information must be provided even if you have dependent care benefits through your employer.

Provider Name	Provider Address	Provider I.D.# or SS#	Child's Name	Amount
				\$
				\$
				\$

F. PENSION, IRA, 401K DISTRIBUTIONS & ROLLOVERS*

Please Provide 1099R's	Taxpayer		Spouse	
	Distribution #1	Distribution #2	Distribution #1	Distribution #2
401k Pension and Traditional IRA				
Name of Payer Institution(s)				
Gross Distribution of Amount (1099R, Box 1)	\$	\$	\$	\$
Date of Distribution	/ /	/ /	/ /	/ /
Reason for Distribution				
Amount rolled over, if any?	\$	\$	\$	\$
Name of Receiving Institution(s)				
Type of New Account (IRA, Roth, 401k)				
Roth IRA				
Name of Payer Institution(s)				
Gross Distribution of Amount (1099R, Box 1)	\$	\$	\$	\$
Date of Distribution	/ /	/ /	/ /	/ /
Reason for Distribution				
Amount of Distribution	\$	\$	\$	\$
Basis of this Account (Amount Contributed)				
Have you taken any prior distributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did this include any amounts from a conversion of a traditional IRA? If yes, enter amount.				
Value of Account as of December 31, 2008	\$	\$	\$	\$
Military Reservists who took a distribution in 2008				
Did you incur a 10% early withdrawal penalty on any retirement account distribution taken <i>while</i> on active duty?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you spend at least 180 days during 2008 as an active military reservist?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, legislation enacted in 2007 eliminates this penalty. If you have paid this penalty on a prior year return, you should amend that return to receive a refund. Contact us for details! 800-999-8297				

		Taxpayer		Spouse	
G. IRA & SELF EMPLOYED RETIREMENT CONTRIBUTIONS*	Traditional IRA				
	Do you want us to calculate the maximum amount you may contribute for 2008?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you want to make this contribution even if it is non-deductible? <i>(Required form and fee)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2008 contribution already made, if any. <i>(May qualify for tax credit.)</i>	\$		\$	
	Roth IRA				
	Do you want us to calculate the maximum amount you may contribute for 2008?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2008 Roth contribution already made, if any. <i>(May qualify for tax credit.)</i>	\$		\$	
	Self Employment Retirement Plan				
	Do you want us to calculate the maximum amount you may contribute for 2008?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2008 contribution already made, if any. <i>(May qualify for tax credit.)</i>	\$		\$	

H. EDUCATIONAL DEDUCTION* & STUDENT LOAN INTEREST		Student #1		Student #2		Student #3		Student #4							
Did you pay any student loan interest in 2008? If so, provide the 1098E.									\$						
<i>For the Tuition and Fees Deduction or the Hope Credit and Lifetime Learning Credit you may claim qualified expenses and fees for yourself, your spouse, and/or your dependent children. If you are married, you must file a joint return to receive the deduction or credits. The IRS defines qualified expenses as tuition and fees an individual is required to pay in order to be enrolled in an eligible institution. Expenses that are not considered qualified are charges and fees associated with room, board, student activities, athletics, insurance, books, equipment, transportation, and similar personal, living, or family expenses. For the Lifetime Learning Credit, the student can be taking as little as one course, and can be taking it to improve or acquire job skills. We will determine which benefits you most. Additional Form Fees Apply!</i>															
<i>Please provide 1098T</i>															
Name of Student															
Name of Institution															
City & State of Institution															
Amount of Qualified Expenses	\$		\$		\$		\$								
Year in College	1 ST	2 ND	3 RD	4 TH	Grad	1 ST	2 ND	3 RD	4 TH	Grad	1 ST	2 ND	3 RD	4 TH	Grad
Was student at least halftime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Was Hope Credit claimed in 2007?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Was Hope Credit claimed in 2006?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Amount of 529 Plan Withdrawals	\$		\$		\$		\$								

I. SALES TAX			
<i>For the Sales Tax Deduction—you have the option of taking the standard deduction plus major purchases (auto, boat, RV, aircraft) or providing a total amount for sales tax paid for all purchases during the year. The IRS requires you keep all receipts used for this deduction—provide total amount below. (Do not send receipts except for major purchases listed below.)</i>			
Sales tax paid on the purchase of an automobile, boat, RV, or aircraft during 2008. <i>(Enclose copy of receipts.)</i>			\$
Sales tax paid on all items purchased during 2008—IRS requires documentation for all items purchased.			\$

J. MEDICAL EXPENSES					
<i>Do not include amounts paid by insurance or with pre-tax dollars (i.e. Flexible Spending Account). Out-of-pocket expenses must exceed 7.5% of your income. Your state may allow a medical deduction. Therefore, please complete this section to enable you to get the maximum federal and state medical deductions. Do not include premiums for Accident or Disability insurance.</i>					
Prescriptions	\$		Physician/Dentist/Chiropractor	\$	
Long-Term Care Expenses <i>(not covered by insurance)</i>	Taxpayer	\$	Spouse	Long-Term Care Insurance Premiums Paid	Taxpayer
Insurance Premiums— Not Pre-Tax	\$		Hospital	\$	
Co-Pays	\$		Lab Fees	\$	
Contacts/Glasses	\$		Laser Eye Surgery/Lasik	\$	
Psychotherapy/Counseling	\$		COBRA Premiums	\$	
Miles Driven for Medical 01/01/2008–06/30/2008			mi.	Miles Driven for Medical 07/01/2008–12/31/2008	
Health Care Tax Credit —send us form 8885 or Form 1099-H. You should receive either of these forms if you are eligible.					
If you took a withdrawal from your Health Savings Account, was it for medical purposes?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Questions? 800-224-8066

IRS Requirements for Cash Contributions: You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a cancelled check, a bank copy of a cancelled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution.

Cash	Church	\$	Official Charities	\$	Airline Charity	\$
	School/Education Contributions	\$	Charitable Miles Driven			mi.

The IRS requires written acknowledgement (1098-C) received from the charitable organization be attached to the return if you are taking a deduction over \$500. If your donation was valued at less than \$500 please complete the following:

Vehicle	Name of Charitable Organization:					
	Date of Donation	/	/	Make and Model of Vehicle		
	Fair Market Value under \$500	\$		Original Purchase Date & Price	/	/ \$
	Method to determine value:	How acquired?				

IRS Requirements for Non-Cash Contributions: The IRS requires an itemized list of all items donated and a receipt from the charitable organization. Name and address are required for any donation over \$500. Please make sure your receipt has a dollar value on it.

Non-Cash	Charitable Organization receiving donated goods:					
	Address of this organization:					
	Do you have an itemized list and the corresponding receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Date of Donation	/	/	Resale Value of Appliances	\$	
	Resale Value of Furniture	\$		Resale Value of Household Items	\$	
	Resale Value of Clothing	\$		How acquired? (purchase, inheritance, gift):		
	Original Purchase Date:	/	/	Original Purchase Price:	\$	

Non-Cash	Charitable Organization receiving donated goods:					
	Address of this organization:					
	Do you have an itemized list and the corresponding receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Date of Donation	/	/	Resale Value of Appliances	\$	
	Resale Value of Furniture	\$		Resale Value of Household Items	\$	
	Resale Value of Clothing	\$		How acquired? (purchase, inheritance, gift):		
	Original Purchase Date:	/	/	Original Purchase Price:	\$	

Do not include rental property expenses—see section E.
Provide 1098 statement from mortgage company. If you purchased, sold, or refinanced, send a copy of the closing statement.

Mortgage Interest on Principal Residence	\$	Real Estate Taxes on Principal Residence	\$
Home Equity Interest or 2nd Mortgage on your Principal Residence	\$	All other Real Estate taxes paid on personal residences, including vacant land.	\$
Mortgage Interest on 2nd Home	\$	Real Estate Taxes on 2nd Home	\$
Did you sell your home in 2008?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, send in purchase & sale closing statements.	
Was this property your primary residence for 2 of the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of years in home before sale:	
Was an office in home deduction ever taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide tax return from each year taken (new clients).	
Was this home ever used as a rental property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide tax return from each year rented (new clients).	
Did you refinance your home in 2008?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of years you refinanced:	
Did you refinance your home in 2008?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, send in closing statements.	
Did you purchase your home in 2008?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, send in closing statements and PMI amount paid.	

Note: Interest paid on a boat/RV will qualify as a deduction if it has a lavatory and a range.
If you pay Real Estate Taxes and are not able to itemize, a deduction will still be taken for the real estate tax paid during 2008.

M. FIRST-TIME HOME BUYER CREDIT	Did you purchase a home after April 8, 2008	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did you own a main home during the three years prior to purchase? (If you answer yes, you do not qualify.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you want to take a tax credit of up to the lower of 10% of the contract price or \$7,500 on your 2008 Return?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: This amount will be paid back over 15 years starting with your 2010 tax return. Please call with questions if you qualify for this credit!

K. CHARITABLE CONTRIBUTIONS (New Requirements for 2008)

L. HOMEOWNER INFORMATION

M. FIRST-TIME HOME BUYER CREDIT

N. CASUALTY/ THEFT & LOSS*	<i>Only net amounts over 10% of your income are deductible. Please provide itemized insurance list or police report.</i>						
	Type of Property	Reason for Damage	Date of Event	Date Acquired	Value Before Loss/Damage	Value After Loss/Damage	Insurance Reimbursement
			/ /	/ /	\$	\$	\$

O. MISCELLANEOUS EXPENSES	Tax Prep Fees Paid in 2008	\$	Margin or Investment Interest Paid	\$
	Tax Prep Mailing or Shipping Expenses	\$	Investment Expense	\$
	Tax Prep Books/Software	\$	IRA Fees (<i>not paid out of IRA account</i>)	\$
	Safe Deposit Box Rental	\$	Personal Property/Vehicle Excise Tax	\$

P. GAMBLING WINNINGS	<i>Gambling losses may only be used to offset winnings. Losses greater than winnings are not deductible. You need to have documentation of your gambling losses. Note: Provide 1099 G reporting state where winnings were paid.</i>			
	Total Amount of Winnings	\$	Total Amount of Losses	\$

Q. ESTIMATED TAX PAYMENTS	<i>The quarterly payments made to the IRS and/or your state. These payments are usually for tax on self-employment income.</i>					
	Federal Amount	Date of Payment	State Amount	Date of Payment	Local Amount	Date of Payment
	\$	/ /	\$	/ /	\$	/ /
	\$	/ /	\$	/ /	\$	/ /
	\$	/ /	\$	/ /	\$	/ /
\$	/ /	\$	/ /	\$	/ /	

W-2 INCOME ONLY*	<i>If you have a 2nd job, or your spouse has a job with non-reimbursed employee business expenses, please list them below. If you are a Policeman or Fireman, we have a detailed professional worksheet designed for your deductions. Call us or download one at www.1040Advantage.com.</i>					
	Name of Employer:	Uniform Items	\$	Company Business Cards	\$	
	Union Dues/Initiation Fee	\$	Uniform Maint./Alterations	\$	Pager (<i>if required for job</i>)	\$
	Professional Publications	\$	Company Related Phone Calls	\$	Cell Phone (<i>if required for job</i>)	\$
	Office Supplies	\$	Licenses	\$	Job Related Education Expense	\$
	Office Equip. (<i>Provide list</i>)	\$	Travel	\$	Meals/Entertainment	\$
	Were you reimbursed or paid for any of the above expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, what was the amount? \$	

NON AIRLINE	Vehicle Expense <i>Please answer ALL questions below! The IRS requires written evidence of business miles to qualify for the deduction!</i>					
	Type & Year of Vehicle:	Miles Driven for Business from 01/01/08–06/30/08	mi.			
	Date First Used for Business	/ /	Miles Driven for Business from 07/01/08–12/31/08	mi.		
	Do you have another car for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Miles Driven for Personal from 01/01/08–06/30/08	mi.		
	Do you have evidence to support the deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Miles Driven for Personal from 07/01/08–12/31/08	mi.		
	Is this evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Miles Driven for Commuting (<i>all year</i>)	mi.		
	Were you reimbursed or paid for any of the your vehicle expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the amount? \$					

EMPLOYEE BUSINESS DEDUCTIONS	Home Office <i>Must be required by Employer!</i>			
	Square Footage of Home	sq./ft	Cost of Utilities per Month	\$
	Square Footage of Space/Room Used	sq./ft	Amount of Rent Paid per Month	\$
	Purchase Price of Home	\$	Insurance—Homeowners/Renters	\$
	Months Office was in Home during 2008		Other—Specify	\$

Educator Expenses <i>Classroom expenses for K thru 12 educators may qualify for a special above the line deduction up to \$250.00</i>			
Total Classroom Expenses (<i>keep receipts</i>)	\$	Grade level taught?	

S. VEHICLE CREDIT*	Vehicle <i>The hybrid/alternative fuel tax credit is available on qualifying vehicles purchased after January 1, 2007. If you purchased a new hybrid/alternative fuel auto in 2008, you must enclose a copy of the manufacturer's certificate and a copy of your sales receipt to claim your credit.</i>			
	Did you purchase a new hybrid/alternative fuel auto during 2008?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of purchase:	/ /

Includes acting & modeling income. Send last year's return if you had the business and we did not prepare the return for you.

Name of Business:	Type of Business:
Taxpayer Name:	Taxpayer SSN: - - EIN:

Note: If you are incorporated, please download the Corporate Organizer or submit your K-1.

Gross Income (provide any 1099's)	\$
-----------------------------------	----

Advertising	\$	Supplies	\$	Postage & Shipping	\$
Business Insurance (not health)	\$	Taxes	\$	Telephone	\$
Interest: Mortgage	\$	Travel	\$	Bank Charges	\$
Other Interest	\$	Entertainment	\$	Self Employed Health Insurance	\$
Legal & Professional Fees	\$	Meals	\$	Other (specify)	\$
Rent (outside of home)	\$	Utilities (outside of home)	\$	Equipment Purchases (complete information below)	
Repairs	\$	Dues & Publications	\$	Date you started your business	/ /

Inventory *If you purchase goods to have available for resale or you manufacture goods for resale in your business, you may carry an inventory. Beginning inventory should be the same as ending inventory for the previous tax year. Please include, in the cost of inventory purchased during the year, only the cost of materials and supplies which became a part of the product which you sell. All other materials and supplies related to your business should be listed separately in the categories above.*

Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	\$
Inventory purchased during the year—less the cost of items withdrawn for personal use.	\$
Inventory at the end of the year.	\$

Vehicle Expense *Please answer ALL questions below! The IRS requires written evidence of business miles to qualify for the deduction!*

Type & Year of Vehicle:	Miles Driven for Business from 01/01/08–06/30/08	mi.
Date First Used for Business / /	Miles Driven for Business from 07/01/08–12/31/08	mi.
Do you have another car for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Miles Driven for Personal from 01/01/08–06/30/08	mi.
Do you have evidence to support the deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Miles Driven for Personal from 07/01/08–12/31/08	mi.
Is this evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No	Miles Driven for Commuting (all year)	mi.
Were you reimbursed or paid for any of the your vehicle expense? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the amount?	\$

Home Office *Must be used exclusively and regularly for business.*

Square Footage of Home	sq./ft	Cost of Utilities per Month	\$
Square Footage of Space/Room Used	sq./ft	Amount of Rent Paid per Month	\$
Purchase Price of Home	\$	Insurance—Homeowners/Renters	\$
Months Office was in Home during 2008		Other—Specify	\$

List Equipment Purchased in 2008	Date Purchased	Placed in Service	Cost
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$

Small Business Comments and Other Expenses

T. SMALL BUSINESS—SELF EMPLOYED—1099-MISC. INCOME*

Use yearly totals below! Send last year's tax return with this organizer if we did not prepare your return. If you own only a portion of the property or only a portion is rented out, please include only the amounts that apply.

Property	Date First Used as Rental	Purchase Price	Ownership %	Type of Property	Street	Address	City	State
1	/ /	\$	%					
2	/ /	\$	%					
3	/ /	\$	%					

Property	1	2	3		1	2	3
Rent Received	\$	\$	\$	Repairs	\$	\$	\$
Advertising	\$	\$	\$	Supplies	\$	\$	\$
Travel Expense	\$	\$	\$	Taxes	\$	\$	\$
Cleaning	\$	\$	\$	Utilities	\$	\$	\$
Commissions	\$	\$	\$	Telephone	\$	\$	\$
Insurance	\$	\$	\$	Condo/Maint. Fees	\$	\$	\$
Legal/Prof. Fees	\$	\$	\$	Lawn Care	\$	\$	\$
Mgmt. Fees	\$	\$	\$	Bank Fees	\$	\$	\$
Interest	\$	\$	\$	Other	\$	\$	\$

Vehicle Expense Please answer ALL questions below! The IRS requires written evidence of business miles to qualify for the deduction!

Type & Year of Vehicle:	Date First Used for Rental Activity	/ /
Miles Driven for Rental from 01/01/08–06/30/08	mi.	Do you have evidence to support the deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Miles Driven for Rental from 07/01/08–12/31/08	mi.	Is this evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you had rental car expenses (rental fee & gas), please total them here and do not include the mileage above!		\$

U. RENTAL INCOME & EXPENSE*

Important Questions	Property 1	Property 2	Property 3
Enter the number of months that this property was rented this year.			
Enter the number of months that this property was available for rent this year.			
List the number of days each property was used for personal use.			
Did you actively participate in the management of this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pay anyone a fee to manage this property for you this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you maintain a log of the number of hours that you personally worked on this property during this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the average rental period/lease for this property 7 days or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

List of Major Improvements Made in 2008 (Do not include maintenance or repair items)	Date of Improvement	Property 1, 2 or 3	Cost
			\$
			\$
			\$
			\$
			\$

Sale of Rental Property

What was the date of the sale? / / What was the date of purchase? / /

Note: We need a copy of your settlement/closing statement for both the purchase and the sale of the property. In addition, new clients should send prior year tax returns where the property was claimed as a rental.

Rental Comments and Other Expenses

Remember! Keep rental records separate from your personal expenses! Use a separate credit card solely for your rental property expenses—this will help you with your receipt and record keeping!

STATE/LOCAL ISSUES

If you want us to prepare your city (CO, DE, MI, MO, PA, OH, or if applicable in your state), local (PA or OH) or school district (OH) tax, please complete the section below and provide the proper form or earnings statement required by the taxing location. Local tax paid with the filing of your return last year should be entered under Important Questions on page 1. Please send instructions with forms to be completed. (No additional forms for NYC are required.)

Do you want us to prepare your local earnings or income tax return? <i>(If yes, provide tax form.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Locality:	
Did you pay any estimated tax to your locality during 2008? <i>(Do not include amounts withheld on your W-2.)</i>	\$
Did you pay additional tax for 2007 when you filed your local return in 2008?	\$

Please Provide information for your state of residence.

STATE SPECIFIC ISSUES (Residence State Only)	CA	Amount Spent on Solar Energy Equipment <i>(including installation)</i> .	\$																				
	If you have a registered Domestic Partner, provide name and SSN.																						
	CT	Residents—Need District, List or Bill #, Date Paid and Amount Paid on Home and Auto Property Tax.																					
		<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 15%;">Property</th> <th style="width: 35%;">District</th> <th style="width: 20%;">List or Bill #</th> <th style="width: 15%;">Date Paid</th> <th style="width: 15%;">Amount Paid</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Home</td> <td></td> <td></td> <td style="text-align: center;">/ /</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">Auto 1</td> <td></td> <td></td> <td style="text-align: center;">/ /</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">Auto 2</td> <td></td> <td></td> <td style="text-align: center;">/ /</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>	Property	District	List or Bill #	Date Paid	Amount Paid	Home			/ /	\$	Auto 1			/ /	\$	Auto 2			/ /	\$	
	Property	District	List or Bill #	Date Paid	Amount Paid																		
	Home			/ /	\$																		
	Auto 1			/ /	\$																		
	Auto 2			/ /	\$																		
	DC	Do you have a carryover of the DC First Time Home Buyers Credit from 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
	DE	Clothing or other expenses incurred for the active volunteer firefighter.	\$																				
	FL	If you own marketable securities valued over \$250,000 <i>(\$500,000 if joint)</i> at year end, please provide investment statements for the FL Intangible Tax Return. If you DO NOT want us to prepare your FL Intangible Tax Return, initial here:																					
	GA	Amount spent on home care services for person(s) over 62 years old.	\$																				
	HI	Cost of child restraint seat purchased during 2008.																					
	ID	Cost of insulation installed in primary residence during 2008.	\$																				
	IN	Insulation Installed <i>(include date of purchase and installation, and cost.)</i>	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 15%;">Purchase Date</th> <th style="width: 15%;">Install Date</th> <th style="width: 20%;">Amount Paid</th> <th style="width: 50%;">Age of House</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">years</td> </tr> </tbody> </table>	Purchase Date	Install Date	Amount Paid	Age of House	/ /	/ /	\$	years												
	Purchase Date	Install Date	Amount Paid	Age of House																			
	/ /	/ /	\$	years																			
	MA	Same sex partners must file as either MFJ or MFS. Are you legally married to a same sex partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
		Please provide qualified commuter expenses <i>(public transportation only)</i> .	\$																				
		Please provide Form 1090HC. This form is required to claim health coverage exemption.																					
MI	Provide the property tax statement showing 2008 taxable value of your home.	\$																					
MN	Send statement of property taxes payable in 2009. You should receive this statement in March of 2009.																						
MT	Contributions to First Time Homebuyers Savings Account	\$																					
NH	If you have interest/dividends in excess of \$2400, do you want us to prepare your state return?	<input type="checkbox"/> Yes <input type="checkbox"/> No																					
OH	Amount of job training expenses incurred after employment layoff.	\$																					
VT	Provide the 2008/2009 property tax bill.	\$																					

If you paid rent at your TAX ADDRESS during year 2008, and it is in IN, MA, MI, MN, NJ, WI, or CA or a state with a renter's credit, complete the following section. MN residents send us your Certificate of Rent Paid (CRP).

RENTER'S CREDIT	Landlord's Name:	Landlord's Address:		
	Total Monthly Rent	\$	Your Portion of Monthly Rent	\$
	Apartment Address:			
	NJ Residents —Do you have a roommate? If yes, roommate's name:		Roommate's SSN: - -	
	NJ Roommate's Number of Months Rented	mos.	NJ Roommate's Monthly Rent	\$
	<i>Note: For NJ residents to qualify for the credit, all roommate information must be provided.</i>			

Questions? 800-224-8066

K-12 Education Credits for AZ, IL, IA, & MN <small>See state specific qualified expenses below. Keep all related receipts!</small>						
Name of Student	Grade	Qualified Expenses	Name of School	Address	State	Zip
		\$				
		\$				
		\$				
		\$				
		\$				

Arizona Only fees or donations to a public or charter school located in Arizona, for extracurricular activities or character education programs qualify. Expenses in excess of the \$250 maximum credit may be carried forward.

Illinois Fees, book rental, band or lab equipment rental, or tuition paid directly to public, private or religious schools qualify (*must be over \$250*).

Iowa Fees for tuition and textbooks to an Iowa accredited not-for-profit school. Some extracurricular expenses qualify, such as activity/club fees or dues, fees to participate in school sports, etc.

Minnesota Tuition and fees paid to public or private schools. Other education supplies including up to \$400 for the purchase of a home computer and educational software.

Please provide the end of the year statement for all plans.				
Education Savings Plans <small>Only list contributions made on or before 12/31/08</small>			Beneficiary/Student	Amount
Contributions to Coverdell Education Savings Plan				\$
Contributions to Coverdell Education Savings Plan				\$
Contributions to State College Savings 529 Plan	St. Plan Name:			\$
Contributions to State Prepaid Tuition Program	St. Plan Name:			\$

Additional Comments

Privacy Policy

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for example, providing information to our employees and those of our affiliates, Pilot-Tax and H&R Block Tax and Business Services, River City Bank, Republic Bank and Trust and to our tax return processing center for purposes of preparing and processing your tax return. In all situations we stress the confidential nature of information being shared. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with professional standards and the law.

Short Form

If you are unable to itemize your deductions, and there are no additional forms, you may wish to complete the return yourself. Our fee for calculating and electronically filing the Federal Short Form is \$99 plus \$30 for the state. If you do not want us to process the short form for you, please initial and your documents will be returned to you for you to file!

INITIAL HERE

*Note on fees

Most federal returns will be completed for the base fee of \$119. This includes the federal long form, itemized deductions, interest income and various other items. However, more complex returns require additional forms to be filed. The fees for the additional forms are on a per form basis. An asterisk(*) has been placed next to each section of the Organizer that requires additional forms and an additional fee. Please call if you have any questions concerning the fee for your return.

PRICING INFORMATION

\$30 processing fee for all Organizers postmarked after March 20th!

Processing fee also applies to returns postmarked after September 25th!

All returns must be received by April 1st to guarantee preparation completion by April 15th.

Item	Form #	Price	Item	Form #	Price
Federal Long Form and Schedule A	1040	\$119	Federal Estimated Payment Vouchers	1040 ES	\$30
State Return		\$30 each	Foreign Income Exclusion/Bona Fide Resident	2555	\$50
Additional Forms			Foreign Source Income Calculation		\$50
Local Tax Return		\$30 each	Foreign Tax Credit	1116	\$30
Joint Return		\$10	Health Insurance Credit	8885	\$20
W-2's in excess of 2 per Taxpayer		\$3 each	Injured Spouse/Innocent Spouse	8379/8857	\$30
1099 Retirement—Tax and Penalty	5329	\$30	Installment Gain	6252	\$50
Fee from Refund	ERD	\$30	Interest & Dividend Income over \$1500	Sch. B	\$30
Additional Child Tax Credit	8812	\$10	Investment Interest Expense	4952	\$20
Alternative Minimum Tax	6251	\$20	Investment Tax—Children Under 18	8615	\$30
Alternative Motor Vehicle Credit	8910	\$30	Mortgage Interest Credit	8396	\$20
Business Use of Home	8829	\$30	Moving Expense	3903	\$30
Capital Gains & Losses <i>(see note below)</i>	Sch. D	\$20*	Net Operating Loss	1045	\$50
Casualty Loss and/or Theft	4684	\$30	Non Cash Contributions	8283	\$30
Child Care Credit	2441	\$30	Non Deductible IRA	8606	\$30
Contract & Straddles	6781	\$40	Parents Reporting of Childs Income	8814	\$30
DC First Time Home Buyers Credit	8859	\$30	Partnerships & S Corporations	K-1	\$30
Depreciation Worksheet		\$10 each	Passive Activity Loss	8582	\$20
Earned Income Credit	Sch. EIC	\$20	Rental Property <i>(price per property)</i>	Sch. E	\$50
Education Credits or Deductions	8863/1040	\$20	Retirement Savings Credit	8880	\$10
Employee Business Expense Form	2106	\$30	Sale of Business Assets	4797	\$50
Energy Credit	5695	\$50	Self Employment Tax	Sch. SE	\$10
Extension of Time to File	4868	\$20	Small Business/Self Employment Income	Sch. C	\$50 each
Farm Income	Sch. F	\$50	Standard Return <i>(Non E-File)</i>		\$20
Farm Rental	4835	\$50	Telephone LD Excise Tax Credit	8913	\$50

Note: Sale of Stocks and Bonds are calculated at \$20 for the first three transactions and \$3.00 for each additional transaction.

All Clients MUST Sign Below for Return to be Processed!

I certify that the information provided in this organizer is accurate and complete. I understand it is my responsibility to include any and all information concerning income, deductions and other information necessary for the preparation of my personal tax return. The forms listed in the Pricing Information section are the most common forms used. Additional forms not listed may result in per form fees. Administrative fees will apply for more complex returns. I will be responsible for any collection fees due to nonpayment. (If filing a joint return, both you and your spouse must sign.)

Signature	Signature of Spouse	Date
-----------	---------------------	------

Final Checklist

<input type="checkbox"/> Originals of all W-2's <input type="checkbox"/> Originals of Interest Statements 1099 INT <input type="checkbox"/> Original Tuition Statement 1098T <input type="checkbox"/> Original Dividend Statements 1099 DIV <input type="checkbox"/> Copies of Sale of Stock/Bonds 1099B <input type="checkbox"/> Copies of Brokerage Statements for All Sales <input type="checkbox"/> Copies of Year-end Brokerage Statements <input type="checkbox"/> Copies of Mortgage Statements 1098	<input type="checkbox"/> Copy of Closing Statement if Bought/Sold Home <input type="checkbox"/> Copy of Receipt for Sales Tax on Car or Boat <input type="checkbox"/> Signed Application for Fee from Refund <input type="checkbox"/> Copy of Last Pay Stub of 2008 <input type="checkbox"/> Copies of Monthly Flight Schedules—Domestic & International <input type="checkbox"/> Original Retirement Statements 1099R <input type="checkbox"/> Original Voided Check for Direct Deposit	<input type="checkbox"/> Original Local Tax Forms with Instructions <input type="checkbox"/> Copy of Last Year's Tax Return if you are a New Client <input type="checkbox"/> Copy of Any Statement of which you are unsure <input type="checkbox"/> Copy of K-1's for Partnership, S-Corp, or Trusts <input type="checkbox"/> Payment <input type="checkbox"/> Signed Back Page! <input type="checkbox"/> Complete Organizer!
--	---	---

H&R BLOCK
tax & business services

www.1040Advantage.com
U.S. Postal Mailing Address:
 P.O. Box 139
 Cicero, IN 46034

800-224-8066
 LOCAL VOICE 317-984-1535
FAX 800-453-5358
 LOCAL FAX 317-984-5841

FedEx/Overnight Shipping ONLY:
 220 West Jackson Street
 Cicero, IN 46034

Electronic Filing Instructions:

For you to have your refund electronically filed by Advantage Tax H&R Block Tax and Business Services, you must do the following:

1. Check the yes box on page 11 of the Client Organizer, stating that you want to have your return electronically filed.
2. Keep this copy of the 8879 Electronic Filing Authorization form with you.
3. We will contact you once your return is calculated and provide you with the final numbers to complete this form.
4. Fill in your name and Social Security number on the top of the form.
5. Select a personal identification number (PIN) as your signature for your electronic income tax return. This 5 digit PIN can be any combination of numbers you choose. Most of our clients use their 5 digit zip code. You will not be required to remember this PIN for any future purpose.
6. Under Part II, enter your PIN in the five boxes provided.
7. Sign and date the form.
8. Fax it to us at **(317)984-5841!**
9. Call us at (317)984-1535 to confirm receipt of your fax!

