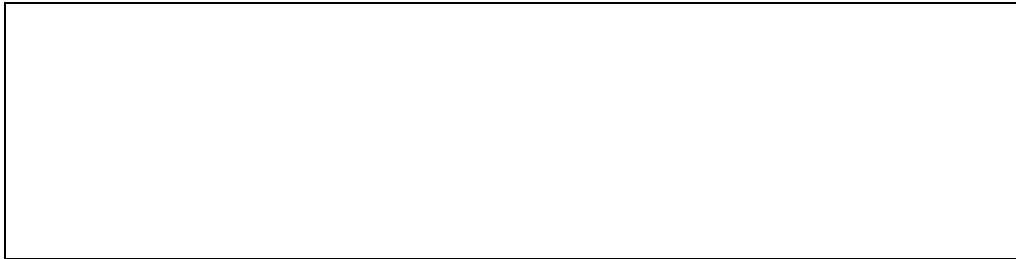
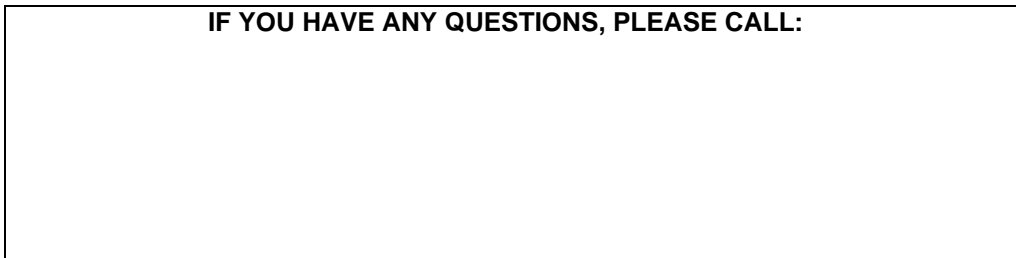


INCOME TAX ORGANIZER FOR TAX YEAR 2008

A large, empty rectangular box with a black border, intended for the user to provide tax information from the previous year and current year details.

We're providing this organizer to assist you in compiling your tax information for 2008. The enclosed pages include information from last year's tax return and spaces in which to write current year information and any questions or comments you have for us. We appreciate the opportunity to serve you.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:

An empty rectangular box with a black border, intended for the user to provide contact information for any questions.

GENERAL INFORMATION

2008
(MAIN INFO)

Taxpayer's First Name _____	M.I. _____	Spouse's First Name _____	Spouse's M.I. _____
Taxpayer's Last Name _____	Suffix _____	Spouse's Last Name (if different) _____	
Taxpayer's Social Security Number _____		Spouse's Social Security Number _____	
Present Home Address _____		City, State, Zip Code _____	
E-Mail Address _____			

Filing Status: Please Check One

- Single
 Married Filing Joint
 Married Filing Separately
 Head of Household
 Qualifying Widow(er)

If you selected head of household and have no dependents, list the name _____ and Social Security number _____ of your qualified child who lives with you and qualifies you for this status.

Dependents/Nondependents Qualifying for Child Care and/or EIC

Note: If any children listed below are nondependents then mark an 'X' in the column listed "Non Dep."

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months in home	Non Dep.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If you are claiming as a dependent a child who did not live with you, check the documents that substantiate this claim:

- Pre-1985 divorce or separation agreement
 Signed Form 8332
 Post-1984 divorce or separation agreement WITHOUT CONDITIONS

Taxpayer's Birth Date _____	Spouse's Birth Date _____
Taxpayer's Occupation _____	Spouse's Occupation _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
Cell/FAX Phone _____	Cell/FAX Phone _____

State of Residency:(2-Letter Abbreviation) _____ State of Part-year Residency _____ 2nd State of Part-year Residency _____

Please use the following space for any comments you wish to make to your preparer.

W-2 INCOME

2008
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
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 TAXPAYER SPOUSE

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Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

*** Please include a W-2 from each of your 2008 employers.**

W-2G INCOME

2008
(W-2G)

Listed below are payers shown on your last year's income tax return.

***Please include any W-2G from each of your 2008 payers.**

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

ESTIMATED TAX PAID FOR THE 2008 TAX YEAR

(FED/ST TAX)

*** Please enter only the payments to be applied to the current year tax, including any payments made in January of 2008.**

Federal payments

State of _____ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in 2008: _____

State/local estimate payment for 2007, due January 15, 2008, paid on or after January 1, 2008: _____

ITEMIZED DEDUCTIONS			2008 (SCH A)
	*T,S,J	2008	2007
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Number of medical miles	_____	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
TAXES PAID			
Real estate taxes	_____	_____	_____
Personal property taxes (auto ad valorem)	_____	_____	_____
Other _____	_____	_____	_____
INTEREST PAID			
Home mortgage interest	_____	_____	_____
Points paid in purchasing new home	_____	_____	_____
Investment interest expense	_____	_____	_____
CONTRIBUTIONS - Receipts required for all contributions			
Cash			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Non-cash	_____	_____	_____
Number of charity miles	_____	_____	_____
MISCELLANEOUS DEDUCTIONS			
Include union and professional dues, business publications, etc.			
_____	_____	_____	_____
_____	_____	_____	_____
Tax preparation fee			
Include below items, such as safe deposit box, investment expense.			
_____	_____	_____	_____
_____	_____	_____	_____
Gambling losses			
_____	_____	_____	_____

CHILD AND DEPENDENT CARE EXPENSES

2008
(2441)

Please list all care providers and the amounts paid to them in 2008. Any information from the prior year is shown below.

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2007 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2007 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2007 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2007 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2007 AMOUNT	\$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

*You may change or delete any information that does not apply to the current year.

OTHER INCOME AND ADJUSTMENTS

2008

OTHER INCOME

2008

2007

Seller Financed Mortgages

Payer

Principal

Interest

Interest

State and Local Income Tax Refunds Received in 2008

State or Local jurisdiction _____
 State or Local jurisdiction _____
 State or Local jurisdiction _____

Amount received _____
 Amount received _____
 Amount received _____

Unemployment (Please attach 1099G(s)).

2008

2007

Amount received: _____
 Amount repaid: _____

Alimony amount received

Other Income

Type: _____

Amount: _____

ADJUSTMENTS

Taxpayer
2008

Taxpayer
2007

Spouse
2008

Spouse
2007

Educator expense _____

Self-employed retirement plans _____

Self-employed health insurance paid _____

IRA'S

Traditional _____

Roth _____

Student loan interest _____

Alimony Paid

To whom paid: _____

Amount: _____

SSN: _____

Tuition and Fees

Amount: _____

Other Adjustments

Type: _____

Amount: _____

PENSION AND RETIREMENT INCOME

PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

* Please include any 1099's and other 2008 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

SOCIAL SECURITY BENEFITS

(1040 WKT)

2008 AMOUNTS

Taxpayer Amount \$ _____

Spouse Amount \$ _____

2007 TOTAL AMOUNT

PARTNERSHIP AND S-CORPORATION INCOME

2008
(K-1 P/S)

Your 2007 K-1 information is shown below.

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

* Please attach all K-1 schedules received for 2008.

RENTAL REAL ESTATE AND ROYALTIES

2008
(SCH E)

KIND OF PROPERTY LOCATION OF PROPERTY	Property A		Property B		Property C	
	2008	2007	2008	2007	2008	2007
INCOME						
Rents received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Type of misc expense 5						
Amount item 5						
Enter loss carryover to 2008						
Did you actively participate in this venture?						
Did you use this property for personal use?						

EMPLOYEE BUSINESS EXPENSES

2008
(2106/2106 EZ)

GENERAL INFORMATION

2008

2007

Are these your spouse's business expenses? _____
Occupation in which expense incurred? _____
Were you a qualified performing artist? _____
Were you a fee basis state or local government official? _____
Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? _____

EXPENSES

Parking fees, tolls, and local transportation _____
Travel expenses while away from home overnight _____
Meals and entertainment expenses _____
Are you subject to the hours of service limitation of the Department of Transportation? _____
Other business expenses _____

Type	Amount
_____	_____
_____	_____
_____	_____
_____	_____

REIMBURSEMENTS

Meals and entertainment _____
Other _____

AUTOMOBILE INFORMATION

VEHICLE A

Date vehicle was placed in service _____
Total mileage vehicle was used during the year _____
Miles that vehicle was used for business _____
Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____
Vehicle rental _____
Cost or other basis of vehicle _____

VEHICLE B

Date vehicle was placed in service _____
Total mileage vehicle was used during the year _____
Miles that vehicle was used for business _____
Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____
Vehicle rental _____
Cost or other basis of vehicle _____

Do you (or your spouse) have another vehicle available for personal use? _____
Was your vehicle available for personal use during off-duty hours? _____
Do you have evidence to support the deduction? _____
If "Yes," is the evidence written? _____

BUSINESS INCOME AND EXPENSES

2008
(SCH C)

Your principal business or profession _____

Is this your spouse's Schedule C? _____

Business name _____

2007 Business code _____

Business address _____

Employer ID _____

(Not SSN)

Accounting method: _____

Enter date if you disposed of or sold this business during the year _____

BUSINESS VEHICLE	2008	2007
-------------------------	-------------	-------------

Date placed in service _____

Miles used for: Business _____

Commuting _____

Other _____

PART I INCOME		
----------------------	--	--

Gross receipts or sales _____

Returns and allowances _____

Other income _____

PART II EXPENSES		
-------------------------	--	--

Advertising _____

Car/Truck expenses _____

Commissions _____

Contract labor _____

Depletion _____

Employee benefit programs _____

Insurance _____

Interest - mortgage _____

Interest - other _____

Legal and professional services _____

Office expense _____

Pension and profit sharing _____

Rent or lease - vehicles, machinery _____

Rent - Other business property _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses _____

Travel _____

Meals and entertainment _____

Utilities _____

Wages _____

Enter prior year unallowed loss (if any) _____

OTHER EXPENSES	(SCH C PG 2)
-----------------------	---------------------

Inventory method: Cost Lower of Cost or Market Other

Inventory at beginning of year _____

Purchases less cost of personal items _____

Inventory at end of the year _____

OFFICE IN THE HOME DEDUCTION

2008
(8829)

2007

Square footage of area used for business _____

Total square footage in your home _____

Is this your spouse's Schedule C? _____

Day care facilities:

Number of days used for day care _____

Number of hours per day used for day care _____

Enter date if you disposed of or sold this business during the year _____

EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2008

2007

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

Carryover of operating expenses from 2007 Form 8829 line 42 _____

Carryover of excess casualty losses and depreciation from 2007 Form 8829 line 43 _____

Enter the fair market value of your home _____

Enter the cost of your home _____

Enter the value of the land on which your home is placed _____

