

Retirement Contributions for 2009 Do you want to make any nondeductible IRA contributions? Yes No

	Taxpayer	Spouse
IRA or Roth, Specify		
SEP		
Keogh		
Other:		

Personal Itemized Deductions

Medical	Amount
Prescription Drugs.....	
Medical Insurance Premiums.....	
Long Term Care Ins. Premiums.....	
Medicare Premiums.....	
Doctors/Dentists.....	
Clinic/Lab Tests.....	
Hospitals.....	
Eyeglasses/Hearing Aids.....	
Orthopedic Shoes/Braces.....	
Medical Long Distance Phone.....	
Other.....	
_____ Miles.....	
Fares: Taxi, Bus, etc.....	
Do you have a medical savings acct.?	

Interest

Deductible Home Mortgage Interest Paid to Financial Institutions.....	
Home Equity Interest.....	
Deductible Home Mortgage Interest Paid to Individuals:*	
Name Address:*	

Social Security No.:	
*Failure to provide is subject to a \$50 penalty.	
Deductible Points (Include Amortization Points from Prior Years).....	
Investment Interest (list).....	

Taxes

Real Estate.....	
Personal Property.....	
State & Local Income Tax.....	
State & Local General Sales Tax.....	

Charitable Contributions

Cash Contributions*.....	

Other Than Cash Contributions.....	

_____ Miles for Charity	

*Contributions of \$250 or more require written substantiation from the organizations.

Miscellaneous Deductions Subject to 2% AGI

Unreimbursed Employee Business Expense.....	
Union & Professional Dues.....	
Safe Deposit Box Rental.....	
Tax Return Preparation Fee.....	
Business Publications.....	
Business Telephone Calls.....	
Tools, Supplies, Equipment.....	
Employment-Related Education.....	
Investment Expenses.....	
Other.....	

Miscellaneous Deductions Not Subject to 2% AGI

Gambling Losses (limited to winnings)..	

Household Employee Information

Household Employer EIN: _____
 Did you pay any one household employee \$1,700 or more in 2009? Yes No
 Did you withhold Federal income tax during 2009 at the request of any household employee? Yes No
 Did you pay total cash wages of \$1,000 in any calendar quarter of 2009 to household employees? Yes No
 Was the employee under age 18? Yes No Student? Yes No
 Do you have a Form I-9 on file for your household employee? Yes No
 Household Employee Name: _____ Social Security Number: _____
 Address: _____

Gross Wages	FITW	SS Withheld	Employer Share FICA	Advance EIC	FUTA	State Unemployment

Moving Expenses

Enter No. of miles from your old home to your *new* workplace _____
 Enter No. of miles from your old home to your *old* workplace _____
 Date of Move _____ Arrival at New Location _____

	Amount		Amount
Cost to Ship and Pack Household Goods...	_____	Reimbursements (on W-2)? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Cost to Travel to New Home.....	_____	Other: _____	_____
Cost of Lodging During Move.....	_____		_____