

# General Information

## Taxpayer

First Name . . . . .  
Middle Initial . . . . .  
Last Name . . . . .  
Suffix . . . . .  
Social Security Number . . . . .  
Date of Birth . . . . .

## Spouse

First Name . . . . .  
Middle Initial . . . . .  
Last Name . . . . .  
Suffix . . . . .  
Social Security Number . . . . .  
Date of Birth . . . . .

Check ("X") which phone number to list on return.

Home Phone . . . . .  
Work Phone . . . . .  
Cell Phone . . . . .  
Fax Number . . . . .

Home Phone . . . . .  
Work Phone . . . . .  
Cell Phone . . . . .  
Fax Number . . . . .

Legally Blind . . . . .  
Totally Disabled . . . . .  
Claimed as a Dependent . . . . .  
Presidential Election Fund (\$3) . . . . .

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Occupation . . . . .  
E-mail address . . . . .

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E-mail address . . . . .

State of Residence as of 12/31 . . . . .  
County of Residence as of 12/31 . . . . .  
School District as of 12/31 . . . . .

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County of Residence as of 12/31 . . . . .  
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If Part Year, Period of Residency . . . . . to . . . . .

If Part Year, Period of Residency . . . . . to . . . . .

## Filing Status

Status on 2008 return :

Status as of 12/31/2009 :  
Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately  
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_
- 5 Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Questions**

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

**Basic Information**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1 Did your marital status change since last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Are there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you have any children under 19 (or 24 if a full time student) who received more than \$950 in investment income?
<input type="checkbox"/>	<input type="checkbox"/>	4 Are all your dependents either US residents or citizens?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you provide over half of the support for someone you aren't claiming as a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	6 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
<input type="checkbox"/>	<input type="checkbox"/>	7 Were either you or your spouse in the military or National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you purchase or sell your principal residence?
<input type="checkbox"/>	<input type="checkbox"/>	9 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
<input type="checkbox"/>	<input type="checkbox"/>	10 Were there any changes to a prior year's income, deductions, or credits?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you make gifts of more than \$13,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you file Form 8839, Adoption Credit, in a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did your purchase any special fuels for non-highway use?
<input type="checkbox"/>	<input type="checkbox"/>	14 Do you want to e-file your return?
<input type="checkbox"/>	<input type="checkbox"/>	15 If you have a refund, do you want direct deposit, bank product, or applied to next year's taxes? If you are due a refund, how do you want to receive it? <input type="checkbox"/> Direct deposit (please provide a voided blank check) <input type="checkbox"/> Check sent to you in the mail <input type="checkbox"/> Instant refund (IRAL) <input type="checkbox"/> Other quick refund via a bank product <input type="checkbox"/> Apply to next year's estimates  If you owe taxes, how do you want to pay them? <input type="checkbox"/> Paper check sent with my return <input type="checkbox"/> Direct debit from my bank account (please provide a voided blank check) <input type="checkbox"/> Credit card

**Income**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	16 Did you have an interest in or signature authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	17 Were you the grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	18 Did you receive income from a foreign source or pay taxes to a foreign government?
<input type="checkbox"/>	<input type="checkbox"/>	19 Did you barter your services for goods or services from someone else?
<input type="checkbox"/>	<input type="checkbox"/>	20 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
<input type="checkbox"/>	<input type="checkbox"/>	21 Did you make a loan to someone at an interest rate below market rate?
<input type="checkbox"/>	<input type="checkbox"/>	22 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
<input type="checkbox"/>	<input type="checkbox"/>	23 Did you cash in any U.S. savings bonds?
<input type="checkbox"/>	<input type="checkbox"/>	24 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
<input type="checkbox"/>	<input type="checkbox"/>	25 Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized, in 2009? (If yes, attach Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	26 Did you receive disability income?
<input type="checkbox"/>	<input type="checkbox"/>	27 Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
<input type="checkbox"/>	<input type="checkbox"/>	28 Did you receive any unemployment benefits?
<input type="checkbox"/>	<input type="checkbox"/>	29 During 2009, did you receive payments from a Long-Term Care insurance contract?
<input type="checkbox"/>	<input type="checkbox"/>	30 Did you receive employer-provided adoption benefits for a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	31 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
<input type="checkbox"/>	<input type="checkbox"/>	32 Did you "roll over" a retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	33 Did you receive Social Security benefits?



