

Preparer use only

	2009 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	
Employer identification number	_____	
Business name	_____	
Principal business/profession	_____	
Business code	_____	
Business address, if different from home address on Organizer Form ID:1040		
Address	_____	
City/State/Zip	_____	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____	
If other:	_____	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____	
If other enter explanation:	_____	

Enter an explanation if there was a change in determining your inventory:		

Did you "materially participate" in this business? (Y, N)	_____	
If not, number of hours you did significantly participate	_____	
Mark if you began or acquired this business in 2009	_____	
Mark if this business is considered related to qualified services as a minister or religious worker	_____	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____	
Medical insurance premiums paid by this activity	_____	
Long-term care premiums paid by this activity	_____	
Amount of wages received as a statutory employee	_____	

Business Income

	2009 Information	Prior Year Information
Gross receipts or sales	_____	
Returns and allowances	_____	
Other income:		
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Cost of Goods Sold

	2009 Information	Prior Year Information
Beginning inventory	_____	
Purchases	_____	
Labor:		
_____	_____	
_____	_____	
Materials	_____	
Other costs:		
_____	_____	
_____	_____	
_____	_____	
Ending inventory	_____	

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Business activity or profession name _____

Taxpayer/Spouse (T, S) _____

State postal code _____

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____

Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____

Enter the total amount of contributions made to a Keogh plan in 2009 _____

Enter the total amount of contributions made to a Solo 401(k) plan in 2009 _____

Enter the total amount of contributions made to a SEP plan in 2009 _____

Enter the total amount of contributions made to a SARSEP plan in 2009 _____

Enter the total amount of contributions made to a defined benefit plan in 2009 _____

Enter the total amount of contributions made to a profit-sharing plan in 2009 _____

Enter the total amount of contributions made to a money purchase plan in 2009 _____

Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2009 _____

Enter the total amount of contributions to a SIMPLE IRA plan in 2009 _____

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2009 _____

Enter the amount of catch-up contributions made to a SIMPLE Plan in 2009 _____

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2009 _____

Enter the amount of elective deferrals designated as Roth contributions in 2009 _____

NOTES/QUESTIONS:

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Principal business or profession _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 State postal code _____

Business Use of Home

	2009 Information	Prior Year Information
Total area of home	_____	_____
Area used exclusively for business	_____	
Information for day-care facilities only:		
Total hours used for day-care during this year	_____	
Total hours used this year, if less than 8,760	_____	
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____	
Area used partly for day-care business	_____	

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2009 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest	_____	_____	_____
Mortgage insurance premiums	_____	_____	
Real estate taxes	_____	_____	
Excess mortgage interest and insurance premiums	_____	_____	
Insurance	_____	_____	
Rent	_____	_____	
Repairs & maintenance	_____	_____	
Utilities	_____	_____	
Other expenses, such as: Supplies & Security system	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Excess casualty losses	_____	_____	
Carryovers:			
Operating expenses	_____	_____	
Casualty losses	_____	_____	
Depreciation	_____	_____	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses	_____	_____	
Depreciation	_____	_____	

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

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Description of business or profession _____

Vehicles 1 - 2

Vehicle 1 - Date placed in service _____
 Description _____
 Comments _____

Vehicle 2 - Date placed in service _____
 Description _____
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____		_____	
Commuting miles	_____		_____	
Business miles	_____		_____	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	___		___	
Was another vehicle available for personal use? (Y, N)	___		___	
Do you have evidence to support your deduction? (Y, N)	___		___	
Is this evidence written? (Y, N)	___		___	
Parking, fees and tolls	_____		_____	
Gasoline, oil, repairs, insurance, etc.	_____		_____	
Interest	_____		_____	
Registration	_____		_____	
Property taxes	_____		_____	
Vehicle rentals	_____		_____	
Inclusion amount (Preparer use only)	_____		_____	
Depreciation	_____		_____	

Vehicles 3 - 4

Vehicle 3 - Date placed in service _____
 Description _____
 Comments _____

Vehicle 4 - Date placed in service _____
 Description _____
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____		_____	
Commuting miles	_____		_____	
Business miles	_____		_____	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	___		___	
Was another vehicle available for personal use? (Y, N)	___		___	
Do you have evidence to support your deduction? (Y, N)	___		___	
Is this evidence written? (Y, N)	___		___	
Parking, fees and tolls	_____		_____	
Gasoline, oil, repairs, insurance, etc.	_____		_____	
Interest	_____		_____	
Registration	_____		_____	
Property taxes	_____		_____	
Vehicle rentals	_____		_____	
Inclusion amount (Preparer use only)	_____		_____	
Depreciation	_____		_____	

Depreciation - Asset Acquisitions

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Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
	EXAMPLE	2009 Model T - (EXAMPLE ASSET)	03/09/09	25,750
		Comments: 22,500 job-related miles, 25,000 total miles		
1		Comments:		
2		Comments:		
3		Comments:		
4		Comments:		
5		Comments:		
6		Comments:		
7		Comments:		
8		Comments:		
9		Comments:		
10		Comments:		
11		Comments:		
12		Comments:		
13		Comments:		
14		Comments:		
15		Comments:		
16		Comments:		
17		Comments:		
18		Comments:		
19		Comments:		
20		Comments:		
21		Comments:		
22		Comments:		
23		Comments:		
24		Comments:		
25		Comments:		