

Stenseth Samuelson & Boese, Ltd.
563 Bielenberg Dr Ste 205
Woodbury, MN 55125-1415
651-739-1000

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We appreciate being able to assist you with your tax and financial needs. This Client Organizer is designed to help you gather tax information needed to prepare your 2009 personal income tax return. We have preprinted certain information from your 2008 personal income tax return to help you complete the organizer with minimal time and effort.

In your Client Organizer, all social security numbers and bank account numbers have been replaced with asterisks (**_*_*_****) and (****1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact our office. Do not indicate the social security number or bank account change on your Client Organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

Enter 2009 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

In order to meet the filing deadline for your 2009 income tax return, your completed tax organizer needs to be received by our office no later than March 31, 2010. Any information received after that date may require an extension of time be filed for your return.

Thank you for the opportunity to serve you.

Sincerely,

Stenseth Samuelson + Boese, Ltd.

Stenseth Samuelson & Boese, Ltd.

The Internal Revenue Code and regulations impose preparation and disclosure standards with non-compliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that don't meet these standards. Accordingly, we will discuss tax positions that may increase the risk of exposure to penalties and any recommended disclosures with you before completing the preparation of the return. If we conclude that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement and you agree to compensate us for our services to the date of withdrawal. Our engagement with you will terminate upon our withdrawal.

We will not file any federal, state or local tax extensions unless you specifically request us to do so in writing, by fax or email.

Our price for tax services will be billed upon completion of our returns at the appropriate rate for the level and value of services rendered plus out-of-pocket expenses. Any accounting or bookkeeping service assistance as determined necessary for preparation of income tax returns will be billed at additional cost. All invoices are due and payable upon presentation. Amounts not paid within 30 days from the invoice date will be subject to a late payment charge of 1.5% per month (18% per year).

If any dispute arises between us, we agree to try first in good faith to settle the dispute by mediation administered by the American Arbitration Association (AAA) under its Rules for Professional Accounting and Related Services Disputes. All unresolved disputes shall then be decided by final and binding arbitration in accordance with the Rules for Professional Accounting and Related Services Disputes of the AAA. Fees charged by any mediators, arbitrators, or the AAA shall be shared equally by all parties. **IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION.**

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Stenseth Samuelson & Boese, Ltd.

Stenseth Samuelson & Boese, Ltd.

Accepted By: _____

Date: _____

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CONSENT TO USE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. Tax return information shall include any and all personal and financial information located on your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year.

In efforts to fully serve our clients, from time to time, we provide them helpful information such as firm newsletters, surveys, published articles, information concerning firm seminars and nontax-related services, and announcements related to firm personnel. To determine what items may be of interest to you, we will need to use your tax return information. If you would like us to use your tax return information for this purpose, please check the following box and sign and date this consent form. You have the right to limit this consent to specific information, not just authorize the use of the entire return. Recognizing that right, you are consenting to the use of your entire tax return.

_____ I, authorize Stenseth Samuelson & Boese, Ltd. to use the information I provide to Stenseth Samuelson & Boese, Ltd. during the preparation of my 2009 tax return, including my entire return, for the following:

- _____ Firm newsletters, surveys, published articles
- _____ Seminar information, non tax-related services
- _____ Firm personnel announcements

Taxpayer Signature:

Date Signed

_____ I, authorize Stenseth Samuelson & Boese, Ltd. to use the information I provide to Stenseth Samuelson & Boese, Ltd. during the preparation of my 2009 tax return, including my entire return, for the following:

- _____ Firm newsletters, surveys, published articles
- _____ Seminar information, non tax-related services
- _____ Firm personnel announcements

Spouse Signature:

Date Signed

Consent Valid Until: **One year from signature date**

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Please feel free to contact us at 651-739-1000 if you have questions or would like more information regarding our privacy and confidentiality policies and procedures.

2009 Information Reminder Checklist

This is a list of the most common items we'll need to finish your returns. We'll contact you if we need anything else.

- _____ Completed Client Organizer.
- _____ All W-2s.
- _____ All 1099 Forms received confirming income from interest, dividends, retirement, social security, disability, unemployment, gambling winnings, etc.
- _____ All income information for children for kiddie tax and to prepare their tax returns.
- _____ Year-end statement of mortgage interest (Form 1098), escrow activity and balance on mortgage or home equity loans and real estate taxes paid.
- _____ Total of all receipted charitable contributions and details for any non-cash contributions over \$500. Receipts for all contributions are needed and vary depending on amount donated. Please speak with us about required documentation.
- _____ Copies of all LLC, Partnership or S Corporation K-1s.
- _____ If you bought, sold or refinanced real estate, then a closing statement for each transaction.
- _____ If you sold any shares of stocks or mutual funds and basis information is not provided by the broker, detail all activity in the stocks or funds sold from the original purchase date through the date of the sale (year end summary statements are ideal).
- _____ If you are claiming auto mileage as a deduction for business, rental properties or unreimbursed employee expenses, we need to know. You will need an auto mileage log.
- _____ If you lease your car or are deducting actual automobile expenses, please also provide: original value of the car (what you could have bought it for) and date of lease, and all expenses for lease payments, gas, car washes, licenses, insurance, tires, repairs, etc.
- _____ Copies of any federal, state or local tax correspondence received during the year, including all payments made or refunds received.
- _____ Federal and state quarterly estimated tax payment amounts.
- _____ All legal documents for formation, sale or purchase of a business during the year.
- _____ All legal documents for divorce decrees.
- _____ Void check for direct deposit of refunds (optional).
- _____ **Signed Engagement Letter (See Attached)**
- _____ **Signed Consent to Use Tax Return Information if agreeable (See Attached)**
- _____ **New Clients:** Copies of prior federal, state and local income tax returns and depreciation schedules, if applicable (at least the most recent year, preferably the last three years).

Stenseth Samuelson & Boese, Ltd.
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2009 Client Organizer

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1900?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, SEP, or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals/contributions from/to a retirement plan (including IRA) due to Midwestern Disaster area relief?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>

- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

Itemized Deduction Information

- Did you incur a casualty or theft loss during the year?
- Do you have evidence to substantiate charitable contributions?
- Did you make any noncash charitable contributions (clothes, furniture, etc.)?
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$13,000 to any individual?
- Did you have any educational expenses during the year?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you pay long-term health care premiums for yourself or your family?
- Did you pay any COBRA health care coverage continuation premiums?
- Did you engage in any bartering transactions?
- Are you an active participant in a pension or retirement plan?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you, your spouse, or your dependents attend a post-secondary school during the year?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?
- Did you receive correspondence from the State or the Internal Revenue Service?
- If yes, explain: _____
- Do you want to designate \$3 to the Presidential Election Campaign Fund?
- If you check yes, it will not change your tax or reduce your refund.
- Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.

Minnesota Information

- Did you pay any K-12 Education Expenses? Qualifying expenses include such things as private school tuition, academic supplies, dance classes, academic camps?

Minnesota has a property tax refund program for homeowners and renters. A portion of the real estate tax or rent that you pay could be refunded to you. For us to check and see if you qualify we will need your 2010 Real Estate Tax Statement from the county in which you live or your 2009 CRP forms from your landlord. _____

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) 2

Mark if you were married but living apart all year _____

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)	_____	_____
Mark if legally blind	_____	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Do you authorize us to discuss your return with the IRS (Y, N)	_____	_____

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in your home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

	Provider #1	Provider #2
Provider information:		
Name	_____	_____
Street address	_____	_____
City, state, and zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)	_____	_____
Amount paid to care provider in 2009	_____	_____
	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited	_____	_____

General: Info **Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*, 4 = Savings Bonds) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive. Below is a list of the W-2's as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 5 rows of blank lines for data entry.

Income: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive. Below is a list of the 1099-R's as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 5 rows of blank lines for data entry.

Income: K1, K1T **Schedule K-1s**

Please provide all copies of Schedule K-1s that you receive. Below is a list of the K-1s as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

Table with 4 columns: T/S/J, Description, Form, Mark if no longer applicable. Includes 5 rows of blank lines for data entry.

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive. Below is a list of the W-2Gs as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 3 rows of blank lines for data entry.

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive. Below is a list of the 1099-Q's as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 3 rows of blank lines for data entry.

Credits: Cr-4 **Making Work Pay and Government Retiree Credit**

Enter the amount of the economic recovery payment you received below.

Table with 2 columns: Taxpayer, Spouse. Includes text: Economic recovery payment received in 2009 (Do not enter more than \$250 per person) and Did you receive a government pension or annuity but not qualify for Social Security benefits? (Y/N)

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J Payer's name _____ Payer's social security number _____
 Payer's address _____ Amount received in 2009 _____ Amount received in 2008 _____
 Amount received in 2009 _____ Amount received in 2008 _____

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2009 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2009 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

1040 Adj: IRA **Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2009 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		
Enter the total traditional IRA contributions made for use in 2009	_____	_____
Roth IRA Contributions for 2009 -		
Mark if you want to contribute the maximum Roth IRA contribution		
Enter the total Roth IRA contributions made for use in 2009	_____	_____

Educate: Educate **Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2009 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2009 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2009. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Education Expense Code: 1 = Hope credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction. The student qualifies for the Hope Credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has had no drug convictions in 2009.

1040 Adj: 3903 **Job Related Moving Expenses**

Complete this section if you moved to a new home because of a new principal work place.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj: OtherAdj **Other Adjustments to Income**

Alimony Paid:

T/S	Recipient name	Recipient SSN	2009 Information	Prior Year Information
_____	_____	_____	_____	_____
Address _____		City _____	State _____	Zip code _____
	Taxpayer		Spouse	Prior Year Information
Educator expenses:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other adjustments:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2009 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid	_____	_____
—	Long-term care premiums you paid	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

Itemized: A1 **Tax Expenses**

T/S/J		2009 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2008 state and local income taxes paid in 2009	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

T/S/J	Description of new motor vehicle purchased between 2/17/09 - 12/31/09:	Date	Purchase Price (Before Taxes)	Sales/Excise Tax Paid
—	_____	_____	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2009 Information	Prior Year Information
—	Home mortgage interest: From Form 1098	_____	_____

Other, such as: Home mortgage interest paid to individuals

T/S/J	Name	SSN	2009 Information	Prior Year Information
—	_____	_____	_____	_____
	Address _____			

T/S/J		2009 Information	Prior Year Information
—	Investment interest expense, other than on K-1s:	_____	_____

Refinancing Information:

T/S/J	Description	Refinance #1	Refinance #2
—	_____	_____	_____
—	Total points paid	_____	_____
—	Date of refinance	_____	_____
—	Total number of payments	_____	_____
—	Reported on Form 1098 in 2009	_____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2009 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3 **Miscellaneous Deductions**

T/S/J		2009 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
—	Other expenses, subject to 2% AGI limitation:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
—	Investment expenses, other than on K1s:	_____	_____
—	Other expenses, not subject to the 2% AGI limitation:	_____	_____
—	_____	_____	_____
—	Gambling losses: (Enter only if you have gambling income)	_____	_____

If you have an overpayment of 2009 taxes, do you want the excess:

- Refunded _____
- Applied to 2010 estimated tax liability _____

Do you expect a considerable change in your 2010 income? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2010? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2010 withholding? (Y, N) _____

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2010? (Y, N) _____

If yes, please explain any differences:

2009 Federal Estimated Tax Payments
--

2008 overpayment applied to 2009 estimates _____

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/09	_____	_____	_____
2nd quarter payment	6/15/09	_____	_____	_____
3rd quarter payment	9/15/09	_____	_____	_____
4th quarter payment	1/15/10	_____	_____	_____
Additional payment		_____	_____	_____

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____

State postal code _____

Amount paid with 2008 return _____

2008 overpayment applied to '09 estimates _____

Treat calculated amounts as paid _____

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____	_____	_____ _____ _____ _____
2nd quarter payment	_____	_____	
3rd quarter payment	_____	_____	
4th quarter payment	_____	_____	
Additional payment	_____	_____	

2009 City Estimated Tax Payments

City #1

City name _____

Amount paid with 2008 return _____

2008 overpayment applied to '09 estimates _____

Treat calculated amounts as paid _____

City #2

City name _____

Amount paid with 2008 return _____

2008 overpayment applied to '09 estimates _____

Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3

City name _____

Amount paid with 2008 return _____

2008 overpayment applied to '09 estimates _____

Treat calculated amounts as paid _____

City #4

City name _____

Amount paid with 2008 return _____

2008 overpayment applied to '09 estimates _____

Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

	Date Paid	Amount Paid
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Form ID: MN **Minnesota General Information**

Mark if you or your spouse are disabled _____
Welfare amounts received _____

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

State campaign fund _____ Taxpayer _____ Spouse _____
Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below

Political Parties		
11 = Democratic Farmer-Labor	13 = Republican	15 = General Campaign Fund
12 = Independence	14 = Green	

Charitable Contribution

Nongame Wildlife Fund _____ **0**

Credits/Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) _____
Name of insurance company (Spouse) _____
Policy Number (Taxpayer) _____
Policy Number (Spouse) _____

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

	Child One	Child Two	Child Three
Class name	_____	_____	_____
Class type	_____	_____	_____
Ind. instr name	_____	_____	_____
Ind. instr type	_____	_____	_____
Music ins type	_____	_____	_____
Musical ins cost	_____	_____	_____
Type of school attended	_____	_____	_____

M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Minnesota

Part-year residency dates: _____ Taxpayer _____ Spouse _____
From _____
To _____
Other state of residence (State/Foreign country required for other nonresidents) _____

NOTES/QUESTIONS:

Form ID: WI **Wisconsin General Information**

City of residence _____
 Village of residence _____
 Town of residence _____
 County of residence _____
 School district _____
 Mark if divorce decree _____
 Enter rent paid:
 Heat included _____
 Heat not included _____
 Farm property taxes (Farmland tax relief credit) _____

Use Tax

	County	Purchases
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contribution

	Taxpayer	Spouse
State election campaign fund	_____	_____

Charitable Contributions

Breast cancer research	_____	Packers football stadium	_____
Endangered resources	_____	Prostate cancer research	_____
Fire fighters memorial	_____	Second Harvest	_____
Military family relief	_____	Veterans trust fund	_____
Multiple sclerosis	_____		

Part-year Resident and Nonresident Information

Residency code _____

Residency code	
Blank = Both spouses have the same residency status (Default) 1 = Taxpayer nonresident, spouse resident 2 = Taxpayer resident, spouse nonresident 3 = Taxpayer part-year, spouse nonresident	4 = Taxpayer nonresident, spouse part-year 5 = Taxpayer resident, spouse part-year 6 = Taxpayer part-year, spouse resident

If you were a part-year resident during the tax year, enter the dates you lived in Wisconsin

	Taxpayer	Spouse
Part-year residency dates:		
From	_____	_____
To	_____	_____
State of residency (Nonresidents only)	_____	_____
Nonresident aliens:		
Mark if not a full-year US citizen	_____	_____
Mark if not a full-year US resident	_____	_____
Resident of:	IL _____	IN _____
	KY _____	MI _____
		MN _____

NOTES/QUESTIONS: