

Miscellaneous Information

Name:

SSN:

Yes No

General Information

- | Yes | No | Question |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were there any changes to your filing status or number of dependents during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Can you or your spouse be claimed as a dependent by someone else? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur any childcare expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you have a change in residence or job location during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you move during 2009? From where? _____ Date of move _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you reside in more than one state during 2009? If yes, which states? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Would you like a copy of your tax return sent to you via email? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you receive an Economic Recovery Payment in 2009 from social security benefits, supplemental security income, or pension benefits? |

Yes No

Income Information

- | Yes | No | Question |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you received all W-2s from all employers? How many W-2s are attached? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you use your vehicle on the job other than for commuting to work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you work out of town at any time during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any disability income during the year? \$ _____. Attach 1099-R. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Did you have any income from, or pay taxes to, a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Did you engage in any bartering transactions during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Did you surrender any U.S. Savings Bonds during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Did you receive any state or local income tax refunds from prior years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you or your spouse have any IRA accounts? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Did you recharacterize any IRAs this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Did you receive any type of prize, award, or gambling winnings during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Did you receive any income not shown in this organizer? If so, please list. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Does anyone owe you money that has become uncollectible? |

Comments: _____

Miscellaneous Information

Name: _____

SSN: _____

Yes No

Business Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you start a new business or purchase any rental property during 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you own rental property? What percentage of time did you spend managing your rentals? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use? |

Yes No

Other Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were any tuition costs paid during 2009 (even if classes were attended in another year)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did anyone in your household attend higher education classes in 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur a loss due to damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If yes to question 4, was the First-Time Homebuyer Credit taken on the home? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you purchase a home, for the first time, as a principal residence between April 8, 2008 and April 30, 2010? If yes, please provide closing documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you purchase a new vehicle between February 18, 2009 and January 1, 2010? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you make any gifts to any one person in 2009 in excess of \$13,000? If so, are you splitting this gift with your spouse? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)? |

To itemize deductions, bring receipts and documentation for these types of expenses:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Prescriptions, first-aid |
| <input type="checkbox"/> | State/local income taxes |
| <input type="checkbox"/> | Mortgage interest |
| <input type="checkbox"/> | Tax preparation fees |
| <input type="checkbox"/> | Gambling losses (up to amount of winnings) |
| <input type="checkbox"/> | Cash donations to charity (provide all receipts) |
| <input type="checkbox"/> | Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals) |
| <input type="checkbox"/> | Real estate and personal property taxes paid in 2009 |
| <input type="checkbox"/> | Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C) |
| <input type="checkbox"/> | Fair market value of property donated to charity |
| <input type="checkbox"/> | Purchase price of new goods donated or used in volunteer work |

Comments: _____

Personal Data

Taxpayer Name		SSN	
Spouse's Name		SSN	
Address		Apt no.	
Foreign Address			
City	State	ZIP	
County		School District	
Taxpayer phone Daytime:	Ext:	Evening:	Ext: Cell:
Spouse phone Daytime:	Ext:	Evening:	Ext: Cell:
Taxpayer email		Spouse email	
Taxpayer occupation		Spouse occupation	
Taxpayer Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>
Spouse's Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Does your spouse want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>
Date and time of this year's appointment		Economic Recovery Payment Amount	

Income Taxes Paid

Federal		2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund		April 15, 2009				
2008 Refund applied to 2009		June 15, 2009				
2008 Balance Due		Sept. 15, 2009				
		Jan. 15, 2010				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

Resident State		2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund		April 15, 2009				
2008 Refund applied to 2009		June 15, 2009				
2008 Balance Due		Sept. 15, 2009				
		Jan. 15, 2010				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

Local		2009 estimate date due	2009 est amount	Amount paid	Date paid	Check no.
2008 Refund		April 15, 2009				
2008 Refund applied to 2009		June 15, 2009				
2008 Balance Due		Sept. 15, 2009				
		Jan. 15, 2010				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

Dependents

Name:					SSN:				
First name			Last name			Suffix			
SSN/ITIN		Relationship			Number of months lived with you				
Age/DOB		Is this dependent a minor child with income over \$850? <input type="checkbox"/>			2009		2008		
Qualifying child care expense incurred and paid in 2009									
Portion of qualifying expenses provided by employer									
American Opportunity qualified expenses paid									
Lifetime Learning Credit qualified expenses paid									
Hope Credit qualified expenses paid									
Tuition and fees deduction									
First name			Last name			Suffix			
SSN/ITIN		Relationship			Number of months lived with you				
Age/DOB		Is this dependent a minor child with income over \$850? <input type="checkbox"/>			2009		2008		
Qualifying child care expense incurred and paid in 2009									
Portion of qualifying expenses provided by employer									
American Opportunity qualified expenses paid									
Lifetime Learning Credit qualified expenses paid									
Hope Credit qualified expenses paid									
Tuition and fees deduction									
First name			Last name			Suffix			
SSN/ITIN		Relationship			Number of months lived with you				
Age/DOB		Is this dependent a minor child with income over \$850? <input type="checkbox"/>			2009		2008		
Qualifying child care expense incurred and paid in 2009									
Portion of qualifying expenses provided by employer									
American Opportunity qualified expenses paid									
Lifetime Learning Credit qualified expenses paid									
Hope Credit qualified expenses paid									
Tuition and fees deduction									
First name			Last name			Suffix			
SSN/ITIN		Relationship			Number of months lived with you				
Age/DOB		Is this dependent a minor child with income over \$850? <input type="checkbox"/>			2009		2008		
Qualifying child care expense incurred and paid in 2009									
Portion of qualifying expenses provided by employer									
American Opportunity qualified expenses paid									
Lifetime Learning Credit qualified expenses paid									
Hope Credit qualified expenses paid									
Tuition and fees deduction									
First name			Last name			Suffix			
SSN/ITIN		Relationship			Number of months lived with you				
Age/DOB		Is this dependent a minor child with income over \$850? <input type="checkbox"/>			2009		2008		
Qualifying child care expense incurred and paid in 2009									
Portion of qualifying expenses provided by employer									
American Opportunity qualified expenses paid									
Lifetime Learning Credit qualified expenses paid									
Hope Credit qualified expenses paid									
Tuition and fees deduction									

Child & Dependent Care

Name: _____ **SSN:** _____

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip			Child Care Provider's Phone
Amount Paid in 2009		Amount Paid in 2008	

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip			Child Care Provider's Phone
Amount Paid in 2009		Amount Paid in 2008	

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip			Child Care Provider's Phone
Amount Paid in 2009		Amount Paid in 2008	

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip			Child Care Provider's Phone
Amount Paid in 2009		Amount Paid in 2008	

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip			Child Care Provider's Phone
Amount Paid in 2009		Amount Paid in 2008	

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip			Child Care Provider's Phone
Amount Paid in 2009		Amount Paid in 2008	

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2009		2008		Federal tax	2009		2008	
		State wages	2009		2008		State tax	2009		2008	
		Locality	2009		2008		Local tax	2009		2008	

Profit or Loss From Business Schedule C

Name: _____ **SSN:** _____

TS	Principal business or profession	Business code	
Business name		Employer I.D. number	
Business address			
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
Did you "materially participate" in the operation of this business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
You started or acquired this business during 2009 <input type="checkbox"/>			Statutory employee wages <input type="checkbox"/>

	2009	2008		2009	2008
Income					
Gross receipts or sales			Other income		
Returns and allowances					

	2009	2008		2009	2008
Expenses					
Advertising			Taxes and licenses		
Car and truck expenses			Travel		
Commissions and fees			Total meals and entertainment		
Contract labor			Utilities		
Depletion			Wages		
Employee benefit programs			Other expenses (list):		
Insurance (other than health)					
Mortgage interest (paid to banks etc.)					
Other interest					
Legal & professional services					
Office expenses					
Pension and profit sharing plans					
Rent or lease (vehicles, machinery, and equipment)					
Rent (other business property)					
Repairs and maintenance					
Supplies			Family Health Coverage		

	2009	2008		2009	2008
Cost of goods sold					
Inventory at beginning of the year			Materials and supplies		
Purchases (less cost of items withdrawn for personal use)			Other costs		
Cost of labor			Inventory at end of year		

Inventory method, if not Cost Lower of Cost or Market Other There was a change of inventory method

	2009	2008	
Date placed in service			Available when off duty <input type="checkbox"/> Yes <input type="checkbox"/> No
Business miles			Another vehicle available <input type="checkbox"/> Yes <input type="checkbox"/> No
Commuting miles			You have evidence <input type="checkbox"/> Yes <input type="checkbox"/> No
Other miles			It is written <input type="checkbox"/> Yes <input type="checkbox"/> No

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name: _____ **SSN:** _____

TS Payer's name: _____ Payer's FEIN: _____

Address:

City, State, Zip _____ **2009** **2008**

2009 **2008** State _____ State I.D. _____

Disability indicator State income tax withheld _____

Report as wages on 1040 State distribution _____

Gross distribution _____ Local income tax withheld _____

Taxable amount _____ Name of locality _____

Total distribution _____ Local distribution _____

Capital gain _____ State _____ State I.D. _____

Federal income tax withheld _____ State income tax withheld _____

Employee contributions or insurance premiums _____ State distribution _____

Distribution code(s) _____ Local income tax withheld _____

IRA/SEP/SIMPLE Roth: Y/N Name of locality _____

Your percentage of total distribution _____ Local distribution _____

TS Payer's name: _____ Payer's FEIN: _____

Address:

City, State, Zip _____ **2009** **2008**

2009 **2008** State _____ State I.D. _____

Disability indicator State income tax withheld _____

Report as wages on 1040 State distribution _____

Gross distribution _____ Local income tax withheld _____

Taxable amount _____ Name of locality _____

Total distribution _____ Local distribution _____

Capital gain _____ State _____ State I.D. _____

Federal income tax withheld _____ State income tax withheld _____

Employee contributions or insurance premiums _____ State distribution _____

Distribution code(s) _____ Local income tax withheld _____

IRA/SEP/SIMPLE Roth: Y/N Name of locality _____

Your percentage of total distribution _____ Local distribution _____

Social Security Benefit Statement

		2009	2008			2009	2008		
TS	Net benefits			Medicare premiums				Income tax withheld	
TS	Net benefits			Medicare premiums				Income tax withheld	

Itemized Deductions

Name:

SSN:

MEDICAL and DENTAL	2009	2008	GIFTS TO CHARITY (attach receipts)	2009	2008
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			Portion of amount above for disaster relief		
Medical miles			30% limitation		
Other medical and dental expenses (list):			Charitable miles		
			Other than by cash or check		
			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			JOB EXPENSES (list):		
TAXES					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Vehicle purchase price					
Total taxes paid					
Tax on first \$49,500 of purchase price			Tax preparation fees		
Personal property taxes			OTHER EXPENSE (list):		
Other taxes (list):					
INTEREST					
Home mort. int. & points on Form 1098					
Home mort. int. not on Form 1098			MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO 2% LIMIT		
Name:					
Address:					
SSN/EIN:					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					

Expenses for Business Use of Your Home

Name: _____ SSN: _____

TS _____ For _____

Business Use of Home	2009	2008
Area used regularly and exclusively for business		
Total area of home		

Use of Home for Daycare	2009	2008
Total hours used for daycare		
Did you live in the home all year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, enter the dates you lived in the home	from	to

Expenses				
	Expenses directly related to business use only		Total Household expenses	
	2009	2008	2009	2008
Did you claim office in home expenses last year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Deductible mortgage interest				
Real estate taxes				
Excess mortgage interest				
Insurance				
Rent				
Repairs and maintenance				
Utilities				
Other expenses				

Cost of Home	2009	2008
Enter the smaller of your home's adjusted basis or its fair market value		
Does this include the value of the land?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date placed in service		
Value of land		

Employee Business Expense

Name:

SSN:

TS Occupation override

Part I - Employee Business Expense and Reimbursements

2009

2008

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

Qualifying performing artist

Fee-based state or local government official

Business Vehicle Expenses

Vehicle Description

Vehicle 1

Vehicle 2

2009

2008

2009

2008

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2009

Business miles included above

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)

Enter cost or other basis

Enter section 179 deduction

Enter depreciation method and percentage

If an employer provided vehicle, is personal use during off duty hours permitted? Yes No

Do you (or your spouse) have another vehicle available for personal use? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

First-Time Homebuyer Credit

Name:

SSN:

Form 5405 - First-Time Homebuyer Credit

TSJ

Address of home qualifying for the credit
Street

City

State ZIP

Date qualified

Purchase price of the home (The software will calculate the 10% limitation based on the purchase price)

If someone other than a spouse held an interest in the home, enter only the taxpayer's share of the credit

Date the home ceased to be your main home

Select the box below that applies to you

 I sold the home to an unrelated person and had a gain on the sale

 I sold the home to an unrelated person and did not have a gain on the sale

 I sold the home to a related person

 I converted the home to a rental or business or I still own the home but it is no longer my main home

 I transferred the home to my ex-spouse as part of my divorce settlement

 Ex-spouse's name

 My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years

 My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years

 The taxpayer who claimed the credit died in 2009

Amount of the credit you claimed on line 6 of your 2008 Form 5405

Gain on the sale of your main home

Energy Credits

Name: _____ **SSN:** _____

8834 - Qualified Electric Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2	Vehicle 3
Year of vehicle				
Make of vehicle				
Model of vehicle				
Date vehicle was placed in service				
Cost of vehicle				
Business/investment use percentage				
Section 179 expense deduction				
Qualified plug-in electric vehicle from pass-through entities				
Credits from passive activities				

8909 - Energy Efficient Appliance Credit

	TSJ	(a) Type A	(b) Type B	
Dishwashers				
The number of eligible dishwashers produced in calendar year 2009				
Average eligible dishwashers produced in the two prior calendar years				
Clothes Washers				
The number of eligible clothes washers produced in calendar year 2009				
Average eligible clothes washers produced in the two prior calendar years				
Refrigerators				
The number of eligible refrigerators produced in calendar year 2009				
Average eligible refrigerators produced in the two prior calendar years				

Current Year Energy Appliance Credit

Average annual gross receipts	
Amount from 2008 Form 8909, line 19	
Amount from 2008 Form 8909, line 21b	
Amount from 2008 Form 8909, line 21c	
Amount from 2008 Form 8909, line 20	
Energy-efficient appliance credits from partnerships, S corporations, estates, trusts, and cooperatives	

Energy Credits (continued)

Name:

SSN:

Form 8910 - Alternative Motor Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2	Vehicle 3
Year of vehicle				
Make of vehicle				
Model of vehicle				
Date vehicle was placed in service				
Maximum credit allowable				
Cost of converting vehicle to plug-in electric drive motor				
Section 179 expense deduction				
Business/investment use percentage				
Alternative motor vehicle credits from partnerships and S corporations				

Auto Expense Worksheet

Name:

SSN:

For

Profession/Product

Business name

Description

Date placed in service

Do you have another vehicle available for personal use? Yes No

Was your vehicle available for use during off hours? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

2009

2008

a Business miles

b Commuting

c Other

Expenses:

2009

2008

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %