

2009	1040	US	Tax Organizer
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 E-mail address:

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2009 tax return. Please enter all pertinent 2009 information.

**CLIENT INFORMATION**

Taxpayer

Spouse

First name and initial . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . .		
Date of death (m/d/y) . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Social security number . .		
Relationship . . . . .		
Months lived at home . . . .		

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Social security number . .		
Relationship . . . . .		
Months lived at home . . . .		

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Tax Organizer

Please enter all pertinent 2009 information. If you have attached a government form for an item, check the box and do not enter a 2009 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2009 Amount	2008 Amount
Attach Forms W-2	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-INT	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-DIV	_____
	_____
	_____
	_____

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-R & W-2G	_____
	_____
	_____
	_____
Winnings not reported on W-2G.....	_____
Total gambling losses .....	_____

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements).....
<input type="checkbox"/>	Form 1099-G - State tax refunds.....

Attach Forms 1099	
Attach Forms 1099	

Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....

Attach Forms 1099	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....

Attach Forms 1099	
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**MISCELLANEOUS INCOME**

Taxpayer: Alimony received.....	_____
Spouse: Alimony received.....	_____
Other: _____	_____

_____	_____
_____	_____
_____	_____



**TAXES PAID (continued)**

City/local income taxes - 1/09 payment on 2008 city/local estimate. ....

City/local income taxes - paid with 2008 city/local extension. ....

City/local income taxes - paid with 2008 city/local return. ....

State and local sales taxes (except autos and special items) .....

Sales taxes paid on vehicles, boats, and aircraft. ....

Use taxes paid on 2009 purchases. ....

Use taxes paid on 2008 state return. ....

New passenger auto's, light trucks & motorcycles purchased 2/17/09 - 12/31/09. ....

Sales tax on auto's not included above. ....

Sales taxes paid on boats, aircraft, and other special items. ....

Real estate taxes - principal residence. ....

Real estate taxes - property held for investment. ....

Foreign income taxes. ....

Personal property taxes (including automobile fees in some states) ...

2009 Amount	2008 Amount
Attach Vehicle/Tax Information	
Attach Tax Notice	

**INTEREST PAID**

Home mortgage interest and points paid:

\_\_\_\_\_

\_\_\_\_\_

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

\_\_\_\_\_

\_\_\_\_\_

Points not reported on Form 1098:

\_\_\_\_\_

\_\_\_\_\_

Mortgage insurance premiums on post 12/31/06 contracts. ....

Investment interest (interest on margin accounts):

\_\_\_\_\_

\_\_\_\_\_

Passive interest. ....

Attach Forms 1098	

**CASH CONTRIBUTIONS**

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

\_\_\_\_\_

\_\_\_\_\_

Volunteer expenses (out-of-pocket). ....

Number of charitable miles. ....


**NONCASH CONTRIBUTIONS**

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

\_\_\_\_\_

\_\_\_\_\_


**MISCELLANEOUS DEDUCTIONS**

Union and professional dues. ....

Tax return preparation fee. ....

Safe deposit box rental. ....

Investment expenses. ....

Estate tax, section 691(c). ....

Unreimbursed employee expenses:

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_


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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new motor vehicle in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security?

Please enter all pertinent 2009 information.

**ECONOMIC RECOVERY PAYMENT / DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

NOTE: You may have received an economic recovery payment if you received social security benefits, supplemental security benefits, railroad retirement benefits, or veterans disability compensation or pension benefits.

1=taxpayer received \$250 economic recovery payment .....		
1=spouse received \$250 economic recovery payment .....		
1=taxpayer received government pension not covered by social security .....		
1=spouse received government pension not covered by social security .....		
1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2009 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008 .....				
1st quarter payment (due 4/15/09) .....				
2nd quarter payment (due 6/15/09) .....				
3rd quarter payment (due 9/15/09) .....				
4th quarter payment (due 1/15/10) .....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/10) .....				

**State**

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008 .....				
1st quarter payment (due 4/15/09) .....				
2nd quarter payment (due 6/15/09) .....				
3rd quarter payment (due 9/15/09) .....				
4th quarter payment (due 1/15/10) .....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/10) .....				

1	Type of Account
	1 = Savings 2 = Checking

2	Type of Investment
	1 = Checking or savings (default)      6 = Coverdell savings account (ESA) 2 = Taxpayer's IRA (next year limits)      7 = Other 3 = Spouse's IRA (next year limits)      8 = Taxpayer's IRA (current year limits) 4 = Health savings account (HSA)      9 = Spouse's IRA (current year limits) 5 = Archer MSA      10 = Series 1 treasury bonds

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Please enter all pertinent 2009 information.

### APPLICATION OF 2009 OVERPAYMENT (7.1)

If you have an overpayment of 2009 taxes, do you want the excess refunded?  or applied to 2010 estimate? ...

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2010 ESTIMATED TAX INFORMATION

Do you expect your 2010 taxable income to be different from 2009? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2010 withholding to be different from 2009? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

			Hash Total	7.1
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Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040.....	
City, state, ZIP code, if different from Form 1040.....	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
1=W-2 earnings as statutory employee.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		

INCOME

	2009 Amount	2008 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
Inventory at end of the year.....		

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2009 Amount	2008 Amount
Accounting .....		
Advertising .....		
Answering service .....		
Bad debts from sales or service .....		
Bank charges .....		
Car and truck expenses (not entered elsewhere) .....		
Commissions .....		
Contract labor .....		
Delivery and freight .....		
Dues and subscriptions .....		
Employee benefit programs .....		
Insurance (other than health) .....		
Mortgage interest (paid to banks, etc.) .....		
Other interest (not entered elsewhere) .....		
Janitorial .....		
Laundry and cleaning .....		
Legal and professional .....		
Miscellaneous .....		
Office expense .....		
Outside services .....		
Parking and tolls .....		
Pension and profit sharing plans - contributions .....		
Pension and profit sharing plans - admin. and education costs .....		
Postage .....		
Printing .....		
Rent - vehicles, machinery, & equipment (not entered elsewhere) .....		
Rent - other .....		
Repairs .....		
Security .....		
Supplies .....		
Taxes - real estate .....		
Taxes - payroll .....		
Taxes - sales tax included in gross receipts .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Tools .....		
Travel .....		
Total meals and entertainment in full (50%) .....		
Department of Transportation meals in full (80%) .....		
Uniforms .....		
Utilities .....		
Wages .....		

Other expenses:

_____		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.



Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Kind of property .....	<input style="width:95%;" type="text"/>
Location of property .....	<input style="width:95%;" type="text"/>

Percentage of ownership if not 100% (.xxxx) .....	<input style="width:95%;" type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx) .....	<input style="width:95%;" type="text"/>	
1=spouse, 2=joint .....	<input style="width:95%;" type="text"/>	
1=nonpassive activity, 2=passive royalty .....	<input style="width:95%;" type="text"/>	
1=did not actively participate .....	<input style="width:95%;" type="text"/>	
1=real estate professional .....	<input style="width:95%;" type="text"/>	
1=rental other than real estate .....	<input style="width:95%;" type="text"/>	
1=investment .....	<input style="width:95%;" type="text"/>	
1=single member limited liability company .....	<input style="width:95%;" type="text"/>	

**INCOME**

	2009 Amount	2008 Amount
Rents received (Form 1099-MISC, box 1) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Royalties received (Form 1099-MISC, box 2) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Association dues .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Auto and travel (not entered elsewhere) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cleaning and maintenance .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Commissions .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Gardening .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Insurance .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Legal and professional fees .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Licenses and permits .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Management fees .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Miscellaneous .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Mortgage interest (paid to banks, etc.) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified mortgage insurance premiums .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Excess mortgage interest .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other interest (not entered elsewhere) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Painting and decorating .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Pest control .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Plumbing and electrical .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Repairs .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Supplies .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxes - real estate .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxes - other (not entered elsewhere) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Telephone .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Utilities .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Wages and salaries .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other:		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2009 Amount	2008 Amount
Production type (preparer use only) .....		
Cost depletion .....		
Percentage depletion rate or amount .....		
State cost depletion, if different (-1 if none) .....		
State % depletion rate or amount, if different (-1 if none) .....		

VACATION HOME

Number of days rented at fair market value .....		
Number of days personal use .....		
Number of days owned (if optional method elected) .....		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising .....		
Association dues .....		
Auto and travel (not entered elsewhere) .....		
Cleaning and maintenance .....		
Commissions .....		
Gardening .....		
Insurance .....		
Legal and professional fees .....		
Licenses and permits .....		
Management fees .....		
Miscellaneous .....		
Mortgage interest (paid to banks, etc.) .....		
Qualified mortgage insurance premiums .....		
Excess mortgage interest .....		
Other interest (not entered elsewhere) .....		
Painting and decorating .....		
Pest control .....		
Plumbing and electrical .....		
Repairs .....		
Supplies .....		
Taxes - real estate .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Utilities .....		
Wages and salaries .....		

Other:

_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		



Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2009 Amount	2008 Amount
Description of vehicle .....		
1=no evidence to support your deduction .....		
1=no written evidence to support your deduction .....		
1=vehicle is available for off-duty personal use .....		
1=no other vehicle is available for personal use .....		
1=vehicle used primarily by more than 5% owner .....		
Number of months your job required a vehicle (if not 12 months) .....		

**AUTOMOBILE MILEAGE**

Total mileage (for the tax year) .....		
Business mileage .....		
Commuting mileage (for the tax year) .....		
Average daily round-trip commute .....		

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only) .....		
Gasoline, lube, oil .....		
Repairs .....		
Tires .....		
Insurance .....		
Miscellaneous .....		
Auto license (other than personal property taxes) .....		
Personal property taxes (based on car's value) .....		
Interest (car loan) (for Schedule C, E & F) .....		
Vehicle rent or lease payments .....		
Inclusion amount (enter as positive) .....		
Value of employer-provided vehicle on Form W-2 (2106) .....		



Please enter 2009 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

	2009 Amount	2008 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Other indirect expenses:		
_____		
_____		
_____		
_____		

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Qualified mortgage insurance premiums.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		
_____		
_____		
_____		
_____		

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2009 . . . . .				
Employer-provided benefits forfeited in 2009 . . . . .				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2009 . . . . .		2008 amt:
	1=disabled . . . . . 1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2009 . . . . .		2008 amt:
	1=disabled . . . . . 1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2009 . . . . .		2008 amt:
	1=disabled . . . . . 1=spouse, 2=joint . . . . .		

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .		
	Street address . . . . .		
	City, state, ZIP code . . . . .		
	Identification number (SSN or EIN) . . . . .		
	Amount paid to care provider in 2009 . . . . .		2008 amt:
	1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .		
	Street address . . . . .		
	City, state, ZIP code . . . . .		
	Identification number (SSN or EIN) . . . . .		
	Amount paid to care provider in 2009 . . . . .		2008 amt:
	1=spouse, 2=joint . . . . .		

