

MISCELLANEOUS ADJUSTMENTS

Interest Penalty Due to Early Saving Withdrawal \$ _____
 Alimony Paid \$ _____
 Recipient's Name _____
 Recipient's Social Security Number _____

IRA ROTH REGULAR SEP

IRA Husband Wife
 Contribution \$ _____ \$ _____
 12-31-08 Balance \$ _____ \$ _____

Please provide Institution name and 12/31/08 Balance for each IRA account you own ONLY if you withdrew any funds from your IRA.

MEDICAL HEALTH INSURANCE PREMIUMS MAY BE DEDUCTIBLE EVEN IF YOU DON'T ITEMIZE

Health Insurance \$ _____ include Medicare Premiums **LONG TERM CARE PREMIUM \$ _____**
 Did your employer pay ANY portion of your insurance? Yes No Dentist \$ _____
 Is your share of health insurance paid pre-tax? Yes No Doctor(s) \$ _____
 Prescriptions \$ _____ \$ _____
 Hospital \$ _____ \$ _____
 Clinic \$ _____ \$ _____
 Medical Mileage (miles) _____ Glasses \$ _____ Hearing Aids \$ _____ Dentures \$ _____

TAXES Property owners who claim Homestead Credit should submit a copy of their 2008 Real Estate Bill.

Real Estate Tax on Residence \$ _____
(not including garbage pick-up or lottery payments)
 Other Personal Real Estate Taxes \$ _____
 Personal Property Tax (Mobile Home, Etc.) \$ _____
 Additional State Tax Paid for Prior Years in 2008 \$ _____
 Sales Tax Paid on Car \$ _____

Estimated Tax Payments

| | Federal | State |
|----------------------------|----------|----------|
| Prior Yr Apply | \$ _____ | \$ _____ |
| 1st QTR-APR 08 | \$ _____ | \$ _____ |
| 2nd QTR-JUNE 08 | \$ _____ | \$ _____ |
| 3rd QTR-SEPT 08 | \$ _____ | \$ _____ |
| 4th QTR-DEC (Paid in 2008) | \$ _____ | \$ _____ |
| 4th QTR-JAN (Paid in 2009) | \$ _____ | \$ _____ |

INTEREST First Mortgage, Second Mortgage, Home Equity Loans From 1098 Forms

| | Financial Institution | Amount |
|--|-----------------------|----------|
| First Home Mortgage | _____ | \$ _____ |
| Second Home Mortgage | _____ | \$ _____ |
| Home Equity Loans | _____ | \$ _____ |
| Investment Loans (F.4952) | _____ | \$ _____ |
| Private Mortgage Ins. - Purchase Year Only | _____ | \$ _____ |
| | | \$ _____ |

If mortgage interest is paid to an individual, list their name and address, and I.D. number.

CONTRIBUTIONS Money or Property to non-profit organizations Please indicate (R) Receipt (P) Property

| Organization | Type | Amount | Organization | Type | Amount |
|--------------|-------------|----------|----------------------------------|-------------|----------|
| _____ | (R/P) _____ | \$ _____ | _____ | (R/P) _____ | \$ _____ |
| _____ | (R/P) _____ | \$ _____ | _____ | (R/P) _____ | \$ _____ |
| _____ | (R/P) _____ | \$ _____ | _____ | (R/P) _____ | \$ _____ |
| _____ | (R/P) _____ | \$ _____ | _____ | (R/P) _____ | \$ _____ |
| _____ | (R/P) _____ | \$ _____ | non-profit mileage # _____ miles | | \$ _____ |

WARNING: Receipts needed for ALL contributions, Appraisals needed for single property over \$500.

MISCELLANEOUS DEDUCTIONS

| | | | |
|--------------------------------|----------|-----------------------------|----------|
| Union Dues / Professional Dues | \$ _____ | Equipment / Safety Shoes | \$ _____ |
| Tax Preparation Fee | \$ _____ | Investment Services or Fees | \$ _____ |
| Safe Deposit Box Rental | \$ _____ | Miscellaneous | \$ _____ |
| | | Miscellaneous | \$ _____ |

EMPLOYEE BUSINESS EXPENSES

Taxpayer Spouse
Other Business Expenses \$ _____
Meals and Entertainment Expense \$ _____
Business Miles
1/1-6/30 _____
7/1-12/31 _____
Total Miles _____

Do you Drive an Employer
Provided Company Car? Yes No
Are you reimbursed for your expenses? Yes No
Reimbursed Other Business Expenses \$ _____
Reimbursed Meals/Entertainment Exp. \$ _____

CHILD CARE EXPENSES **BOX 10 W-2**

Care Expenses \$ _____
Provider's Name _____
Address _____
Provider's I.D.# _____

Care Expenses \$ _____
Provider's Name _____
Address _____
Provider's I.D.# _____
Expenses allowable even if child is not your dependent.

OTHER CONSIDERATIONS

Renters who claim Homestead Credit should submit the name, address, phone number and social security number of landlord.

Amount of Rent Paid \$ _____ Was Heat Paid by Landlord? Yes No

EDUCATION CREDITS

School _____ Year (Fresh., Soph., etc.) _____
Student _____ Full Time Part Time WI
Tuition \$ _____
Scholarships Received \$ _____ 529 Plan Funds Spent \$ _____ Education IRA Spent \$ _____

Did you pay back any education loans during 2008? Yes No Interest Paid \$ _____

RENTAL PROPERTY

| | Address | | Rent Received | |
|----------------------|------------|------------|---------------|------------|
| Property 1: | _____ | | \$ _____ | |
| Property 2: | _____ | | \$ _____ | |
| | Property 1 | Property 2 | Property 1 | Property 2 |
| Advertising | \$ _____ | \$ _____ | Repairs | \$ _____ |
| Travel | \$ _____ | \$ _____ | Supplies | \$ _____ |
| Maintenance | \$ _____ | \$ _____ | Taxes Paid | \$ _____ |
| Insurance | \$ _____ | \$ _____ | Utilities | \$ _____ |
| Legal / Professional | \$ _____ | \$ _____ | Miscellaneous | \$ _____ |
| Management | \$ _____ | \$ _____ | | \$ _____ |
| Interest | \$ _____ | \$ _____ | | \$ _____ |

ALL TAXPAYERS PLEASE COMPLETE THIS SECTION - DO NOT SHOW "SAME AS LAST YEAR"

FOR DIRECT DEPOSIT **CHECKING** * **SAVINGS** **ROUTING NO.** _____
NAME OF BANK _____ **ACCOUNT NO.** _____

Amount of taxable purchases made out of state on which no sales tax was paid. \$ _____

The data I have entered in this form is true and complete to the best of my knowledge. I recognize that I am responsible for the proper substantiation of all items of income and deductions and the answers to all questions in my 2008 returns. Please provide me with real estate and insurance information which may affect my tax return or otherwise be of interest to me.

Signed _____

Questions or comments on page 4. _____

