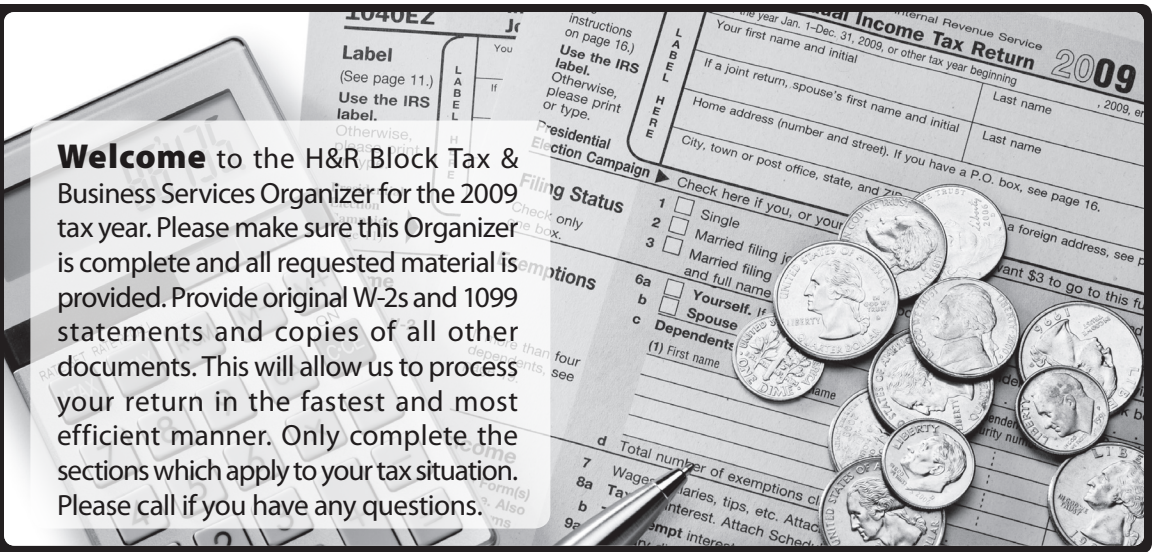


**Welcome** to the H&R Block Tax & Business Services Organizer for the 2009 tax year. Please make sure this Organizer is complete and all requested material is provided. Provide original W-2s and 1099 statements and copies of all other documents. This will allow us to process your return in the fastest 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	Employer		Date of Hire	Preferred Name/Nickname	
Taxpayer:			/ /		
Spouse:			/ /		
Email:	Home Phone Number:		Cell Phone Number:		
Spouse's Email:	Spouse's Home Number:		Spouse's Cell Number:		
Best way to contact you:	May we send you text messages on your cell phone? If yes, please provide carrier (e.g. Verizon, Sprint, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**FILING STATUS (Check One)**

<input type="checkbox"/> <b>Single</b>	<input type="checkbox"/> <b>Married Filing Joint</b>	<input type="checkbox"/> <b>Qualifying Widow(er)</b> Spouse's date of death ____/____/____
<input type="checkbox"/> <b>Married Filing Separate</b> <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 2009?	<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"/> <b>Head of Household</b> <i>If you are the custodial parent &amp; 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 INFORMATION**

Dependent's income must be under \$3650 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.

Name (as it 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
	/ /	- -			<input type="checkbox"/> Yes <input type="checkbox"/> No

Divorced/Separated Parents: Do you alternate claiming child(ren) in even/odd years?  Yes  No *If yes, please provide details.*

**IMPORTANT QUESTIONS**

Yes	No	Please Answer All Questions	Amount
<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"/>	Did you receive any alimony during 2009?	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay any alimony in 2009? To: SSN: - -	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any unemployment during 2009? If yes, please provide Form 1099 G.	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any Social Security during 2009? (Enclose SSA - 1099)	
<input type="checkbox"/>	<input type="checkbox"/>	If you receive Social Security, Veterans Disability, or Pension Benefits or are a government retiree, did you receive a \$250 Economic Recovery Payment in 2009?	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any children under age 24 with investment income over \$1900? If yes, please provide 1099 statements.	
<input type="checkbox"/>	<input type="checkbox"/>	Did you adopt a child during 2009? If yes, contact us for additional information.	
<input type="checkbox"/>	<input type="checkbox"/>	Do you owe any back taxes to the IRS or your state?	
<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 the IRS garnish your refund last year?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled, forgiven or refinanced? If yes, provide details and Form 1099-A and/or 1099-C.	
<input type="checkbox"/>	<input type="checkbox"/>	At any time in 2009, 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 a K-1 from any entities—Corporation, Estate, Trust, Partnership, etc.? If yes, enclose.	

Yes	No	Please Answer All Questions	Amount
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any type of additional income during 2009? (jury duty pay, taxable prizes, trustee fees, training stipends, duty free commissions, etc.) If yes, please describe & provide amount. Provide 1099-MISC if applicable.	\$
<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"/>	Did you provide temporary rent-free housing in your main home to a person dislocated by the midwestern disasters? If yes, contact us for additional information.	
What is your maiden name or previous married name?			
<input type="checkbox"/>	<input type="checkbox"/>	Did H&R Block Tax & Business Services prepare your 2008 tax return? <i>If you answered yes, please skip ahead to the next section. If no, please answer the remaining questions and include a copy of your 2008 federal and state tax returns.</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a federal refund last year? If yes, amount?	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a state and/or local tax refund last year? If yes, amount?	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you pay additional tax when you filed your state or local tax return last year? If yes, amount?	\$
<input type="checkbox"/>	<input type="checkbox"/>	Did you itemize your deductions for 2008?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you take a distribution from a retirement plan (401K, IRA, SEP, Roth) during 2007 or 2008?	
<input type="checkbox"/>	<input type="checkbox"/>	Have you been (or are you being) audited for 2007 or 2008?	
Who referred you to H&R Block Tax & Business Services?			

**STATE RESIDENCY INFORMATION**

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 W-2 for each state. We must have ALL of these W-2's.

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 H&R Block Tax & Business Services 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

**A. FORM W-2: WAGE AND TAX STATEMENT**

Please list the 2009 employers for you and your spouse, and provide the original Forms W-2.

Employer	Taxpayer or Spouse?	Employer	Taxpayer or Spouse?
	<input type="checkbox"/> T/P <input type="checkbox"/> S		<input type="checkbox"/> T/P <input type="checkbox"/> S
	<input type="checkbox"/> T/P <input type="checkbox"/> S		<input type="checkbox"/> T/P <input type="checkbox"/> S
	<input type="checkbox"/> T/P <input type="checkbox"/> S		<input type="checkbox"/> T/P <input type="checkbox"/> S

**B. FORM 1099-INT: INTEREST INCOME**

Please list the institutions for which 2009 interest income was received for you, your spouse, and any dependents under the age of 24. If your child files their own tax return and their interest and dividends are over \$1900, it must be reported on your return or be taxed at your tax rate on their return. Please provide the original Forms 1099-INT or other statements reporting interest income.

Institution	Taxpayer, Spouse or Dependent?	Institution	Taxpayer, Spouse or Dependent?
	<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D		<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D
	<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D		<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D
	<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D		<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D

**C. FORM 1099-DIV: DIVIDENDS AND DISTRIBUTIONS**

Please list the institutions for which 2009 dividends and capital gains distributions were received for you, your spouse, and any dependents under the age of 24. If your child files their own tax return and their interest and dividends are over \$1900, it must be reported on your return or be taxed at your tax rate on their return. Please provide the original Forms 1099-DIV and all year-end summary statements.

Institution	Taxpayer, Spouse or Dependent?	Institution	Taxpayer, Spouse or Dependent?
	<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D		<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D
	<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D		<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D
	<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D		<input type="checkbox"/> T/P <input type="checkbox"/> S <input type="checkbox"/> D

**D. FORM 1099-B: STOCKS AND BONDS SOLD\***

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

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

**E. FORM 1099-R: DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT, PROFIT SHARING PLANS, IRAs, ETC.\***

Please list the institutions and provide the following information for which 2009 distributions were received for you and your spouse. **Please provide the original Forms 1099-R.**

Institution	Taxpayer or Spouse?	Date of Distribution	Reason for Distribution	Amount rolled over, if any
	<input type="checkbox"/> T/P <input type="checkbox"/> S			\$
	<input type="checkbox"/> T/P <input type="checkbox"/> S			\$
	<input type="checkbox"/> T/P <input type="checkbox"/> S			\$
	<input type="checkbox"/> T/P <input type="checkbox"/> S			\$

**F. IRA & SELF EMPLOYED RETIREMENT CONTRIBUTIONS\***

	Taxpayer	Spouse
<b>Traditional IRA</b>		
Do you want us to calculate the maximum amount you may contribute for 2009? <i>Not available if tax return is filed after 4/15/10. (\$10 additional fee)</i>	<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
2009 contribution already made, if any. <i>(May qualify for tax credit.)</i>	\$	\$
<b>Roth IRA</b>		
Do you want us to calculate the maximum amount you may contribute for 2009? <i>Not available if tax return is filed after 4/15/10. (\$10 additional fee)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2009 Roth contribution already made, if any. <i>(May qualify for tax credit.)</i>	\$	\$
<b>Self Employment Retirement Plan</b>		
Do you want us to calculate the maximum amount you may contribute for 2009? <i>(\$10 additional fee)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2009 contribution already made, if any. <i>(May qualify for tax credit.)</i>	\$	\$

**G. EDUCATIONAL DEDUCTION\* & STUDENT LOAN INTEREST\***

Did you pay any student loan interest in 2009? **If so, provide Form 1098E.**  T/P  S  D \$

For the Tuition and Fees Deduction or the American Opportunity Tax Credit (formerly 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, books and other required materials an individual is **required** to pay in order to be enrolled in an eligible institution. Expenses that **may or may not be considered qualified** are charges and fees associated with room, board, student activities, athletics, insurance, 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!**

Please provide Form 1098T	Student #1	Student #2	Student #3	Student #4
Name of Student				
Name of Institution				
Year in College	1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> Grad	1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> Grad	1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> Grad	1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> 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
Was Hope Credit claimed in 2008?	<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
Amount of 529 Plan Withdrawals	\$	\$	\$	\$
Amount of Room & Board Expense	\$	\$	\$	\$

**Educator Expenses** Classroom expenses for K thru 12 educators may qualify for a special above the line deduction up to \$250.00

Total Classroom Expenses (keep receipts)	\$	Grade level taught
--	----	--------------------

### H. MOVING EXPENSES\*

Only report job related relocations of primary residence below.

Moved Primary Residence From:		Old Base:	Number of Vehicles driven:	#
Moved Primary Residence To:		New Base:	Miles driven for move:	#
Distance (Miles from old home to new workplace):	mi.	Lodging Expense (only while in transit):		\$
Distance (Miles from old home to old workplace):	mi.	Moving Expense (material, rental, movers, & storage):		\$
Date Moved:	/ /	Was this move for change of job for spouse?		<input type="checkbox"/> Yes <input type="checkbox"/> No

### I. 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: Provider 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
				\$
				\$
				\$

### J. SALES TAX

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 of 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.)  
**New for 2009:** You may be able to take a deduction for sales tax paid on a new vehicle purchased or leased after February 16, 2009, whether or not you itemize your deductions.

Sales tax paid on the purchase of an automobile, boat, RV, or aircraft during 2009. (Enclose copy of receipts.)	\$
Sales tax paid on all items purchased during 2009—IRS requires documentation for all items purchased.	\$

### K. HEALTH SAVINGS ACCOUNTS (HSA)

If you or your spouse has a Health Savings Account, please provide the following information. Please provide Forms 5498-SA and/or 1099-SA, as applicable.

What type of high deductible health plan do you have?	<input type="checkbox"/> Self Only <input type="checkbox"/> Family	Number of months in the high deductible health plan in 2009	months	Was high deductible health plan in effect for the month of December 2009?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total HSA contributions for 2009 made by your employer	\$	Total HSA distributions for 2009		\$	
Total HSA contributions for 2009 made by you	\$	Total unreimbursed qualified medical expenses		\$	

### L. MEDICAL EXPENSES

Do not include amounts paid by insurance or with pre-tax dollars (Health Savings Account or 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.

Prescriptions	\$	Physician/Dentist/Chiropractor	\$
Long-Term Care Insurance Premiums Paid	Taxpayer \$ Spouse \$	Long-Term Care Expenses (not covered by insurance)	Taxpayer \$ Spouse \$
Insurance Premiums— <b>Not Pre-Tax</b>	\$	Contacts/Glasses	\$
COBRA Premiums	\$	Psychotherapy/Counseling	\$
Co-Pays	\$	Hospital	\$
		Lab Fees	\$
		Laser Eye Surgery/Lasik	\$
		Miles Driven for Medical	mi.

Health Care Tax Credit—send us Form 8885 or Form 1099-H. You should receive either of these forms if you are eligible.

### M. VEHICLE CREDIT\*

**Vehicle** If you purchased a new hybrid/alternative fuel auto in 2009, you must enclose a copy of the manufacturer's certificate and a copy of your sales receipt to claim your credit.

Did you purchase a new hybrid/alternative fuel auto during 2009?  Yes  No If yes, date of purchase: / /

**Electric Vehicles and Electric Drive Conversion Kits** A credit may be available for plug-in electric vehicles and plug-in electric drive conversion kits purchased in 2009.

Did you purchase a new plug-in electric vehicle or a plug-in electric drive conversion kit in 2009?  Yes  No  
 If yes, you must provide a copy of the manufacturer's certificate and a copy of your sales receipt.

### N. RESIDENTIAL ENERGY CREDITS\*

If you made qualifying energy improvements to your home, you may be eligible for an energy credit.

Did you install insulation, energy efficient windows, doors, skylights, heating and air conditioning systems, water heaters, or biomass stoves, or metal or asphalt roofs? If yes, please provide a copy of the manufacturer's certificate and a copy of your sales receipt.  Yes  No

Did you install alternative energy equipment, such as solar hot water heaters, geothermal heat pumps, or wind turbines? If yes, please provide a copy of the manufacturer's certificate and a copy of your sales receipt.  Yes  No

**O. CHARITABLE CONTRIBUTIONS\***

**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.

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

**IRS Requirements for Vehicle Contributions:** 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:

<b>Vehicle</b>	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.

<b>Non-Cash</b>	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 Furniture	\$	
	Original Purchase Date:	/	/	Resale Value of Clothing	\$	
	How acquired? (purchase, inheritance, gift):			Resale Value of Appliances	\$	
	Original Purchase Price:	\$		Resale Value of Household Items	\$	

<b>Non-Cash</b>	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 Furniture	\$	
	Original Purchase Date:	/	/	Resale Value of Clothing	\$	
	How acquired? (purchase, inheritance, gift):			Resale Value of Appliances	\$	
	Original Purchase Price:	\$		Resale Value of Household Items	\$	

**P. HOMEOWNER INFORMATION**

**Do not include rental property expenses**—see Section W. 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	\$

At any time in 2009, did the mortgage balances on your principal and/or second homes exceed \$1,100,000?  Yes  No

Did you sell your home in 2009?  Yes  No If yes, provide purchase & sale closing statements.

Was this property your primary residence for 2 of the past 5 years?  Yes  No Number of years in home before sale:

Was an office in home deduction ever taken?  Yes  No If yes, please provide tax return from each year taken (new clients).

Was this home ever used as a rental property?  Yes  No If yes, please provide tax return from each year rented (new clients).

Did you refinance your home in 2009?  Yes  No If yes, please provide number of years you refinanced & closing statement.

Did you purchase your home in 2009?  Yes  No If yes, **a copy of your closing statement is required.**

If yes: Did you or your spouse own a main home during the three years prior to purchase? (If no, you may qualify for a First-Time Homebuyer credit.)  Yes  No

If no: Did you take the First-Time Homebuyer credit on your 2008 tax return?  Yes  No

If yes: Did you purchase your home after November 6, 2009 and before June 30, 2010?  Yes  No

If yes: Did you live in your previous home for any five-consecutive years during the eight-year period that ended on the date you purchased your new home? (If yes, you may qualify for the long-time homebuyer credit.)  Yes  No

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 2009.

### Q. CASUALTY THEFT & LOSS

Only net amounts over 10% of your income are deductible. Please provide itemized insurance list or police report.

Type of Property	Reason for Damage	Date of Event	Date Acquired	Value Before Loss/Damage	Value After Loss/Damage	Insurance Reimbursement
		/ /	/ /	\$	\$	\$

### R. MISCELLANEOUS EXPENSES

Tax Prep Fees Paid in 2009	\$	Margin or Investment Interest Paid	\$
Tax Prep Mailing or Shipping Expenses	\$	Investment Expense	\$
Tax Prep Books/Software	\$	IRA Fees (not paid out of IRA account)	\$
Safe Deposit Box Rental	\$	Personal Property/Vehicle Excise/Ad Valorem Tax	\$

### S. GAMBLING WINNINGS

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 Forms W-2G reporting state where winnings were paid.**

Total Amount of Winnings	\$	Total Amount of Losses	\$
--------------------------	----	------------------------	----

### T. ESTIMATED TAX PAYMENTS

The quarterly payments made to the IRS and/or your state. These payments are usually for tax on self-employment income.

Federal Amount	Date of Payment	State Amount	Date of Payment	Local Amount	Date of Payment
\$	/ /	\$	/ /	\$	/ /
\$	/ /	\$	/ /	\$	/ /
\$	/ /	\$	/ /	\$	/ /
\$	/ /	\$	/ /	\$	/ /

### U. EMPLOYEE BUSINESS DEDUCTIONS—W-2 INCOME ONLY\*

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](http://www.1040Advantage.com).

Name of Employer:	Uniform Items	\$	Company Business Cards	\$
Union Dues/Initiation Fee	Uniform Maint./Alterations	\$	Pager (if required for job)	\$
Professional Publications	Company Related Phone Calls	\$	Cell Phone (if required for job)	\$
Office Supplies	Licenses	\$	Job Related Education Expense	\$
Office Equip. (Provide list)	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?	\$

**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	mi.
Date First Used for Business	Miles Driven for Personal	mi.
Do you have another car for personal use?	Miles Driven for Commuting	mi.
Do you have evidence to support the deduction?	Were you reimbursed or paid for any of your vehicle expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this evidence written?	If yes, what was the amount?	\$

**Home Office** Must be required by Employer!

Square Footage of Home	sq./ft	Cost of Utilities during 2009	\$
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 2009		Other—Specify	\$

**Questions? 800-224-8066**

**V. SMALL BUSINESS—SELF EMPLOYED—1099-MISC. INCOME\***

*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 & Maintenance	\$	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	mi.
Date First Used for Business	Miles Driven for Personal	mi.
Do you have another car for personal use?	Miles Driven for Commuting	mi.
Do you have evidence to support the deduction?	Were you reimbursed or paid for any of your vehicle expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this evidence written?	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 during 2009	\$
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 2009		Other—Specify	\$

List Equipment Purchased in 2009	Date Purchased	Placed in Service	Cost
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$

**Small Business Comments and Other Expenses**

---



---



---



---



---

**W. RENTAL INCOME AND EXPENSE\***

*Use yearly totals below! Send last year's tax return with this organizer if H&R Block Tax & Business Services 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	Fair Market Value	Ownership %	Type of Property	Street	Address	City	State
1	/ /	\$	%					
2	/ /	\$	%					
3	/ /	\$	%					

Property	1	2	3	Property	1	2	3
Total Rent Received	\$	\$	\$	Repairs & Maintenance	\$	\$	\$
Advertising	\$	\$	\$	Supplies	\$	\$	\$
Travel/Hotel Expense	\$	\$	\$	Taxes	\$	\$	\$
Rental Miles	mi.	mi.	mi.	Utilities	\$	\$	\$
Cleaning	\$	\$	\$	Telephone	\$	\$	\$
Commissions	\$	\$	\$	Condo/Maint. Fees	\$	\$	\$
Insurance	\$	\$	\$	Lawn Care	\$	\$	\$
Legal/Prof. Fees	\$	\$	\$	Bank Fees	\$	\$	\$
Mgmt. Fees	\$	\$	\$	Other	\$	\$	\$
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	/ /
Total Miles Driven for Personal	mi.	Do you have evidence to support the deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Miles Driven for Commuting	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!		\$

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 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
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
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 Furniture & Equipment Purchased and Major Improvements Made in 2009 <i>(Do not include routine maintenance or minor repair items)</i>	Date of Purchase/Improvement	Property 1, 2 or 3	Cost
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$

<b>Sale of Rental Property</b>			
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.*

<b>Rental Comments and Other Expenses</b>

**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

*Clients with local returns must be received by March 25 to guarantee return. 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 2. Please send instructions with forms to be completed. (No additional forms for NYC are required.)*

Do you want H&R Block Tax & Business Services 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 2009? <i>(Do not include amounts withheld on your W-2.)</i>	\$	
Did you pay additional tax for 2008 when you filed your local return in 2009?	\$	

## STATE FILING STATUS FOR CIVIL UNIONS

Are you in a legal union recognized by your state (e.g., same-sex marriage, registered domestic partnership)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: Partner Name:	Partner Soc. Sec. #:	
State Filing Status: <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <i>States require both partners use the same filing status on their state returns.</i>		

## STATE SPECIFIC ISSUES *(Residence State Only)*

*Please Provide information for your state of residence.*

<b>CA</b>	Amount Spent on Solar Energy Equipment <i>(including installation).</i>	\$								
<b>CT</b>	Residents—Need District, List or Bill #, Date Paid and Amount Paid on Home and Auto Property Tax.									
	<b>Property</b>	<b>District</b>								
	<b>Home</b>	<b>List or Bill #</b>								
	<b>Auto 1</b>	<b>Date Paid</b>								
	<b>Amount Paid</b>	\$								
	<b>Auto 2</b>	<b>Date Paid</b>								
	<b>Amount Paid</b>	\$								
<b>DC</b>	Do you have a carryover of the DC First Time Home Buyers Credit from 2008?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>DE</b>	Clothing or other expenses incurred for the active volunteer firefighter.	\$								
<b>GA</b>	Amount spent on home care services for person(s) over 62 years old.	\$								
<b>HI</b>	Cost of child restraint seat purchased during 2009.									
<b>ID</b>	Cost of insulation installed in primary residence during 2009.	\$								
<b>IN</b>	Insulation Installed <i>(include date of purchase and installation, and cost.)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Purchase Date</b></td> <td style="text-align: center;"><b>Install Date</b></td> <td style="text-align: center;"><b>Amount Paid</b></td> <td style="text-align: center;"><b>Age of House</b></td> </tr> <tr> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">years</td> </tr> </table>	<b>Purchase Date</b>	<b>Install Date</b>	<b>Amount Paid</b>	<b>Age of House</b>	/ /	/ /	\$	years
	<b>Purchase Date</b>	<b>Install Date</b>	<b>Amount Paid</b>	<b>Age of House</b>						
/ /	/ /	\$	years							
<b>MA</b>	Please provide qualified commuter expenses <i>(public transportation only)</i> . Please provide Form 1099-HC. This form is required to claim health coverage exemption and avoid penalty.	\$								
<b>MI</b>	Provide the property tax statement showing 2009 taxable value of your home.	\$								
<b>MN</b>	Send statement of property taxes <b>"payable in 2010"</b> . You should receive this statement in March of 2010.									
<b>MT</b>	Contributions to First Time Homebuyers Savings Account	\$								
<b>NH</b>	If you have interest/dividends in excess of \$2400, do you want H&R Block Tax & Business Services to prepare your state return?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>OH</b>	Amount of job training expenses incurred after employment layoff.	\$								
<b>VT</b>	Provide the 2009/2010 property tax bill.	\$								

## RENTER'S CREDIT

*If you paid rent at your TAX ADDRESS during year 2009, 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).*

Landlord's Name:		Landlord's Address:	
Total Monthly Rent	\$	# of Months Rented:	Your Portion of Monthly Rent
Apartment Address:			
<b>NJ Residents</b> —Do you have a roommate? If yes, roommate's name:		Roommate's SSN:	- -
<b>NJ</b> Roommate's Number of Months Rented	mos.	<b>NJ</b> Roommate's Monthly Rent	\$

*Note: For NJ residents to qualify for the credit, all roommate information must be provided.*

**K-12 EDUCATION CREDITS FOR AZ, IL, IA, & MN**

**K-12 Education Credits for AZ, IL, IA, & MN** *See state specific qualified expenses below. Keep all related receipts!*

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.

**EDUCATION SAVINGS ACCOUNTS**

*Please provide the end of the year statement for all plans.*

Education Savings Plans <i>Only list contributions made on or before 12/31/09</i>		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 Flightax, River City Bank 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
<b>Additional Forms</b>			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<br><input type="checkbox"/> Originals of Interest Statements 1099 INT<br><input type="checkbox"/> Original Tuition Statement 1098T<br><input type="checkbox"/> Original Dividend Statements 1099 DIV<br><input type="checkbox"/> Copies of Sale of Stock/Bonds 1099B<br><input type="checkbox"/> Copies of Brokerage Statements for All Sales<br><input type="checkbox"/> Copies of Year-end Brokerage Statements<br><input type="checkbox"/> Copies of Mortgage Statements 1098 | <input type="checkbox"/> Copy of Closing Statement if Bought/Sold Home<br><input type="checkbox"/> Copy of Receipt for Sales Tax on Car or Boat<br><input type="checkbox"/> <b>Signed Application for Fee from Refund</b><br><input type="checkbox"/> Copy of Last Pay Stub of 2008<br><input type="checkbox"/> Copies of Monthly Flight Schedules—Domestic & International<br><input type="checkbox"/> Original Retirement Statements 1099R<br><input type="checkbox"/> Original Voided Check for Direct Deposit | <input type="checkbox"/> Original Local Tax Forms with Instructions<br><input type="checkbox"/> Copy of Last Year's Tax Return if you are a New Client<br><input type="checkbox"/> Copy of Any Statement of which you are unsure<br><input type="checkbox"/> Copy of K-1's for Partnership, S-Corp, or Trusts<br><input type="checkbox"/> Payment<br><input type="checkbox"/> <b>Signed Back Page!</b><br><input type="checkbox"/> <b>Complete Organizer!</b> |
|--|---|---|

**H&R BLOCK**  
tax & business services

[www.1040Advantage.com](http://www.1040Advantage.com)  
**U.S. Postal Mailing Address:**  
 P.O. Box 590  
 Cicero, IN 46034

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

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