

General Information

Taxpayer

Spouse

First Name

Middle Initial

Last Name

Suffix

Social Security Number

Date of Birth

Check ("X") which phone number to list on return.

Home Phone

Work Phone

Cell Phone

Fax Number

Legally Blind

Totally Disabled

Claimed as a Dependent

Presidential Election Fund (\$3)

Occupation

E-mail address

State of Residence as of 12/31

County of Residence as of 12/31

School District as of 12/31

If Part Year, Period of Residency to

. to

Filing Status

Status on 2008 return :

Status as of 12/31/2009 :
Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____
- 5 Qualifying widow(er) with minor child Year spouse died _____

Address

Street _____ Apt/Suite : _____

City _____ State _____ Zip Code _____

Questions

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Basic Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1 Did your marital status change since last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Are there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you have any children under 19 (or 24 if a full time student) who received more than \$950 in investment income?
<input type="checkbox"/>	<input type="checkbox"/>	4 Are all your dependents either US residents or citizens?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you provide over half of the support for someone you aren't claiming as a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	6 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
<input type="checkbox"/>	<input type="checkbox"/>	7 Were either you or your spouse in the military or National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you purchase or sell your principal residence?
<input type="checkbox"/>	<input type="checkbox"/>	9 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
<input type="checkbox"/>	<input type="checkbox"/>	10 Were there any changes to a prior year's income, deductions, or credits?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you make gifts of more than \$13,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you file Form 8839, Adoption Credit, in a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did your purchase any special fuels for non-highway use?
<input type="checkbox"/>	<input type="checkbox"/>	14 Do you want to e-file your return?
<input type="checkbox"/>	<input type="checkbox"/>	15 If you have a refund, do you want direct deposit, bank product, or applied to next year's taxes? If you are due a refund, how do you want to receive it? <input type="checkbox"/> Direct deposit (please provide a voided blank check) <input type="checkbox"/> Check sent to you in the mail <input type="checkbox"/> Instant refund (IRAL) <input type="checkbox"/> Other quick refund via a bank product <input type="checkbox"/> Apply to next year's estimates If you owe taxes, how do you want to pay them? <input type="checkbox"/> Paper check sent with my return <input type="checkbox"/> Direct debit from my bank account (please provide a voided blank check) <input type="checkbox"/> Credit card

Income

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	16 Did you have an interest in or signature authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	17 Were you the grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	18 Did you receive income from a foreign source or pay taxes to a foreign government?
<input type="checkbox"/>	<input type="checkbox"/>	19 Did you barter your services for goods or services from someone else?
<input type="checkbox"/>	<input type="checkbox"/>	20 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
<input type="checkbox"/>	<input type="checkbox"/>	21 Did you make a loan to someone at an interest rate below market rate?
<input type="checkbox"/>	<input type="checkbox"/>	22 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
<input type="checkbox"/>	<input type="checkbox"/>	23 Did you cash in any U.S. savings bonds?
<input type="checkbox"/>	<input type="checkbox"/>	24 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
<input type="checkbox"/>	<input type="checkbox"/>	25 Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized, in 2009? (If yes, attach Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	26 Did you receive disability income?
<input type="checkbox"/>	<input type="checkbox"/>	27 Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
<input type="checkbox"/>	<input type="checkbox"/>	28 Did you receive any unemployment benefits?
<input type="checkbox"/>	<input type="checkbox"/>	29 During 2009, did you receive payments from a Long-Term Care insurance contract?
<input type="checkbox"/>	<input type="checkbox"/>	30 Did you receive employer-provided adoption benefits for a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	31 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
<input type="checkbox"/>	<input type="checkbox"/>	32 Did you "roll over" a retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	33 Did you receive Social Security benefits?

Questions (Cont.)

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 34 Did you convert a traditional IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | 35 Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 36 Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 37 Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 38 Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 39 Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 40 Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 41 Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 42 Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 43 Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 44 Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 45 Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 46 Did you receive any income not reported in this Organizer? |

Business and Rental Property Income

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 47 If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 48 Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 49 Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 50 Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 51 Did you remove any of your business assets for personal use? |

Business and Rental Property Deductions

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 52 Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 53 Did you make any contributions to a Keogh or a self-employed SEP plan for 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 54 Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 55 If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 56 Did you purchase any furniture or equipment for your business? |

Other Deductions

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 57 Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 58 Did you make any contributions to HSA (Health Savings Account) in 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 59 Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 60 Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 61 Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 62 Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 63 Did you lose property or have damage to a property due to a casualty, theft, or condemnation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 64 Did any security become worthless during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 65 Did any debts become uncollectible during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 66 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 67 Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 68 Did you refinance a mortgage or take out a home equity loan during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 69 Did you incur moving expenses during the year due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 70 Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 71 Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 72 Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 73 Did you make any energy efficient improvements to your main home in 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 74 Did you purchase a new motor vehicle after Feb 16, 2009 and before Jan 1, 2010? |

Name _____

SSN _____

Wages and Retirement Income

W-2 Information

Enter "X"
if spouse

W-2	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				

1099-R Information

	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 12a State Distribution	Box 10a State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
	17	17						
	18	18						
	19	19						
	20	20						
	21	21						
	22	22						
	23	23						
	24	24						
	25	25						
	26	26						
	27	27						
	28	28						
	29	29						
	30	30						
	31	31						
	32	32						
	33	33						
	34	34						
	35	35						
	36	36						
	37	37						
	38	38						
	39	39						
	40	40						
	41	41						
	42	42						
	43	43						
	44	44						
	45	45						
	46	46						
	47	47						
	48	48						
	49	49						
	50	50						

Name _____

SSN _____

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
	17	17						
	18	18						
	19	19						
	20	20						
	21	21						
	22	22						
	23	23						
	24	24						
	25	25						
	26	26						
	27	27						
	28	28						
	29	29						
	30	30						
	31	31						
	32	32						
	33	33						
	34	34						
	35	35						
	36	36						
	37	37						
	38	38						
	39	39						
	40	40						
	41	41						
	42	42						
	43	43						
	44	44						
	45	45						

Name _____

SSN _____

Seller Financed Mortgage Interest

		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 Name _____ Address _____	1	
<input type="checkbox"/>	2 Name _____ Address _____	2	
<input type="checkbox"/>	3 Name _____ Address _____	3	
<input type="checkbox"/>	4 Name _____ Address _____	4	
<input type="checkbox"/>	5 Name _____ Address _____	5	
<input type="checkbox"/>	6 Name _____ Address _____	6	
<input type="checkbox"/>	7 Name _____ Address _____	7	
<input type="checkbox"/>	8 Name _____ Address _____	8	
<input type="checkbox"/>	9 Name _____ Address _____	9	
<input type="checkbox"/>	10 Name _____ Address _____	10	
<input type="checkbox"/>	11 Name _____ Address _____	11	
<input type="checkbox"/>	12 Name _____ Address _____	12	
<input type="checkbox"/>	13 Name _____ Address _____	13	
<input type="checkbox"/>	14 Name _____ Address _____	14	
<input type="checkbox"/>	15 Name _____ Address _____	15	
<input type="checkbox"/>	16 Name _____ Address _____	16	
<input type="checkbox"/>	17 Name _____ Address _____	17	
<input type="checkbox"/>	18 Name _____ Address _____	18	
<input type="checkbox"/>	19 Name _____ Address _____	19	
<input type="checkbox"/>	20 Name _____ Address _____	20	
<input type="checkbox"/>	21 Name _____ Address _____	21	
<input type="checkbox"/>	22 Name _____ Address _____	22	
<input type="checkbox"/>	23 Name _____ Address _____	23	
<input type="checkbox"/>	24 Name _____ Address _____	24	

*F/S/J

Name _____

SSN _____

Exclusion of Interest From Series EE and I US Savings Bonds Issued After 1989

If you cashed series EE or I U.S. savings bonds in 2009 that were issued after 1989, you may be able to exclude from your income part or all of the interest on those bonds.

- 1 Total tuition and fees paid 1 -----
- 2 Nontaxable education benefits received 2 -----
- 3 Enter total proceeds (principal and interest) from EE or I bonds issued after 1989 and cashed in 2009 3 -----
- 4 Enter the face value of all post - 1989 series EE bonds cashed in 2009 4 -----
- 5 Enter the face value of all series I bonds cashed in 2009 5 -----

Name of person (you, your spouse, or your dependent) who was enrolled at or attended an eligible educational institution

Eligible Educational Institution

	First Name	M I	Last Name
1	-----	-----	-----
2	-----	-----	-----
3	-----	-----	-----

1	Name	-----
	Address	-----
	City, State, Zip	-----
2	Name	-----
	Address	-----
	City, State, Zip	-----
3	Name	-----
	Address	-----
	City, State, Zip	-----



Name _____

SSN _____

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/> F/S*	1		
<input type="checkbox"/>	2		
<input type="checkbox"/>	3		
<input type="checkbox"/>	4		
<input type="checkbox"/>	5		
<input type="checkbox"/>	6		
<input type="checkbox"/>	7		
<input type="checkbox"/>	8		
<input type="checkbox"/>	9		

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

Recipient's Name		Recipient's SSN	Current Year Amount	Prior Year Amount
<input type="checkbox"/> F/S*	1	1		
<input type="checkbox"/>	2	2		
<input type="checkbox"/>	3	3		
<input type="checkbox"/>	4	4		
<input type="checkbox"/>	5	5		
<input type="checkbox"/>	6	6		
<input type="checkbox"/>	7	7		
<input type="checkbox"/>	8	8		
<input type="checkbox"/>	9	9		

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C-EZ)

Enter "X" in one box: Filer Spouse

General Information

- 1 Federal employer identification number (do not enter Social Security Number)
- 2 Principal business or profession
- 3 Business name
- 4 Business address
- City, state, zip State _____ Zip _____

Business Income

* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
5	Income reported on 1099 MISC		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
6	.....	
7	.....	
8	.....	
9	.....	

Business Expenses

		Current Year Amount	Prior Year Amount
10	Business meals and entertainment		
11	Enter "X" in the box if subject to DOT hours of service limits	<input type="checkbox"/>	<input type="checkbox"/>
12	.....	
13	.....	
14	.....	
15	.....	
16	.....	

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C-EZ)

Vehicle 1 -

Vehicle 2 -

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . . 4				
5 Parking fees and tolls 5				
6 Vehicle Interest 6				
7 Vehicle Personal Property tax 7				

Actual Expenses

8 Gasoline, oil and repairs 8				
9 Vehicle registration fees 9				
10 Vehicle lease or rental 10				
11 Vehicle Insurance 11				
12 ----- 12				

Vehicle 3 -

Vehicle 4 -

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . . 4				
5 Parking fees and tolls 5				
6 Vehicle Interest 6				
7 Vehicle Personal Property tax 7				

Actual Expenses

8 Gasoline, oil and repairs 8				
9 Vehicle registration fees 9				
10 Vehicle lease or rental 10				
11 Vehicle Insurance 11				
12 ----- 12				

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
41	Advertising	41	
42	Contract labor	42	
43	Commissions and fees	43	
44	Depletion	44	
45	Employee benefit programs (other than on line 51)	45	
46	Insurance (other than health)	46	

Interest:

47	Mortgage (paid to banks, etc.)	47	
48	Other	48	

49	Legal and professional services	49	
50	Office expense	50	
51	Pension and profit-sharing plans	51	

Rent or Lease:

52	Machinery rental or lease	52	
53	Equipment rental or lease	53	
54	.....	54	
55	.....	55	
56	.....	56	
Other business property rental or lease			
57	.....	57	
58	.....	58	
59	.....	59	

60	Repairs and maintenance	60	
61	Supplies (not included in inventory cost of goods sold)	61	
62	Taxes and licenses	62	

Travel, Meals, and Entertainment:

Travel

63	.....	63	
64	.....	64	
65	.....	65	
66	.....	66	

Meals and entertainment

67	Enter "X" in the box if subject to DOT hours of service limits	67	<input type="checkbox"/>	<input type="checkbox"/>
68	.....	68		
69	.....	69		
70	.....	70		
71	.....	71		

72	Utilities	72	
73	Wages	73	

Other Expenses

74	.....	74	
75	.....	75	
76	.....	76	
77	.....	77	
78	.....	78	
79	.....	79	
80	.....	80	
81	.....	81	
82	.....	82	

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year . . .	4			
5	Parking fees and tolls	5			
6	Vehicle Interest	6			
7	Vehicle Personal Property tax	7			
Actual Expenses					
8	Gasoline, oil and repairs	8			
9	Vehicle registration fees	9			
10	Vehicle lease or rental	10			
11	Vehicle Insurance	11			
12	.....	12			

		Vehicle 3 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year . . .	4			
5	Parking fees and tolls	5			
6	Vehicle Interest	6			
7	Vehicle Personal Property tax	7			
Actual Expenses					
8	Gasoline, oil and repairs	8			
9	Vehicle registration fees	9			
10	Vehicle lease or rental	10			
11	Vehicle Insurance	11			
12	.....	12			

Name _____

SSN _____

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name _____

SSN _____

Installment Sale Income

New Sale (Only)

Note: If the property was sold this year complete the New Sale section.

Description	Selling price including mortgages DO NOT include interest	Mortgages the buyer assumed	Cost or other basis of property	Commissions and other expenses of sale
1
2
3
4
5
6

Description	Date Acquired	Date Sold	Interest	Principal
1
2
3
4
5
6

Prior Year Sale (Only)

Note: If the property was sold in a previous year complete the Prior Year Sale section below.

Description	Date Acquired	Date Sold	Payments Received in 2009	
			Interest	Principal
1
2
3
4
5
6

Description	Gross profit percentage	Payments received in prior years (DO NOT include interest)
1
2
3
4
5
6

Name _____

SSN _____

Real Estate Rentals and Royalties

Kind of Property
Address
City State Zip

		Current Year Info	Prior Year Info
1	Owner of property (Enter Filer, Spouse, or Joint)		
2	Enter "X" if you actively participated?	<input type="checkbox"/>	<input type="checkbox"/>
3	Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	<input type="checkbox"/>	<input type="checkbox"/>
3a	If entered ("X"), enter the number of days of personal use?	<input type="text"/>	<input type="text"/>
3b	If entered ("X"), enter the number of days rented?	<input type="text"/>	<input type="text"/>

Income		Current Year Amounts	Prior Year Amounts
4	Royalty received		
5	Rent received		
5a	If rental real estate, enter the percent of ownership if less than 100%		
5b	Rental use percentage for property used partially for personal use only		

Property Expense		Current Year Amounts	Prior Year Amounts
6	Advertising		
7	Cleaning and maintenance		
8	Commissions		
9	Insurance		
10	Legal and other professional fees		
11	Management fees		
12a	Qualified mortgage interest paid to banks, etc.		
12b	Other mortgage interest paid to banks, etc.		
13	Other interest		
14	Repairs		
15	Supplies		
16a	Real estate taxes		
16b	Other Taxes		
17	Utilities		

Assets Placed in Service This Year

Description:		Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expense

18

19

20

21

22

23

24

25

	Current Year	Prior Year
18		
19		
20		
21		
22		
23		
24		
25		

Travel Expenses

26

27

28

29

30

31

32

33

	Current Year	Prior Year
26		
27		
28		
29		
30		
31		
32		
33		

Meals and Entertainment Expense

34

35

36

37

38

39

40

41

	Current Year	Prior Year
34		
35		
36		
37		
38		
39		
40		
41		

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

Vehicle 1 -

Vehicle 2 -

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . 4				
5 Parking fees and tolls 5				
6 Vehicle Interest 6				
7 Vehicle Personal Property tax 7				

Actual Expenses

8 Gasoline, oil and repairs 8				
9 Vehicle registration fees 9				
10 Vehicle lease or rental 10				
11 Vehicle Insurance 11				
12 ----- 12				

Vehicle 3 -

Vehicle 4 -

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . 4				
5 Parking fees and tolls 5				
6 Vehicle Interest 6				
7 Vehicle Personal Property tax 7				

Actual Expenses

8 Gasoline, oil and repairs 8				
9 Vehicle registration fees 9				
10 Vehicle lease or rental 10				
11 Vehicle Insurance 11				
12 ----- 12				

Name _____

SSN _____

Farm Rental Income and Expenses

Enter "X" in one box: Filer Spouse Joint

General Information

- 1 Federal Employer Identification Number (do not enter Social Security Number)
- 2 Description of the principal crop or activity
- 3 Did you actively participate in the operation of this farm? Enter "X" in the appropriate box Yes No

Farm Rental Income

		Current Year Amount	Prior Year Amount
4	Income from production of livestock, produce, grains, and other crops		
5	Total cooperative distributions		
6	CCC loans reported under election		
7	Total CCC loans forfeited		
8	Crop insurance proceeds and certain disaster payments		
9	If election to defer, "X" the box.	<input type="checkbox"/>	<input type="checkbox"/>
10	Amount deferred		

Other income (including Federal and state gasoline or fuel tax credit or refund)

11	-----		
12	-----		
13	-----		
14	-----		
15	-----		

Assets Placed in Service This Year

(Description):

		Date Placed In Service	Purchase Amount
A	-----		
B	-----		
C	-----		
D	-----		
E	-----		
F	-----		
G	-----		
H	-----		

Name _____
 Activity _____

SSN _____

Vehicle Information - Farm Rental

Vehicle 1 -

Vehicle 2 -

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . . 4				
5 Parking fees and tolls 5				
6 Vehicle Interest 6				
7 Vehicle Personal Property tax 7				

Actual Expenses

8 Gasoline, oil and repairs 8				
9 Vehicle registration fees 9				
10 Vehicle lease or rental 10				
11 Vehicle Insurance 11				
12 ----- 12				

Vehicle 3 -

Vehicle 4 -

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . . 4				
5 Parking fees and tolls 5				
6 Vehicle Interest 6				
7 Vehicle Personal Property tax 7				

Actual Expenses

8 Gasoline, oil and repairs 8				
9 Vehicle registration fees 9				
10 Vehicle lease or rental 10				
11 Vehicle Insurance 11				
12 ----- 12				

Name _____

SSN _____

Farm Income and Expenses

Enter "X" in one box: Filer Spouse

General Information

- 1 Federal Employer Identification Number (do not enter Social Security Number)
- 2 Principal product
- 3 Accounting Method Enter "X" in the appropriate box Cash Accrual
- 4 Did you "materially participate" in this business? Enter "X" in the appropriate box Yes No

Farm Income - Cash Method (Use only if cash method of accounting)

	Current Year Amount	Prior Year Amount
5 Sales of livestock and other items purchased for resale 5		
6 Cost or other basis of livestock and other items reported on line 1 6		
7 Sales of livestock, produce, grains, and other products you raised 7		
8 Total cooperative distributions 8		
9 Agricultural program payments 9		
10 Commodity Credit Corporation loans reported under election 10		
11 Total Commodity Credit Corporation loans forfeited 11		
12 Crop insurance proceeds and certain disaster payments 12		
13 If election to defer, "X" the box 13	<input type="checkbox"/>	<input type="checkbox"/>
14 Amount deferred from 2008 14		
15 Custom hire (machine work) 15		
16 Other income, including Federal and state gasoline or fuel tax credit or refund 16		

Farm Income - Accrual Method (Use only if accrual method of accounting)

	Current Year Amount	Prior Year Amount
17 Sales of livestock and other items purchased for resale 17		
18 Total cooperative distributions 18		
19 CCC loans reported under election 19		
20 Total CCC loans forfeited 20		
21 Other income, including Federal and state gasoline or fuel tax credit or refund 21		
22 Inventory of livestock, produce, grains, and other products at beginning of the year 22		
23 Cost of livestock, produce, grains, and other products purchased during the year 23		
24 Inventory of livestock, produce, grains, and other products at end of year 24		

Assets Placed in Service This Year

(Description):

	Date Placed In Service	Purchase Amount
A A		
B B		
C C		
D D		
E E		
F F		
G G		
H H		

Name _____

SSN _____

Product _____

Vehicle Information - Farm

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year . .	4			
5	Parking fees and tolls	5			
6	Vehicle Interest	6			
7	Vehicle Personal Property tax	7			
Actual Expenses					
8	Gasoline, oil and repairs	8			
9	Vehicle registration fees	9			
10	Vehicle lease or rental	10			
11	Vehicle Insurance	11			
12	.....	12			

		Vehicle 3 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year . .	4			
5	Parking fees and tolls	5			
6	Vehicle Interest	6			
7	Vehicle Personal Property tax	7			
Actual Expenses					
8	Gasoline, oil and repairs	8			
9	Vehicle registration fees	9			
10	Vehicle lease or rental	10			
11	Vehicle Insurance	11			
12	.....	12			

Name _____

SSN _____

Social Security and Railroad Retirement

Filer

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 4
- 5 Enter the total amount of Medicare B Premiums withheld. 5
- 6 Enter the total amount of Medicare D Premiums withheld. 6

Current Year Amount	Prior Year Amount

Spouse

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 10
- 11 Enter the total amount of Medicare B Premiums withheld. 11
- 12 Enter the total amount of Medicare D Premiums withheld. 12

Name _____

SSN _____

Miscellaneous Income

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Refund from state			1	
2	Unemployment compensation			2	
3	Prizes and awards			3	
4	Scholarships and fellowships			4	
5	Bartering income			5	
6	Fees received for jury duty			6	
7	Income from rental of personal property, if not in the business of renting such property			7	
8	Precinct election board duty			8	
9	Alaska Permanent Fund Dividends			9	
10	.....			10	
11	.....			11	
12	.....			12	
13	Other income not provided for in this Organizer			13	

Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 Educator expenses		
<input type="checkbox"/>	2 Student loan interest		
<input type="checkbox"/>	3 Health Savings account deduction		
<input type="checkbox"/>	4 Moving expenses		
<input type="checkbox"/>	5 Self-employed SEP, SIMPLE, or other qualified plans		
<input type="checkbox"/>	6 Penalty on early withdrawal of savings		
<input type="checkbox"/>	7 Tuition and fees deduction		

Miscellaneous Deductions

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 Performing-arts-related expenses		
<input type="checkbox"/>	2 Foreign housing deduction		
<input type="checkbox"/>	3 Jury duty pay given to your employer		
<input type="checkbox"/>	4 Reforestation amortization		
<input type="checkbox"/>	5 Repayment of sub-pay under the Trade Act of 1974		
<input type="checkbox"/>	6 Contributions to Section 501(c)(18) pension plans		
<input type="checkbox"/>	7 Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions.		
<input type="checkbox"/>	8 Employee business expenses of fee-basis state or local government officials		
<input type="checkbox"/>	9 Expenses from the rental of personal property but were not in the business of renting such property		
<input type="checkbox"/>	10 Contributions by chaplains to section 403(b) plans		
<input type="checkbox"/>	11 Archer MSA deduction		
<input type="checkbox"/>	12		
<input type="checkbox"/>	13		

Name _____

SSN _____

IRA Contribution Information

Traditional IRA Contributions

Filer

- 1 Enter total traditional IRA contributions made for 2009 1
- 2 Enter contributions, on line 1, made after 12/31/2009 and before 04/15/2010 2
- 3 Enter value of all traditional IRAs as of 12/31/2009 3

Current Year Amount	Prior Year Amount

Spouse

- 4 Enter total traditional IRA contributions made for 2009 4
- 5 Enter contributions, on line 4, made after 12/31/2009 and before 04/15/2010 5
- 6 Enter value of all traditional IRAs on 12/31/2009 6

Roth Contributions

Filer

- 1 Enter 2009 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2009 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2009 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2009 4

SIMPLE IRA

Filer

- 1 Enter value of all SIMPLE IRAs on 12/31/2009 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2009 2

--	--

Education IRA (Coverdell ESA)

Filer

- 1 Enter 2009 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2009 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2009 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2009 4

Name _____

SSN _____

Taxes - Itemized Deductions

Real Estate Taxes

22 Principal residence 22

Real Estate Not Held For Investment

23 23

24 24

25 25

26 26

27 27

Real Estate Held For Investment

28 28

29 29

30 30

31 31

32 32

33 Personal property taxes 33

Other Taxes

34 34

35 35

36 36

Current Year Amount	Prior Year Amount

--	--

Name _____

SSN _____

Interest - Itemized Deductions

Home Mortgage Interest and Points Reported on Form 1098

37 Lender 37
 38 Lender 38
 39 Lender 39
 40 Lender 40

Current Year Amount	Prior Year Amount

Home Mortgage Interest Not Reported on Form 1098

41 Name: 41
 Address:
 SSN:

--	--

42 Mortgage insurance paid on 2009 acquisition indebtedness for principal residence 42

--	--

Refinancing Points

43 Description 43
 Points paid
 Date of loan
 Total number of scheduled loan payments
 Number of payments made in 2009

44 Description 44
 Points paid
 Date of loan
 Total number of scheduled loan payments
 Number of payments made in 2009

45 Description 45
 Points paid
 Date of loan
 Total number of scheduled loan payments
 Number of payments made in 2009

46 Investment interest paid 46

--	--

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions

Current Year Amount	Prior Year Amount
---------------------	-------------------

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

47	Union dues	47		
48	Professional journals and subscriptions	48		
49	Uniform and protective clothing costs and cleaning	49		
50	Job search costs (resumes, travel, postage, etc.)	50		
51	.....	51		
52	.....	52		
53	.....	53		
54	.....	54		
55	.....	55		
56	.....	56		
57	.....	57		

Other Miscellaneous Expenses - Itemized Deductions

		If investment related enter "X"	Current Year Amount	Prior Year Amount
58	Certain attorney and accounting fees			
59	Safe deposit box rental			
60	IRA Custodial fees			
61	Investment counsel and advisory fees			
62	.....		
63	.....		
64	.....		
65	.....		
66	.....		
67	.....		
68	.....		
69	.....		
70	.....		
71	.....		
72	.....		
73	.....		

Other Miscellaneous Deductions

74	Tax preparation fees	74		
75	Gambling losses (if gambling income)	75		
76	Amortizable bond premiums on bonds acquired before 10/23/86	76		
77	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction	77		
78	.....	78		
79	.....	79		
80	.....	80		
81	.....	81		
82	.....	82		
83	.....	83		
84	.....	84		

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
1	Name Address	
2	Name Address	
3	Name Address	
4	Name Address	
5	Name Address	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name _____

SSN _____

Employee Business Expenses

Enter "X" in one box: Occupation in which you incurred the expenses

Filer

Spouse

Meals and Entertainment

		Current Year Amount	Prior Year Amount
1	Meals and entertainment expenses		
2	Enter "X" in the box if subject to DOT hours of service limits	<input type="checkbox"/>	<input type="checkbox"/>

Travel Expenses

3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work.	3		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment.	4		

Other Employment Related Expenses

5	Business gifts	5		
6	Employment related education expenses	6		
7	Trade publications	7		
8	.....	8		
9	.....	9		
10	.....	10		
11	.....	11		
12	.....	12		

Vehicle 1 -

Vehicle 2 -

Vehicle Information

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
13	Date vehicle was placed in service	13		
14	Cost of vehicle	14		
15	Total miles driven for the year	15		
16	Business miles driven during the year	16		
17	Average daily roundtrip commuting miles	17		
18	Commuting miles (included in total miles driven for the year)	18		
19	Vehicle Interest	19		
20	Vehicle Personal Property tax	20		

If claiming actual expenses continue:

21	Gasoline, oil, repairs and vehicle insurance	21		
22	Vehicle lease or rental	22		
23	Value of employer-provided vehicle (if 100% is included in W-2)	23		

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2008 and paid in 2009 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2009
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2009
6	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
7	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
8	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
9	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
10	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		

Name _____

SSN _____

Adoption Expenses

1 Provide the Following Information on Each Eligible Child

First Name		Last Name	Child's Year of Birth	Enter "X" if Child Was:			Child's Identifying Number (SSN or ATIN)
				Born BEFORE 1992 and Disabled	A Child With Special Needs	A Foreign Child	
1st Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

		1st Child	2nd Child
2	Expenses you paid in 2008		
3	Expenses you paid in 2009, if the adoption was final in 2009		
4	Expenses you paid in 2009, if the adoption was final before 2009		

Enter "X" in the appropriate box

5 Did you receive Employer-Provided-Adoption-Benefits in a prior year? Yes No

Name _____

SSN _____

Household Employment Taxes

Enter "X" in one box:

Filer

Employer Identification Number _____

Spouse

A household employee, generally, does not include spouse, children, parents or a person under age 18.

Social Security, Medicare, and Income Taxes

Enter "X" in the appropriate boxes

1 Did you pay ANY ONE household employee cash wages of \$1,500 or more in 2009? 1 Yes No
If yes, skip to line 4.

2 Did you withhold Federal income tax during 2009 for any household employees? 2 Yes No
If yes, skip to line 5.

3 Did you pay TOTAL cash wages of \$1,000 or more in ANY calendar QUARTER
of 2008 or 2009 to household employees? 3 Yes No

		Current Year Amount	Prior Year Amount
4	Enter the total amount of wages paid to all employees, who were each paid in excess of \$1,500 during the year.		
5	Total Federal income tax withheld		
6	Advanced earned income credit payments		

Unemployment Tax - If wages above were in excess of \$1,000 in any one quarter, include the following information:

Enter "X" in the appropriate boxes

7 Did you pay unemployment contributions to only one state? 7 Yes No
(If 'Yes' complete Section A, otherwise fill out Section B)

8 Did you pay all state unemployment contributions by April 15, 2010? 8 Yes No

9 Were all wages that are taxable for federal unemployment also taxable
for your state unemployment tax? 9 Yes No

Section A

10	Name of State where you paid unemployment contributions	10	
11	State reporting number as shown on State unemployment return	11	
12	Amount of contributions paid to the State unemployment fund	12	
13	Total cash wages subject to FUTA	13	

Section B

			State Unemployment	State Unemployment
14	Name of State where you paid unemployment contributions	14		
15	State reporting number as shown on State unemployment return	15		
16	Wages, subject to state unemployment tax, reported to State	16		
17	State experience rate	17		
18	State experience rate period a. From	18a		
	b. To		18b	
19	Amount of contributions paid to the State unemployment fund	19		