

# TAXPAYERS CHECKLIST FOR 2009 INDIVIDUAL PROFORMA

## PLEASE CHECK ANY BOXES THAT HAVE A YES ANSWER

- Has your address changed from last year?
- Are there changes in dependents?
- Did you receive advance earned income credit from your employer?
- If you are claiming deductions for travel/entertainment/business gifts you must substantiate by adequate records:  
Do you have the required substantiation?

If you do list them below:

- (01) Amount .....
- (02) Time and place .....
- (03) Date and description of gift .....
- (04) Business relationship .....
- (05) Business purpose .....


- Did you forfeit any interest from closing a CD account?
- Did or do you own a diesel powered car or light truck?
- Did you receive disability payments?
- Did you suffer a casualty such as theft or storm damage?
- Were you involved in a new business in 2009?
- Did you purchase assets for use in a business in 2009?
- Did you purchase gasoline, etc. for a non-highway vehicle?
- Did you receive correspondence from the IRS or state?
- Did you have any foreign taxable income or foreign tax?
- Did you make or receive alimony payments?
- Did you move for employment or business reasons?
- Did you buy or sell real estate or securities?
- Did you collect unemployment or social security?
- Did you or do you plan to make a Keogh or IRA contribution?
- Did you make a withdrawal from an IRA, Keogh or retirement plan?
- Did you make payments for child care?

If yes, please provide the following:

- (01) Child(ren) name(s) .....
- (02) Amounts paid .....
- (03) Care provider's name .....
- (04) Care provider's ID number .....
- (05) Care provider's phone number .....


- Did you sell or purchase a home? If yes, provide escrow paperwork.
- Did you receive payments on prior year sales of property?
- Did you operate a business in 2009?
- Did you use your car in your work or business?
- Did you purchase or lease an automobile used in work?
- Do you expect your 2010 income to be substantially different from 2009?
- Do you expect your taxes withheld from W-2 wages or salaries to be substantially different from 2009?
- Did you receive any income not entered anywhere else?
- Did you make any gifts of more than \$13,000 to any individual?
- Did you make gifts or contributions to a trust?
- Did your marital status change?
- Were you a resident of your state all year?
- Do you wish to have your tax return mailed to an address other than on the return?

- 
- Did you receive stock options or grants from your employer?
  - Did you exercise a stock option?
  - Did you adopt a child?
  - Do you use a portion of your home as an office?
  - Did you purchase a certified clean-burning fuel vehicle?
  - Did you make improvements to your home which increased its energy efficiency?

**03 Filing Status**  01 - Single  
 02 - Married Filing Joint  
 03 - Married Filing Separate  
 04 - Head of Household if qualifier is NOT your dependent enter info below  
 05 - Qualifying Widow(er) (year spouse died)

Head of Household questions if child does not qualify as dependent

01 - Child's name   
 02 - Child's SSN   
 03 - Child's age   
 04 - Does child qualify you for the EIC?  Yes

**08 Names**

	First	Middle Initial	Last	Suffix
Taxpayer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**09** Taxpayer social security number  Spouse social security number

**10** Street Address  Apartment number

**11** City  State  Zip

**12** Has there been a change of address?  Yes **35** Address type

0 - domestic  
1 - APO/FPO  
2 - stateside military  
3 - foreign address

**13** Phone Numbers (01) Daytime  (02) Work  (03) Home   
 (04) Taxpayer's Cell  (05) Spouse's Cell  (06) Fax   
 (07) E-mail address

**14** Occupations Taxpayer  Spouse

**15** County Name  Code

**16** School District Name  Code

**18** Age / Date of Birth Taxpayer Date of Birth  Age  [19] Taxpayer Blind  Yes  
 Spouse Date of Birth  Age  [20] Spouse Blind  Yes

**Dependents, special filing categories, election campaign contributions, etc.**

<b>[21] Add</b>	<b>[22] Change/Delete</b>	First Name	Last Name	Suffix	Age	Birth Date	SSN	Relationship	Mo.

**23** Special Filing Categories  00 - Standard Deduction OK  
01 - Married Filing Separate - Spouse Itemizes or Dual Status Alien  
02 - Dependent of Another  
03 - Itemizing for State or Other Purpose

**24** Date of Death Taxpayer  Spouse   
 Name of person filing return  (leave blank if there is a surviving spouse)

**25** Presidential Campaign Taxpayer  **26** Presidential Campaign Spouse

**27** Federal Electronic Filing Being Used  **28** State Electronic Filing Being Used

**29** Allow IRS To Discuss With Preparer  **33** Depreciation File Name

1040 Income

Table with columns for Taxpayer and Spouse, and sub-columns for Current Year and Last Year. Rows include (01) Additional wages, (02) Taxable state tax refunds, (03) Alimony received, (04) Unemployment compensation, and (05) Total social security benefits.

(06) Other Income Items

Table with columns for Taxpayer and Spouse, and sub-columns for Current Year and Last Year. Includes a column for 'Earned Income' and 'Yes' checkboxes. Rows 01-04.

1040 Adjustments

Table with columns for Taxpayer and Spouse, and sub-columns for Current Year and Last Year. Rows include (07) Educator expenses, (08) Self-employed SEP, SIMPLE and qualified plans, (09) SE health ins. ded., (10) Penalty on early withdrawal of savings, (11) Alimony Paid, (12) Traditional IRA contributions, (13) Roth IRA contributions, (14) Interest paid on student loans, (15) Jury duty pay given to employer, and (16) Other adjustments.

1040 Payments

Table with columns for Taxpayer and Spouse, and sub-columns for Current Year and Last Year. Rows include (17) Federal tax withheld from W-2, (18) 2009 Estimated tax payments (with sub-table for Federal and State payments), and (19) Paid with extension.

1040 Other

Table with columns for Current Year and Last Year. Rows include (22) Overpayment to be applied to estimates, (23) Nonconventional source fuel credit, (24) Additional tax, (25) District of Columbia first time home buyer credit, (26) NOL deduction or losses from other years, (27) Tax from recapture of education credit (ECR), and (28) Other credit.

Tax prep fee, Client Number (3001), Preparer number (1), Bank Information: RTN, Account number, Checking, Savings.

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W-2, 1099R Pension, 1099R IRA, W-2G

Client:

Client No. 3001

W-2 (Standard)

	TP/S	Employer Name	Gross	FWT	SS	Medicare	SDI	SWT
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

1099R Pension

	TP/S	Payer's Name	Gross	Taxable Amount	FWT	SWT
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

1099R IRA

	TP/S	Payer's Name	Gross	Taxable Amount	FWT	SWT
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

W-2G Gambling

	TP/S	Payer's Name	Gross Winnings	Type of Wager	FWT	SWT
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

Client:

Client no. 3001

<b>Medical</b>		Current Year	Last Year	<b>Taxes</b>		Current Year	Last Year
Medical insurance	02			Additional state and local taxes	19		
Self-employed health insurance	03			Nontaxable income	21		
Medicine and drugs	04			Additional sales tax paid on motor veh., etc.	25		
Doctors, dentists, etc.	05			Actual sales tax paid (Override)	26		
Hospitals	06			Real estate	28		
Transportation miles	07			Personal property	29		
Therapy	08			Auto license fee	30		
Glasses, etc.	09			Taxes paid on new vehicle after 2-16-09	31		
Orthopedic devices	10			Purchase price (before taxes) of new vehicle	32		
Nursing	11			Tax on 1st \$49,500 of new vehicle	33		
	12				34		
	13				35		
	14			Fed	36		
	15			State	37		
Fed	16			<b>Interest</b>		Current Year	Last Year
State	17			Home mortgage #1 to an institution	38		
Other medical overflow(total)	18			Home mortgage #2 to an institution	39		
<b>Contributions</b>		Current Year	Last Year	Home equity mortgage interest	40		
Contribution by cash or check (50%)	46			Other home mtg. interest	41		
Contribution by cash or check (30%)	47						
Contributions from K-1s				Deductible points	42		
Other than cash (Form 8283)	48			Qualified mortgage insurance premiums paid	43		
Other than cash under \$500	49			Deductible investment interest (Override)	45		
Carryovers(50%)	50			<b>Misc. Subject to 2% AGI Limit</b>		Current Year	Last Year
Carryovers(30%)	51			Unreim. employee bus. exp. (Form 2106)	66		
Carryovers(Special 30%)	52			Union dues	67		
Carryovers(20%)	53			Tax preparation fees	68		
Church	54			Education	69		
United Way	55			Job supplies	70		
Red Cross/March of Dimes	56			Auto	71		
Misc. organized charity	57			Publications	72		
Transportation miles	58			Safe deposit box	73		
	59				75		
	60				76		
	61				77		
Fed	62				78		
State	63				79		
Other contributions overflow(total)	64				80		
<b>Casualty &amp; Theft Loss</b>		Current Year	Last Year	Fed	81		
Casualty and theft loss	65			State	82		
<b>Control Totals</b>				Job related expenses overflow(total)	83		
Total medical				<b>Other Misc. NOT Subject to 2%</b>		Current Year	Last Year
Total taxes					84		
Total interest					85		
Total contributions					86		
Total casualty loss					87		
Moving expenses				Gambling losses	88		
Total miscellaneous subject to 2% of AGI							
Total miscellaneous NOT subject to 2%							



Sch C Basic Information

Table with 2 columns: (01-11) Name of proprietor, Principal business, Business code, Business name, Business street address, Business city, state, zip, Employer ID no., Accounting method, Inventory valuation, Taxpayer or Spouse? and (12-21) Use Schedule C-EZ if allowed?, Are all amounts at risk?, Was there a change in inventory valuation?, Did you materially participate this year?, First Schedule C filed for this business?, Earnings received as a statutory employee?, Qual. joint venture rental real est. inc. not sub to SE?, Have any employees?, Disposed of?, Prior year unallowed loss.

Sch C Income

Table with 3 columns: (22-26) Gross Receipts, Returns and allowances, Gas/fuel credit/refund, Other income, Other income overflow(10 items) and Current Year, Last Year.

Sch C Expenses

Table with 3 columns: (27-53) Advertising, Car & truck worksheet, Car & truck, Commissions, Contract labor, Depletion, Depreciation, Employee benefit program, Insurance, Mortgage interest, Other interest, Legal & professional services, Office expenses, Pension/profit sharing, Rent/lease machinery/equipment, Rent/lease other, Repairs, Supplies, Taxes, Travel, Meals and entertainment, Subject to DOT hours of service limits?, Utilities & telephone, Wages, Employment, Other expenses overflow(20 items), Business use of home (Form 8829) and Current Year, Last Year.

Sch C Cost of Goods Sold

Table with 3 columns: (54-59) Inventory at beginning of year, Purchases less cost of items withdrawn for personal uses, Cost of labor (Do not include salary paid to yourself), Materials and supplies, Other costs, Inventory at end of year and Current Year, Last Year.

Client: \_\_\_\_\_

Client no. 3001

Sch C		(26) Other Income Overflow Items		
		Description	Current Year	Last Year
(01) Item #1				
(02) Item #2				
(03) Item #3				
(04) Item #4				
(05) Item #5				
(06) Item #6				
(07) Item #7				
(08) Item #8				
(09) Item #9				
(10) Item #10				

Sch C		(52) Other Expenses Overflow Items		
		Description	Current Year	Last Year
(01) Item #1				
(02) Item #2				
(03) Item #3				
(04) Item #4				
(05) Item #5				
(06) Item #6				
(07) Item #7				
(08) Item #8				
(09) Item #9				
(10) Item #10				
(11) Item #11				
(12) Item #12				
(13) Item #13				
(14) Item #14				
(15) Item #15				
(16) Item #16				
(17) Item #17				
(18) Item #18				
(19) Item #19				
(20) Item #20				

Client: \_\_\_\_\_

Client no. 3001

Sch C		Car and Truck Worksheet Questions			
		Current Year		Last Year	
(01)	Do you have another car for personal use? .....	01	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(02)	Was your vehicle available during off-duty hours? .....	02	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(03)	Do you have evidence to support your deduction? .....	03	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(04)	Is the evidence written? .....	04	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(05)	Policy statement that prohibits personal use including commuting? .....	05	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(06)	Policy statement that prohibits personal use not including commuting? .....	06	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(07)	Is all employee vehicle use treated as personal? .....	07	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(08)	Are more than 5 vehicles provided to employees? .....	08	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(09)	Do you meet the fleet requirements? .....	09	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
(10)	Carry to 4562 number (Enter 0 not to carry) .....	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sch C		Car and Truck Worksheet Vehicle Expenses							
		Vehicle #1				Vehicle #2			
		Current Year		Last Year		Current Year		Last Year	
Eligible for the standard mileage rate? .....	11			28					
Type of vehicle .....	12			29					
Date vehicle placed in service .....	13			30					
Recovery period .....	14			31					
Method/convention .....	15			32					
Cost or other basis .....	16			33					
Basis for depreciation .....	17			34					
Depreciation deduction .....	18			35					
Elected section 179 cost .....	19			36					
Total mileage during the year .....	20			37					
Business miles .....	21			38					
Avg daily commuting distance .....	22			39					
Total commuting miles .....	23			40					
Gas, oil, repairs, etc. ....	24			41					
Vehicle rentals .....	25			42					
Inclusion amount .....	26			43					
Employer-provided car value .....	27			44					
		Vehicle #3				Vehicle #4			
		Current Year		Last Year		Current Year		Last Year	
Eligible for the standard mileage rate? .....	45			62					
Type of vehicle .....	46			63					
Date vehicle placed in service .....	47			64					
Recovery period .....	48			65					
Method/convention .....	49			66					
Cost or other basis .....	50			67					
Basis for depreciation .....	51			68					
Depreciation deduction .....	52			69					
Elected section 179 cost .....	53			70					
Total mileage during the year .....	54			71					
Business miles .....	55			72					
Avg daily commuting distance .....	56			73					
Total commuting miles .....	57			74					
Gas, oil, repairs, etc. ....	58			75					
Vehicle rentals .....	59			76					
Inclusion amount .....	60			77					
Employer-provided car value .....	61			78					

Client: \_\_\_\_\_

Client no. 3001

**(01) Add (02) Change/Delete Schedule D – Transactions**

#	Description	Date Acquired (1)	Date Sold (2)	Sales Price	Federal Cost	State Cost	T/S/J
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							

(03) Taxable income loss limit (if needed for cap loss lim) \_\_\_\_\_

(1) Enter date, (V)arious, or (I)nherited

(04) Unrecaptured section 1250 gain (Override) \_\_\_\_\_

(2) Enter date, (E)xpired, or (B)ankrupt or (W)orthless

(05) Total of all collectibles from Forms 4684, 6252, 6781, 8824, 2439, partnership and S corp K-1's \_\_\_\_\_

**Overrides and Other Scheduled Items**

	Short Term Gain/Loss		Long Term Gain/Loss	
	Taxpayer	Spouse	Taxpayer	Spouse
(06) Other scheduled items .....				
(07) Sale of home (Pub 523) .....				
(08) Partnerships, S corps, Fiduciaries (K-1's) .....				
(09) Loss carryovers .....				
(10) Capital gain distributions .....				
(11) Form 4797 .....				
(12) Installment sales (Form 6252) .....				
(13) Like kind exchanges (Form 8824) .....				
(14) Casualties and thefts (Form 4684) .....				
(15) Contracts and straddles (Form 6781) .....				
(16) Undistributed long-term capital gains (Form 2439) .....				

Client: \_\_\_\_\_

Client no. 3001

#	Description .....	01	
	Address .....	02	
#	Description .....	03	
	Address .....	04	

	Item Number (        )		Item Number (        )	
	Current Year	Last Year	Current Year	Last Year
(11) Rents received .....	11		11	
(12) Royalties received .....	12		12	
Other Expenses .....				
(14) Advertising .....	14		14	
(15) Auto and travel .....	15		15	
(16) Cleaning and maintenance .....	16		16	
(17) Commissions .....	17		17	
(18) Insurance .....	18		18	
(19) Legal and professional fees .....	19		19	
(20) Management fees .....	20		20	
(21) Mortgage interest paid .....	21		21	
(22) Other interest .....	22		22	
(23) Repairs .....	23		23	
(24) Supplies .....	24		24	
(25) Taxes .....	25		25	
(26) Utilities .....	26		26	
(27) _____	27			
(28) _____	28			
(29) _____	29			
(30) _____	30			
(31) _____	31			
(32) _____	32			
(33) _____	33			
(34) _____	34			
(27) _____			27	
(28) _____			28	
(29) _____			29	
(30) _____			30	
(31) _____			31	
(32) _____			32	
(33) _____			33	
(34) _____			34	
(46) Passive loss carryover .....	46		46	
(47) Depreciation or depletion expenses .....	47		47	
(03) Percent of rent. prop. owned (default is 100 %) ..	03		03	
(04) Is this for (T)axpayer, (S)pouse or (J)oint .....	04		04	
(05) Is this a vacation home? .....	05		05	
(06) Is this an actively managed rental? .....	06		06	
(07) Passive if profitable (30% depr. asset rule) .....	07		07	
(08) Property owned by a real estate pro? .....	08		08	
(09) Has rental been disposed of in this year? .....	09		09	
(10) Gain or loss on disposition .....	10		10	
(13) Deductible rental loss override .....	13		13	

Client: \_\_\_\_\_

Client no. 3001

**Part I**      **Persons or Organizations Who Provided the Care**

	Name	Street Address
01		
02		
03		
04		
05		
06		
07		
08		

	City, State, Zip	I.D. Number	Amount Paid	
			Current Year	Last Year
01				
02				
03				
04				
05				
06				
07				
08				

**Part II**      **Qualifying Persons**

	First Name	Last Name	Suffix	SSN	Qualified Expenses	
					Current Year	Last Year
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						

		Current Year	Last Year
(06)	Qualified expenses incurred & paid (total) (Override) .....	06	
(07)	Taxpayers earned income (Override) .....	07	
(08)	Spouses earned income (Override) .....	08	
(09)	Prior year expenses paid in current year .....	09	
(10)	Person's name (Prior year expenses) .....	10	
(11)	Person's SSN (Prior year expenses) .....	11	

**PART III**      **Dependent Care Benefits**

		Current Year	Last Year
(12)	Dependent care benefits received for the year .....	12	
(13)	Amount carried from prior year and used in current year .....	13	
(14)	Amount forfeited or carried forward to next year .....	14	
(15)	Dependent care benefits received from sole proprietorship or partnership .....	15	
(16)	Married filing separate but considered unmarried .....	16	NO