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### Tax Organizer for Year 2009

#### GENERAL INSTRUCTIONS

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2009 income tax return. The attached worksheets cover income, deductions and credits, and will help in the preparation of your tax return by focusing attention on your special tax needs. Please enter your 2009 information in the designated areas on the worksheets. If you need to include additional information, please attach an additional page. There are instructions throughout the Tax Organizer to help guide you through the various sections. Please do not staple supporting documents (i.e. W-2s, 1099s, etc.)

#### PERSONAL DATA

**Current clients: Please provide only your name and any updates to your personal data. New clients: Please complete all personal data.**

	TAXPAYER	SPOUSE	
Last Name			
First Name, MI			
Social Security Number			
Date of Birth			
Occupation			
Employer (and crew base, if applicable)			
Home Phone number			
Mobile Phone			
Email			
Fax			
Street Address	City/State		
County and School District (provide school district number if applicable):			
Note: If you moved in 2009, please provide the state, county, school district, date(s) of move(s), and applicable State W-2s			
Do you need us to prepare a local return? If so, please indicate locality here and enclosed applicable information:			
Preferred Primary Contact Method (please circle):	HOME PHONE	EMAIL	MOBILE PHONE
Preferred Alternate Contact Method (please circle):	HOME PHONE	EMAIL	MOBILE PHONE

**PERSONAL DATA Continued**

Filing Status (circle one):	Single	Married Filing Joint	Married Filing Separate	Head of Household
Will someone else be claiming you as dependent on his or her tax return?				Y or N
If Married Filing Separate (MFS), did you live with your spouse during the last 6 months of 2009?				Y or N
If MFS, will your spouse itemize their deductions				Y or N
<b>IRS Discussion Authority:</b> Would you like me to be able to discuss your return preparation with the IRS on your behalf?				Y or N

**DEPENDENT INFORMATION**

Relationship	First Name	Last Name	SSN	Date of Birth

**Dependent Notes:**  
 \* If you are divorced and your dependent children do not live with you, you must provide form 8832 (Release of Claim ) or a copy of your divorce decree.  
 \* If your dependent did not live with you for the entire year, please indicate the number of months the dependent lived with you.

**E-FILE**

Do you want to electronically file your federal and state (if applicable) return? Y or N

If yes, please be advised that Federal and State Tax Code require us to have a signed Form 8879 "IRS E-File Authorization Form" on file before we transmit your tax return. We will supply this to you to sign and return upon completion of your tax return.

**DIRECT DEPOSIT**

The IRS is able to deposit many refunds directly into a taxpayers' accounts. If you receive a refund, would you like direct deposit? Y or N

Taxpayers may choose to have part of their 2009 refund applied to a tax deductible Traditional or Roth IRA for the 2009 tax year as long as the return is submitted before April 1, 2010. Partial refund amounts can be directly deposited into up to 3 different accounts. Please provide information below and **attach a voided check for each account.**

Name of Financial Institution:

Routing Transit Number:

Account Number:

What type of account is this?                      Checking? \_\_\_\_\_                      Savings? \_\_\_\_\_                      Other (please explain) \_\_\_\_\_

**PAYMENT OPTIONS**

**Full payment of your tax invoice must be received prior to filing your return.** I will contact you prior to mailing/filing your return to discuss your 2009 tax return and arrange payment. You may pay by check made payable to Davis & Associates, Accountants, Inc., (\$30.00 fee for returned checks applies)



**DOCUMENTS TO ATTACH**

Please attach the following documents, if applicable (if Married Filing Separate, indicate owner of income - taxpayer or spouse.)	
W-2s for wage income	K-1s from Partnerships, S-Corporations, Estates or Trusts
1099-INT for interest income	Business related income (See Schedule C Worksheet, pg 7)
1099-DIV for dividend income, 1099-B for investment sale proceeds	List of any other source of income
List, including amount and institution, of any tax-exempt interest	A copy of your 2008 tax return (new clients only)
Copies of other compensation or pension documentation (1099s)	Forms 1098 reporting interest paid, copies of real estate tax bills
Brokerage statements showing transactions for stocks/bonds	All other information notices received, or any questionable items

**TAXES AND INTEREST PAID**

<b>Taxes</b>	<b>Amount</b>	<b>Interest</b>	<b>Amount</b>
Real Estate taxes paid on Principal Residence	\$	Home Mortgage Interest	\$
Real Estate taxes paid on additional homes or land	\$	Points paid to buy, build or improve your main home	\$
Auto license (only if based on the value of the vehicle)	\$	Points paid on a home equity loan, loan for a 2nd home, or refinance (include month/year of loan & loan term in years)	\$
Other personal property taxes	\$	Car Tax	\$
Amount of any state tax refund received in 2009	\$	Home equity interest (note: subject to certain restrictions)	\$
Amount of any additional state tax paid in 2009 for prior years	\$	Second home (i.e. vacation home) mortgage interest	\$
Sales tax paid on motor vehicles and boats* (see note below)	\$	Applicable interest on RV or Boat qualifying as a second home	\$
Other sales tax paid* (see note below)	\$	Investment interest PAID (i.e. margin interest)	\$

**\* For 2009, you may deduct the greater of sales tax paid or state income tax. This deduction generally applies to those who live in states with no income tax.**

**CHILD CARE EXPENSES**

If you hired someone to care for your children or other dependents while you worked, you may qualify for a tax credit for the expenses.  
 Generally both spouses must work at least part-time, unless one is incapable of self-care or is a full-time student  
 The dependent must be your child, under the age of 13, or a person who is mentally or physically incapable of caring for himself or herself.  
 You must provide the name, address and taxpayer identification number (i.e. EIN or SSN) of the provider you paid to care for your dependent.

<b>Child/Dependent Name (child must be under age 13)</b>	<b>Amount</b>	<b>Provider Name and Address</b>	<b>SSN/EIN</b>

**Did you contribute to a dependent care flexible spending account? If so, how much was contributed? \$ \_\_\_\_\_**

**CHARITABLE CONTRIBUTIONS - NON CASH**

If an individual donation exceeds \$500, please provide month/yr acquired, how acquired (i.e. purchase) and your cost

Name and Address of Qualifying Donee Organization	Value/Date	Description of items/Method of Valuation I.e.. Thrift Shop
<i>Example: Goodwill Industries</i>	\$550	<i>Clothing and household goods/Thrift Shop</i>
	12/15/2009	
1)	/ /	
2)	/ /	
3)	/ /	
4)	/ /	
5)	/ /	

**MEDICAL EXPENSES**

Include a separate list of medical expenses, ONLY if they exceed 7.5% of your adjusted gross income. Contact me if you need a supplemental form to help you complete this information.

Did you contribute to a HSA or MSA? ("Health Savings Account" or "Medical Savings Account")	Y      N	<b>*Please attach any 1099 forms that you receive regarding this</b>
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What amount did you contribute for the year?	\$
What amount did your employer contribute for the year?	\$

**Medical Mileage:** \_\_\_\_\_

**Amounts paid out of pocket for:**

Acupuncture		Fertility Treatments and Drugs	
Ambulance		Hearing Aids	
Blood/Urine Tests		Hospital/Surgical	
Braille Supplies		Lead Based Paint Removal	
Chiropractic		Long Term Care Premiums	
Christian Science Practitioner		Medicare Premiums	
COBRA		Mental Illness Centers/Psychiatric Care	
Dental/Artificial Teeth		Nursing Services	
Doctor Co Pays		Oxygen	
Drug Rehabilitation Centers		Physical Therapy	
Eyeglasses/Contact Lenses and supplies		Prescriptions (including birth control)	
Self Employed Insurance Premiums			

Special Education Under doctor's orders for a child diagnosed with learning disability		Transportation/Lodging for overnight Trips	
Sterilization		Vision and Vision Surgeries	
Stop Smoking Programs		Wigs	
Transplants		X-Rays	

**Casualty/Theft Loss** - Include a separate list of casualty or theft losses, ONLY if they exceed 10% of your adjusted gross income. Include reason for damage, type of property, date of event, date asset acquired, value before/after loss, and any insurance proceeds.

**Gambling Winnings/Losses** - Include a separate list of any gambling winnings, including amount and additional documentation. Any losses can only be used to offset gambling income. Losses greater than winnings are not deductible.

**EDUCATIONAL CREDITS**

Student Name	SSN	Additional Information	Amount
		Year in School (1-4 or Grad): Hope Credit Claimed in 2008 (Y or N)	
		Year in School (1-4 or Grad): Hope Credit Claimed in 2008 (Y or N)	
		Year in School (1-4 or Grad): Hope Credit Claimed in 2008 (Y or N)	
		Year in School (1-4 or Grad): Hope Credit Claimed in 2008 (Y or N)	

**STUDENT LOAN INTEREST**

If you paid interest on a qualified student loan in 2009 (for you, your spouse or dependents), you may be able to claim a deduction directly from gross income.

Bank/Institution that provided the loan	Amount of interest paid in 2009

**ESTIMATED TAX PAYMENTS**

Enter quarterly payments you made to the IRS and/or state. As you know, you are required to prepay your income and employment taxes (collectively, "tax") during the course of the taxable year as your income is earned. To the extent taxes withheld from your income are not sufficient for this purpose, estimated tax payments must be made. Accordingly, if your income is substantially from wages, you may not be required to make estimated tax payments. On the other hand, **it is likely you will have to pay estimated tax if you have significant self-employment or investment income.** When required, **estimated tax payments are due on April 15, June 15, September 15 of the taxable year, and January 15 of the following year.** If a due date falls on a Saturday, Sunday, or legal holiday, the payment date is extended to the next business day.

Federal Payments	Amount	State Payments	Amount
Payment #1 Date:		Payment #1 Date:	
Payment #2 Date:		Payment #2 Date:	
Payment #3 Date:		Payment #3 Date:	
Payment #4 Date:		Payment #4 Date:	

**STOCKS & BONDS SOLD**

Please provide all 1099-B information statements, as well as any information you have supporting the cost basis. Please also provide brokerage year-end tax summaries and/or 12/31/09 statements. Purchase dates and sale dates are important to determine proper tax treatment. Please notify me of stock option sales.

Symbol/Description and Quantity	Sale Proceeds	Date Purchased/Date Sold	Cost
		Date Purchased      /   /	
		Date Sold                /   /	
		Date Purchased      /   /	
		Date Sold                /   /	
		Date Purchased      /   /	
		Date Sold                /   /	

**Employee Business Deductions and Miscellaneous Deductions**

Please list any unreimbursed business deductions below **IF** they are related to the taxpayer's or spouse's W-2 job.

<b>Unreimbursed Business Deductions</b>		<b>Other Miscellaneous</b>	
Union Dues	\$	Tax Preparation fees paid in 2009	\$
Professional Publications	\$	Tax Preparation postage/shipping	\$
Office Supplies	\$	Safe Deposit Box	\$
Office Equipment (provide cost, description, purchase date)	\$	Job search costs (additional information required)	\$
Uniforms and Protective Clothing	\$	Investment counsel and advisory fees	\$
Telephone charges	\$	IRA custodial fees	\$
Postage/shipping	\$	Other miscellaneous expenses	\$
Business cards	\$	Business miles driving on personal vehicle	\$
Pager (when required for convenience of employer)	\$	Total miles driven on personal vehicle for the year	
Cell Phone (when required for convenience of employer)	\$	Date purchased	
Job related education expense (please explain)	\$	<b>Please see Business Entity Questionnaire on pages 9 - 12. If you have any of these expenses NOT reimbursed by an employer for your W-2 job, please indicate here and complete the expense categories on pages 9 - 12.</b>	
Meals & Entertainment	\$		
Travel Expense	\$		

**Business Entity Standardized Tax Compilation Questionnaire**

Please keep in mind that income statements, P & L's, and balance sheets from an automated accounting system is always our favorite tax return collection method. If you do not use an automated accounting system we ask that you assist us in compiling your figures by completing this form. You may also submit spreadsheets outlining the necessary information. Please keep in mind that not every line on this questionnaire will apply to every business and that we may require further information from you. This form is just a partial survey that we need.

Total money received for the year (Gross Receipts) <small>This figure should match or exceed your bank deposits</small>	
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From the above stated figure, how much comprised loans that you made to the company:	
--	--

Inventory at the beginning of the year (your cost)		Inventory or materials purchased?	
--	--	-----------------------------------	--

Materials, inventory, and supplies that were used for your own personal purposes	
--	--

Money that you took as DRAWS for personal wage purposes (NOT W-2 wages or salary)	
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Advertising	
Accountant	
Attorney	
Business Supplies	
Business Travel	
Charity	
County Taxes	
Dues	
Dues/Memberships	
Entertainment	
Equipment Purchases	
Equipment Rental	
FUTA	
Gifts	
Hotel/Motel/Lodging	

Insurance		Printing	
Interest		Professional Education	
Interest on Loans		Publications	
Internet		Rent	
Licenses		Rental Car	
Maintenance		Repairs	
Meals		Retirement Plan Contr	
Memberships		Subcontractors	
Networking		Supplies	
Newspaper		SUTA	
Office Supplies		Telephone Expense	
Parking		Tolls	
Payroll Taxes		Transportation	
Permits		Wages Paid	
Postage & Shipping			

OTHER Please itemize:

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**If you purchased any Capital Asset Items, over \$100, please list on a separate sheet of paper the cost, date of purchase, and description.**

**For any previously depreciated Capital Asset Item or Office Equipment sold please list on a separate sheet of paper the date of sale and price.**

**If we don't already have them, or if you made changes through the year, please provide us with any formation paperwork related to your entity.**

**Have you conducted, and documented, an annual shareholder/member meeting? (This is applicable even to single member LLC's, S Corps, and C Corporations)**

**CAR & TRUCK EXPENSE**

The purpose of this form is to record all mileage driven for business and investment purposes. This includes mileage for Small Business (Schedule C), Rental Properties, Unreimbursed Employee Expenses (including aviation related mileage for Training, Union Meetings, Temporary Duty Travel, Military Reserve, and FFDO), and other business mileage. Note: Use a copy of this form if you have more than 2 vehicles for business/investment purposes.

**NEW for 2008: Effective July 1, 2008, the IRS increased the standard mileage rate from 50.5 cents to 58.5 cents per mile. Thus, below you must split your business mileage between the two date ranges: January through June and July through December.**

CAR/TRUCK #1			CAR/TRUCK #2		
Make, Model and Year of Vehicle			Make, Model and Year of Vehicle		
Date first used for business			Date first used for business		
Average daily round-trip commute mileage			Average daily round-trip commute mileage		
Total miles driven for the year (should be the sum of detail below)			detail below)		
Number of miles driven for personal use			Number of miles driven for personal use		
Number of miles driven for commute (home to office)			Number of miles driven for commute (home to office)		
Number of miles driven for business/investment use (details below)			Number of miles driven for business/investment use (details below)		
<i>Split mileage below into the following date ranges:</i>	Jan-Jun	July-Dec	<i>Split mileage below into the following date ranges:</i>	Jan-Jun	July-Dec
Schedule C (indicate which business if more than one)			Schedule C (indicate which business if more than one)		
Rental Property (indicate which property if more than one)			Rental Property (indicate which property if more than one)		
Unreimbursed Employee/Business Mileage (use detail lines below)			Unreimbursed Employee/Business Mileage (use detail lines below)		
-Training* (see note below)			-Training* (see note below)		
-Union Meetings			-Union Meetings		
-Temporary Duty Travel			-Temporary Duty Travel		
-Military			-Military		
-Other (please explain)			-Other (please explain)		

Was the vehicle leased?	Y	N	Was the vehicle leased?	Y	N
Was the vehicle available for personal use?	Y	N	Was the vehicle available for personal use?	Y	N
Was another vehicle available for personal use?	Y	N	Was another vehicle available for personal use?	Y	N
Do you have evidence to support the business use?	Y	N	Do you have evidence to support the business/investment use?	Y	N
If Yes, is the evidence written?	Y	N	If Yes, is the evidence written?	Y	N

**\*Note:** You can only deduct training mileage to the extent it exceeds your commute to/from work (i.e. the airport)

Home Office Deductions			
Total Square footage of house		Gas	
Square Footage of Office		Electric	
Date of Purchase		Oil	
Purchase Price of Dwelling		Insurance	
Irrigation		HOA	
Maintenance		Repairs	
Rent		Trash Pick Up	
Other		Security	
RENTAL PROPERTY INCOME AND EXPENSE			
NOTE: Use a copy of this form if you have more than 2 rental properties			
PROPERTY #1 Location and Description		PROPERTY #2 Location and Description	
Check all that apply: <input type="checkbox"/> Owned by spouse <input type="checkbox"/> Owned jointly <input type="checkbox"/> Rental Property <input type="checkbox"/> Commercial Property <input type="checkbox"/> Active Participation <input type="checkbox"/> Material Participation		Check all that apply: <input type="checkbox"/> Owned by spouse <input type="checkbox"/> Owned jointly <input type="checkbox"/> Rental Property <input type="checkbox"/> Commercial Property <input type="checkbox"/> Active Participation <input type="checkbox"/> Material Participation	
Did you rent to a related party? If Yes, please explain. Percentage Ownership if not 100% _____%		Did you rent to a related party? If Yes, please explain. Percentage Ownership if not 100% _____%	
(if not 100% please indicate below if expenses below are listed at your percentage ownership or 100%)		(if not 100% please indicate below if expenses below are listed at your percentage ownership or 100%)	
Vacation Home?    Y        N        If Yes, enter: Number of days rented _____        Number of days personal use _____		Vacation Home?    Y        N        If Yes, enter: Number of days rented _____        Number of days personal use _____	

RENTAL PROPERTY INCOME AND EXPENSES			
PROPERTY #1		PROPERTY #2	
Date first used as rental: ___/___/___		Date first used as rental: ___/___/___	
Cost: \$ _____ Value of Land in cost \$ _____		Cost: \$ _____ Value of Land in cost \$ _____	
Rental Income	\$ _____	Rental Income	\$ _____
Advertising	\$ _____	Advertising	\$ _____
Association dues	\$ _____	Association dues	\$ _____
Travel	\$ _____	Travel	\$ _____
Cleaning & Maintenance	\$ _____	Cleaning & Maintenance	\$ _____
Commissions	\$ _____	Commissions	\$ _____
Insurance	\$ _____	Insurance	\$ _____
Legal and professional fees	\$ _____	Legal and professional fees	\$ _____
Allocated tax preparation fees	\$ _____	Allocated tax preparation fees	\$ _____
Licenses and permits	\$ _____	Licenses and permits	\$ _____
Management fees	\$ _____	Management fees	\$ _____
Mortgage interest reported on Form 1098	\$ _____	Mortgage interest reported on Form 1098	\$ _____
Other Interest	\$ _____	Other Interest	\$ _____
Repairs	\$ _____	Repairs	\$ _____
Real Estate Taxes	\$ _____	Real Estate Taxes	\$ _____
Other taxes	\$ _____	Other taxes	\$ _____
Supplies	\$ _____	Supplies	\$ _____
Utilities	\$ _____	Utilities	\$ _____
Other expenses (please attach details)	\$ _____	Other expenses (please attach details)	\$ _____
<b>See Car/Truck Expense Section on Pg. 11 to input business mileage</b>			
Furniture, fixtures and Equipment Purchases in 2009		Furniture, fixtures and Equipment Purchases in 2009	
Please provide description, date of purchase and cost:		Please provide description, date of purchase and cost:	

## DIRECT SALES BUSINESS OWNERS

### 2009 Tax Reconciliation

NAME OF COMPANY \_\_\_\_\_

Total 2009 BUSINESS Miles Driven		Telephone	
TOTAL Money Received from Customers		Meeting Fees	
TOTAL Money Received from Company (should match 1099)		Entertainment	
TOTAL Money Paid to Company for Product		Meals	
Ending Inventory		Food and Expenses for Open House	
Total Product Used Personally/Household		Supplies (Qtips, cotton balls, etc.)	
Advertising		Newspapers/Publications	
Contract Labor/Office Help		Dues and Memberships	
Interest Paid on BUSINESS use only on credit card		Office Supplies	
Professional Fees (Accountant)		Postage	
Rental Car		Business Aids	
Rented Equipment		Equipment Purchased and Date (Computer, Etc.)	
Internet Service			
Repairs of Computers or other equipment		Other	
Business License		Other	
Air, Train, Bus, Taxi		Other	
Parking		***REGARDING TRAVEL, PLEASE COMPLETE THE DESTINATION DETAIL WORKSHEET (Page 15)	
Tolls			
Gifts			
Hostess Gifts			
Trade Show Fees			

### DESTINATION DETAIL SHEET

Below please find airport codes for major American cities. Please indicate # of days/nights spent in each location while traveling for business.  
 For airline personal, please exclude turns.

ABE		ABI		ABQ		ABR	
ADK		AFW		AGS		ALB	
AUS		BDL		BFI		AFL	
BIL		BIS		BNA		BOI	
BTR		BUF		BUR		BWI	
CAK		CHA		CHS		CID	
CMH		COS		CPR		CRP	
DAB		DAL		DAY		DCA	
DLH		DSM		DTT		DTW	
EUG		EWR		FAR		FAT	
FSD		FSD		FTW		FWA	
GGG		GJT		GRR		GSO	
HUF		IAD		IAH		ICT	
ISP		JAC		JAN		JAX	
LAS		LAX		LBB		LGA	
LNK		LVS		LWB		MAF	
MDT		MDW		MEM		MFE	
MKE		MLB		MLI		MOB	
MSY		MWH		MYR		NFL	
OKC		OMA		ONT		ORD	
PBI		PDX		PDX		PHF	
PIA		PIH		PIT		PMD	
PSP		PUB		PVD		PDM	
RIC		RNO		ROC		ROW	
SAN		SAN		SAT		SAV	
SCK		SDF		SEA		SFO	
SJC		SLC		SMF		SNA	
SPS		SRQ		STL		SWF	
TPA		TUL		TUS		TYS	

**AIRLINE PERSONNEL TRAVEL EXPENSES RELATED TO TRAINING**

If you incurred travel expenses for training away from your base, your unreimbursed travel and transportation expenses are deductible

City code for training location		Did your employer pay a per diem allowance?	Y	N
Number of nights spent at training location (not including days flown)		Phone expense		
If lodging not provided by employer, enter lodging (i.e. hotel expense)		Other expenses (excluding laundry, tips) Please explain		
Transportation expenses in Training City (i.e. taxi, car)		<b>See Car/Truck Expense Section on Pg 11 to input business mileage</b>		

**TRAVEL EXPENSES RELATED TO UNION MEETINGS**

If you incurred travel expenses to attend union meetings, your unreimbursed travel and transportation expenses are deductible

Lodging expense	\$	Other expense (excluding laundry, tips) Please explain:
Phone expense	\$	
Other transportation expenses (i.e. taxis)	\$	<b>See Car/Truck Expense Section on Pg 11 to input business mileage</b>

**NON-TRAVEL EXPENSES**

Uniforms		Supplies	Training/Certification/Job Search		Other	
Jacket	\$	Luggage	Type rating expense	\$	Union dues	\$
Hat	\$	Flight bag	FAA license certification	\$	Professional org dues	\$
Shirt	\$	Luggage tags	Resume prep/printing	\$	Professional publications	\$
Sweater	\$	Keys (cockpit, jet bridge)	Telephone/Fax expenses	\$	Drug testing (i.e. split sample)	\$
Tie	\$	Logbook? Organizer	Postage/Shipping	\$	FAA medical	\$
Pants/Skirt	\$	Flightlight/Batteries	Copying expenses	\$	Computer access fees	\$
Shoes (uniform vendor only)	\$	Portable appliances	<b>Crewmembers on Reserve</b>		Internet access fees	
Wings	\$	Passport/Visa fees	Months on reserve	\$	(enter personal % use )	\$
Epaulets	\$	Company business cards	Cell phone cost per month		Software (name software below)	\$
Other uniform (please explain)	\$	Cockpit supplies (i.e. maps)	(enter personal % use)	\$		
Shoe shines	\$	Manual replacement	Pager cost per month	\$	Tips (to van/cab drivers)	\$
Dry cleaning	\$	ID replacement	Call waiting per month	\$	Other (Please explain)	\$
Home laundering	\$	Ear Piece/Headset				\$
Alterations and repairs	\$	Safety Equipment/Tools	Purchased a cell phone or pager in 2009? Enter cost and date purchased			\$

COMMENTS

**MILITARY RESERVE/ACTIVE DUTY**

Tax Information for Reservists:

~ If your tax home is in a different city than your military base, you may generally deduct all travel expenses to/from your military base (including meals, subject to the 50% reduction). If you pay for meals and lodging while at your military post, you may deduct expenses to the extent they exceed the basic nontaxable subsistence and quarters allowance. If your reserve military base is greater than 100 miles from your home, you may deduct these travel expenses as an above-the-line deduction.

~If you are called for active duty away from your tax home, you may deduct travel expenses provided you keep your regular job while on active duty, return to it after you are released, and pay for those expenses at the military post (and only to the extent that they exceed BAH and BAS allowances).

~ The cost and upkeep of uniforms is deductible only if you are prohibited from wearing them off duty.

Were you on active duty orders in 2009?      Y      or      N			
If Yes, provide dates:      Date Activated      ___/___/___		Date Released:      ___/___/___	
Did you serve in a combat zone, qualified hazardous duty area, or have qualifying service outside of a combat zone/hazardous duty area?      Y      N			
If Yes, provide dates:      Service beginning      ___/___/___		Service Ending:      ___/___/___	
<b>RESERVE DUTY</b>		<b>ACTIVE DUTY</b>	
3 letter city code of post/unit location		3 letter city code of post/unit location	
Is the post/unit location greater than 100 miles from your tax home?	Y      N	Number of nights spent at reserve post/unit	
Number of nights spent at reserve post/unit		Was lodging provided? If not, provide actual lodging expense	
Was lodging provided? If not, provide actual lodging expense		Was food provided? If not, provide actual food expense	
Amount of per diem reimbursed/Nontaxable BAH/BAS allowance		Other travel-related expenses	
Other travel related expenses		Amount of per diem reimbursed/Nontaxable BAH/BAS allowance	
Uniform cost/upkeep (net of allowances)		Other expenses (please explain)	
Other Expenses (please explain)			

**See Car/Truck Expense Section on Pg. 11 to input travel mileage**

**We value you as our client, and your privacy is important to us. Please read our privacy policy below.**

We collect nonpublic personal information about you from various sources, including the following:

- \* Information we receive from interviews regarding your tax situation;
- \* Information we receive on applications, organizers, or by other means, such as your name, address, telephone number, social security number, dependents, income, and other tax related data; and
- \* Information from tax--related documents you provide that are required to process tax returns such as Forms w-w2, 1099R, 1009-INT and 1099-DIV, and stock

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our client or as required by law.

We restrict access to nonpublic personal information concerning you, except to employees who need access to such information in order to provide products

If you have any questions about our privacy policy, please contact us.

I/We attest that the information contained in this statement is true and actual to the best of my/our knowledge.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Name and Title