

## Personal Data

Taxpayer Name				SSN					
Spouse's Name				SSN					
Address				Apt no.					
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 Stimulus Payment Amount					

### Your Dependents

Dependent # 1			Dependent # 2			Dependent # 3		
First name		M.I.	First name		M.I.	First name		M.I.
Last name		Suffix	Last name		Suffix	Last name		Suffix
SSN/ITIN			SSN/ITIN			SSN/ITIN		
Relationship			Relationship			Relationship		
No. of months lived with you			No. of months lived with you			No. of months lived with you		
Age/DOB			Age/DOB			Age/DOB		
Qualifying child care expenses incurred and paid in 2008			Qualifying child care expenses incurred and paid in 2008			Qualifying child care expenses incurred and paid in 2008		
Portion of qualifying expenses provided by your employer			Portion of qualifying expenses provided by your employer			Portion of qualifying expenses provided by your employer		
Hope Credit qualified expenses paid			Hope Credit qualified expenses paid			Hope Credit qualified expenses paid		
Lifetime Learning Credit qualified expenses paid			Lifetime Learning Credit qualified expenses paid			Lifetime Learning Credit qualified expenses paid		
Tuition and Fees Deduction			Tuition and Fees Deduction			Tuition and Fees Deduction		
Minor child with income over \$850? <input type="checkbox"/>			Minor child with income over \$850? <input type="checkbox"/>			Minor child with income over \$850? <input type="checkbox"/>		

Income Taxes Paid			Federal			State			Local		
2008 Estimates:	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.		
April 15, 2008											
June 16, 2008											
Sept. 15, 2008											
Jan. 15, 2009											
2007 overpayment applied											
2007 Balance due											
2007 Refund											
Additional payments made											
Additional payments made											
Additional payments made											

## Wages and Salaries

Please attach all W-2(s).

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS		Federal I.D. No.		Company Name			
		Federal wages	2008	2007	Federal tax	2008	2007
		State wages	2008	2007	State tax	2008	2007
		Locality	2008	2007	Local tax	2008	2007

TS		Federal I.D. No.		Company Name			
		Federal wages	2008	2007	Federal tax	2008	2007
		State wages	2008	2007	State tax	2008	2007
		Locality	2008	2007	Local tax	2008	2007

TS		Federal I.D. No.		Company Name			
		Federal wages	2008	2007	Federal tax	2008	2007
		State wages	2008	2007	State tax	2008	2007
		Locality	2008	2007	Local tax	2008	2007

TS		Federal I.D. No.		Company Name			
		Federal wages	2008	2007	Federal tax	2008	2007
		State wages	2008	2007	State tax	2008	2007
		Locality	2008	2007	Local tax	2008	2007

TS		Federal I.D. No.		Company Name			
		Federal wages	2008	2007	Federal tax	2008	2007
		State wages	2008	2007	State tax	2008	2007
		Locality	2008	2007	Local tax	2008	2007

TS		Federal I.D. No.		Company Name			
		Federal wages	2008	2007	Federal tax	2008	2007
		State wages	2008	2007	State tax	2008	2007
		Locality	2008	2007	Local tax	2008	2007

TS		Federal I.D. No.		Company Name			
		Federal wages	2008	2007	Federal tax	2008	2007
		State wages	2008	2007	State tax	2008	2007
		Locality	2008	2007	Local tax	2008	2007

TS		Federal I.D. No.		Company Name			
		Federal wages	2008	2007	Federal tax	2008	2007
		State wages	2008	2007	State tax	2008	2007
		Locality	2008	2007	Local tax	2008	2007



## Itemized Deductions

Name:		SSN:			
	2008	2007	GIFTS TO CHARITY (attach receipts)	2008	2007
<b>MEDICAL and DENTAL</b>			Total gifts by cash or check		
Health insurance premiums			Portion of amount above for disaster relief		
Long term care premiums					
Medical miles before July 1		<b>Total miles for 2007</b>	30% limitation		
Medical miles after June 30			Charitable miles		
Other medical and dental expenses (list):			Midwestern disaster relief miles before July 1		
			Midwestern disaster relief miles after July 1		
			Other than by cash or check		
			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			<b>JOB EXPENSES (list):</b>		
<b>TAXES</b>					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
			Tax preparation fees		
<b>INTEREST</b>			<b>OTHER EXPENSE (list):</b>		
Home mort. int. & points on Form 1098					
Home mort. int. not on Form 1098					
Name:					
Address:					
SSN/EIN:					
Points not reported on Form 1098			<b>MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO 2% LIMIT</b>		
Qualified mortgage insurance premiums					
Investment interest					