Individual Converted Items (1040)

Items in UPPERCASE format are calculated carryover amounts.

Client Information

Resident State as of End of Year State Information - 1=Full-Year Resident State Return Filing Status 1=Married Filing Separate and Lived with Spouse 1=Married Filing Separate and Must Itemize Deductions Year Spouse Died, if Qualifying Widow(er) Taxpayer First Name and Initial Taxpayer Last Name Taxpayer Title / Suffix Taxpayer Social Security Number **Taxpayer Occupation** Taxpayer Age or Date of Birth Taxpayer Date of Death **Dependency Status** Taxpayer: 1=Blind Spouse First Name and Initial Spouse Last Name Spouse Title / Suffix Spouse Social Security Number Spouse Occupation Spouse Age or Date of Birth Spouse Date of Death Spouse: 1=Blind 1=Use Foreign Format Street Address Apartment Number City State **ZIP** Code Foreign Address - Country Home Phone Work Phone **Davtime Phone** Mobile Phone Fax Number E-Mail Address Prepared By **Primary Contact Dependent Information** First Name Last Name Title / Suffix

Age or Date of Birth Social Security Number Relationship Months Lived at Home Type of Dependent Earned Income Credit Child Tax Credit Miscellaneous Information Pr. Cmp: 1=Self, 2=Spouse, 3=Both, 4=Neither, 5=Blank Allow Preparer/IRS Discussion: 1=Yes, 2=No, 3=Blank Designee/IRS Discussion: Designee's Name [O] Designee/IRS Discussion: Designee's Phone Number [O] Designee/IRS Discussion: Designee's PIN (5-Digit Numeric) [0] 1=Converted Client (Proforma Use Only) 1=Direct Deposit of Refund Bank1: Routing Transit Number Bank1: Depositor Account Number Bank1: Type of Account: 1=Savings, 2=Checking Bank2: Routing Transit Number Bank2: Depositor Account Number Bank2: Type of Account: 1=Savings, 2=Checking Bank3: Routing Transit Number Bank3: Depositor Account Number Bank3: Type of Account: 1=Savings, 2=Checking Bank Product Information Refund Anticipation (RAL) ID Number (Taxpayer) ID Number (Spouse) Physical Address City State and Zip Invoice, Letter, Filing Instructions Prior Year Preparation Fee (Memo Only) Current YearEstimated Tax (1040 ES) Estimate Options [O] Estimate Threshold [O] Rounding: 1=\$1, 2=\$10, 3=\$100 [O] Penalties & Interest Prior Year ADJUSTED GROSS INCOME Prior Year TAX LIABILITY (-1 IF NONE) 1=Form 2210F 1=More than 50% income from small bus. Wages, Salaries, Tips 1=Spouse Employer Identification Number (B) Name of Employer (B) Employer Address (C) Employer City (C) Employer State (C) Employer ZIP Code (C) 1=Foreign Address Wages Salaries, Tips and Other Compensation Federal Income Tax Withheld Social Security Wages Social Security Tax Withheld

Medicare Tax Withheld Box 12a Code Box 12b Code Box 12c Code Box 12d Code 1=Statutory Employee Schedule C Name or Number, if Statutory Employee 1=Retirement Plan State Income Tax Withheld Local Income Tax Withheld 1=Ministers Wages Subject to SE Tax Employee Social Security Number **Employee Name Employee Address** Employee City Employee State Employee ZIP Code State #1: State Name State #1: State ID Number State #1: Locality Name State #2: State Name State #2: State ID Number State #2: Locality Name Interest Income Name of Payer Seller-Financed Mortgage - Social Security Number Seller-Financed Mortgage - Street Address Seller-Financed Mortgage - City, State, ZIP Code Banks, Savings and Loans Seller Financed Mortgage U.S. Bonds, T-Bills **Total Municipal Bonds** 1=Interest in Foreign Account Name of Foreign Country 1=Grantor / Transferor or Distribution from Foreign Trust Foreign Tax Credit - Number of Form 1116 **Dividend Income** Name of Payer **Total Ordinary Dividends Qualified Dividends Total Capital Gain Distributions** Pensions, IRA Distributions Payer Name Payer EIN Payer Address Payer City, ST Zip Payer 1=Foreign Address 1=Spouse Federal Income Tax Withheld State Income Tax Withheld Local Income Tax Withheld Name of locality **Taxable Grants** Agriculture payments

Amount in Box 2 applies to income from Trade or Business 1=IRA/SEP/SIMPLE, 2=Roth IRA, 4=W-2G 1=Rollover of any Part of Distribution Gross Distribution (Gross Winnings if W-2G) Taxable Amount 1=Taxable amount not determined 1=Total distribution Contributions/Insurance Net unrealized appreciation **Distribution Codes** Other Distribution Other Distribution % (.xxxx or 1=100%) Total Distribution % (.xxxx or 1=100%) Total Employee Distributions 1=Lump-Sum Distribution (4972) Disability Payments: 1=Report Taxable Amount as Wages Disability Payments: 1=Report Taxable Amount on Sch. R Annuity Starting Date Age at Annuity Starting Date Combined Ages at Annuity Starting Date (Post-1997) Cost in Plan at Annuity Starting Date (Plus Death Benefit Exclusion) Amount Recovered Tax Free After 1986 Form 5329 - 1=10% Early Distribution Tax, 2=25% (SIMPLE) Form 8606 - 1=Traditional / SEP / SIMPLE IRA Recipient: 1=Foreign Address **Recipient Name Recipient Address** Recipient City, ST Zip Form 1099-R - Account Number Distributions from Roth IRAs **Qualified Hurricane Distribution Qualified Hurricane Distribution repayments** Economic stimulus payment withdrawn from IRA Gambling W-2G 1=Spouse Gross Winnings Federal Tax withheld State Code State tax withheld Local tax withheld Payer's State ID Payer: Federal ID number Payer: Name Payer: Address Payer: City, ST Zip Payer: Foreign address Payer: Phone Winner: Name Winner: Address Winner: City, ST Zip Winner: Foreign address Miscellaneous Income

Social Security Benefits Medicare Premiums Paid (SSA-1099) (Itemized Deduction) Tier 1 Railroad Retirement Benefits (RRB-1099, Box 5) Alimony Received Taxable Scholarships and Fellowships Household Employee Income Not on W-2 Jury duty pay Income from the Rental of Personal Property Other Income Federal tax withheld State / Local Tax Refunds / Unemployment Compensation (1099-G) Name of Payer 1=Spouse Unemployment: Total Received Unemployment: Prior Yr Overpayment Repaid Federal Income Tax Withheld State Income Tax Withheld ATAA payments Taxable Grants: Federal Taxable Amount Agriculture Payments Amount in Box 2 is from Trade or Business Market Gain Education Distributions (1099-Q) Name of Payer 1=Spouse Gross Distribution Earnings Basis 1=Private 529 Program, 2=State 529 Program, 3=Coverdell Current Year Contributions to This ESA Value of This Account as of end of year Basis in This ESA as of end of year Administering State **Net Operating Loss Deduction** YEAR OF LOSS (E.G., 2008) **INITIAL LOSS – REGULAR TAX** AMT INITIAL LOSS Business Income (Schedule C) Principal Business or Profession Principal Business Code Business Name, if Different from Form 1040 Business Address, if Different from Form 1040 City, State, ZIP, if Different from Form 1040 Employer ID Number If Accounting Method Not Cash/Accrual, Specify Accounting Method: 1=Cash, 2=Accrual Inventory Method: 1=Cost, 2=Lower C/M, 3=Other 1=Spouse, 2=Joint 1=W-2 Earnings as Statutory Employee [O] 1=Not Subject to Self-Employment Tax 1=Did Not Materially Participate Schedule C-EZ: 1=When Applicable, 2=Suppress 1=Business Activity is Within the Gulf Opportunity Zone

Gross Receipts or Sales **Returns and Allowances** Other Income Inventory at Beginning of Year Purchases Cost of items withdrawn for personal use Cost of Labor Materials and Supplies Costs of Goods Sold / Other Costs Inventory at End of Year Advertising Car and Truck Expenses [A] Commissions Contract Labor **Employee Benefit Programs** Insurance Mortgage Interest - Banks, Etc. (1098) Other Interest [A] Legal and Professional Office Expense Pension and Profit Sharing Plan Contributions Vehicles, Machinery, Equipment Rental Other Rental [A] Repairs Supplies Other Taxes and Licenses [A] Travel Meals and Entertainment in Full (50%) DOT Meals in Full (70%) Utilities Total Wages Other Expenses SECTION 179 CARRYOVER PRIOR YEAR UNALLOWED PASSIVE LOSSES -**OPERATING (REGULAR TAX)** PRIOR YEAR UNALLOWED PASSIVE LOSSES -OPERATING (AMT) Disposition (Schedule D, 4797, Etc.) Description of Property Date Acquired (m/d/y or -m/d/y)Date Sold (m/d/y or -m/d/y) 1=Short-Term, 2=Long-Term [O] 1=Collectible Gross Profit Ratio (.xxxx or 1=100%) (Form 6252) AMT Gross Profit Ratio **Current Year Principal Payments** Prior Years' Payments Ordinary Income (-1 If None, Triggers 4797) 1=Delete this Year, 2=Delete Next Year Installment Worksheet: Year Installment Worksheet: Principal Payments Installment Worksheet: Total Gain Installment Worksheet: Ordinary Income Like-Kind Property Received: Description

Like-Kind Property Received: Date Property Identified (m/d/y)Like-Kind Property Received: Date Property Received (m/d/y)1=Complete Disposition, 2=Partial (Triggers 8582) Name of Related Party Address City State ZIP Code Taxpayer ID Number Relationship to Taxpayer 1=Marketable Security Rental & Royalty Income (Schedule E) Kind of Property Location of Property Percentage of Ownership if Not 100% (.xxxx) 1=Spouse, 2=Joint 1=Nonpassive Activity, 2=Passive Royalty 1=Did Not Actively Participate 1=Real Estate Professional 1=This Business Activity is Within the Gulf Opportunity Zone **Rents Received Royalties Received** Advertising Auto and Travel [A] Cleaning and Maintenance Commissions Insurance Legal and Professional Management Fees Mortgage Interest - Banks, Etc. (Form 1098) Other Interest [A] Repairs Supplies **Real Estate Taxes** Utilities Other Expenses SECTION 179 CARRYOVER Vacation Home Number of Days Rented Number of Days Personal Use **CARRYOVER - VACATION HOME EXPENSES CARRYOVER – VACATION HOME DEPRECIATION CARRYOVER – AMT VACATION HOME EXPENSES CARRYOVER – AMT VACATION HOME DEPRECIATION** PRIOR YEAR UNALLOWED PASSIVE LOSSES -**OPERATING (REGULAR TAX)** PRIOR YEAR UNALLOWED PASSIVE LOSSES -**OPERATING** (AMT) Farm Income (Schedule F / Form 4835) **Principal Product** Employer ID Number

Agricultural Activity Code

Accounting Method: 1=Cash, 2=Accrual

1=Spouse, 2=Joint 1=Farm Rental (Form 4835) 1=Did Not Materially Participate (Schedule F Only) 1=Did Not Actively Participate (4835 Only) 1=Real Estate Professional (4835 Only) Sales of Items Bought for Resale (Cash Method) Cost or Basis of Items (Cash Method) Sales of Livestock You Raised (Cash Method) Sales of Livestock, Produce, Etc. (Accrual Method) Beginning Inventory of Livestock, Etc. (Accrual Method) Cost of Livestock, Etc. Purchased (Accrual Method) Ending Inventory of Livestock, Etc. (Accrual Method) **Total Cooperative Distributions Taxable Cooperative Distributions Total Agricultural Program Payments** Taxable Agricultural Program Payments Commodity Credit Loans Reported Under Election Total Commodity Credit Loans Forfeited or Repaid Taxable Commodity Credit Loans Forfeited or Repaid Total Crop Insurance Proceeds Received in Current Year Taxable Crop Insurance Proceeds Received in Current Year Taxable Crop Insurance Proceeds Deferred from Current Year Custom Hire Other Income Car and Truck Expenses [A] Chemicals Conservation expenses Custom Hire (Machine Work) **Employee Benefit Programs** Feed Purchased Fertilizers and Lime Freight and Trucking Gasoline Insurance Gross wages before credits Work Credits Mortgage Interest - Banks, Etc. (Form 1098) Other Interest [A] Labor Hired Pension and Profit Sharing Plans Vehicle Rent [A] Other Rent (Land, Animals, Etc.) **Repairs and Maintenance** Seeds and Plants Purchased Storage and Warehousing Supplies Purchased Taxes [A] Utilities Veterinary, Breeding and Medicine Other Expenses SECTION 179 CARRYOVER PRIOR YEAR UNALLOWED PASSIVE LOSSES -**OPERATING (REGULAR TAX)**

PRIOR YEAR UNALLOWED PASSIVE LOSSES -**OPERATING** (AMT) Partnership Information Name of Partnership Employer Id Number Partnership Address Partnership City, ST Zip Tax Shelter Registration Number 1=Spouse, 2=Joint 1=Publicly Traded Partnership **OTHER INCOME & DEDUCTIONS - PASSIVE: PRIOR** UNALLOWED PASSIVE LOSS (REGULAR) OTHER INCOME & DEDUCTIONS - PASSIVE: AMT PRIOR UNALLOWED PASSIVE LOSS Other Income and Deductions - Nonpassive PRIOR YEAR UNALLOWED PASSIVE LOSSES -ORDINARY OR RENTAL LOSS (REGULAR TAX) PRIOR YEAR UNALLOWED PASSIVE LOSSES -COMMERCIAL REVITALIZATION DEDUCTION PRIOR YEAR UNALLOWED PASSIVE LOSSES -SECTION 1231 LOSS TOTAL PRIOR YEAR UNALLOWED PASSIVE LOSSES - SHORT TERM CAPITAL LOSS (REGULAR TAX) PRIOR YEAR UNALLOWED PASSIVE LOSSES - LONG-TERM CAPITAL LOSS TOTAL (REGULAR TAX) PRIOR YEAR UNALLOWED PASSIVE LOSSES -ORDINARY OR RENTAL LOSS (AMT) PRIOR YEAR UNALLOWED PASSIVE LOSSES -COMMERCIAL REVITALIZATION DEDUCTION (AMT) PRIOR YEAR UNALLOWED PASSIVE LOSSES -SECTION 1231 TOTAL (AMT) PRIOR YEAR UNALLOWED PASSIVE LOSSES - SHORT TERM CAPITAL LOSS (AMT) PRIOR YEAR UNALLOWED PASSIVE LOSSES - LONG-TERM CAPITAL LOSS TOTAL (AMT) AT-RISK CARRYOVERS - CASH CONTRIBUTION (50%) AT-RISK CARRYOVERS - CASH CONTRIBUTION (30%) AT-RISK CARRYOVERS - NONCASH CONTRIBUTION (50%) AT-RISK CARRYOVERS - NONCASH CONTRIBUTION (30%) AT-RISK CARRYOVERS - CAPITAL GAIN CONTRIBUTION (30%) AT-RISK CARRYOVERS - CAPITAL GAIN CONTRIBUTION (20%) AT-RISK CARRYOVERS - NONDEDUCTIBLE EXPENSES **S** Corporation Information Name of S Corporation Employer Identification Number Tax Shelter Registration Number 1=Spouse, 2=Joint 1=Not a Passive Activity 1=Actively Participated in Real Estate 1=Real Estate Professional **Estate and Trust Information** Name of Estate or Trust Employer Identification Number

Tax Shelter Registration Number 1=Spouse, 2=Joint 1=Not a Passive Activity 1=Actively Participated in Real Estate 1=Real Estate Professional 1=Delete this Year, 2=Delete Next Year PRIOR YEAR UNALLOWED PASSIVE LOSS AMT PRIOR YEAR UNALLOWED PASSIVE LOSS Depreciation (4562) Description of Property Form Activity Name or Number Asset Category Date Placed in Service Gulf Opportunity Zone Asset: 1=Yes, 2=No [O] Cost or Basis Method Life or Class Life 1=Half-Year, 2=Mid-Quarter Amortization Code Section Prior Depreciation Prior Special Depreciation Allowance Prior Section 179 Expense Basis Reduction (ITC, Etc.) [O] AMT – Basis [O] AMT - Class Life (Post-1986) [O] AMT - 1=Real Property, 2=Leased Personal Property (Pre-1987) AMT - Prior Depreciation (MACRS Only) Percentage of Business Use (.xxxx) 1=General Asset Account Election 1=150% DB Instead of 200% DB (MACRS Only) [O] 1=IRS Tables, 2=DB/SL Formula (MACRS) [O] 1=Qualified Indian Reservation Property 1=Listed Property 1=No Evidence to Support Business Use Claimed 1=No Written Evidence to Support Business Use Claimed 1=Sport Utility Vehicle Over 6,000 Pounds 1=Increase Deduction Limits for Electric Vehicle, 2=No Limits 1=Vehicle is Available for Off-Duty Personal Use 1=No Other Vehicle is Available for Personal Use 1=Vehicle is Used Primarily by a More than 5% Owner 1=Provide Vehicles for Employee Use 1=Prohibit Employee Personal Use of Vehicles 1=Prohibit Employee Personal Use, Except Commuting 1=Treat All Use of Vehicles as Personal Use 1=Provide More than Five Vehicles & Retain Info. 1=Meet Qualified Automobile Demo Requirements Current Year: Commuting Mileage Current Year: Average Daily Round-Trip Commute (2106 Only) 1=Force Actual Expenses, 2=Force Standard Mileage Rate Gasoline, Lube, Oil

Election Information: Description of Property Election Information: Cost or Basis of Asset Election Information: Date Placed in Service Name or Number of Primary Asset in Like-Kind Exchange Date Traded (m/d/y) Date Sold or Disposed of (m/d/y or -m/d/y) Sales Price (Form 4797) Expenses of Sale Blank-1245, 1=1250, 2=1252, 4=1255 [O] Section 1250 Applicable Percentage, if Not 100% (.xxx) Adjustments to Income IRA Contributions After Re-characterizations (1=Maximum Deduction) **IRA BASIS FOR PRIOR YEARS** Roth IRA Contributions After Re-characterizations (1=Maximum) Basis in Roth IRA Contributions as of prior year end Basis in Roth IRA Conversions as of prior year end Profit-Sharing (25%/1.15) (1=Maximum) Money Purchase (25%/1.25) (1=Maximum) Defined Benefit (No Limitation Applied) Self-Employed SEP (25%/1.15) (1=Maximum) Self-Employed SIMPLE (1=Maximum) Net Earnings Total Premiums (Self-Employed Health Insurance) Alimony Paid (Recipient's SSN) Alimony Paid (Amount Paid) Other Adjustments Jury duty pay given to employer Expenses from rental of personal property **Itemized Deductions** Prescription Medicines and Drugs Doctors, Dentists, and Nurses Hospitals and Nursing Homes Insurance Premiums [A] Long-Term Care Premiums [A] Insurance Reimbursement [A] Transportation and Lodging Number of Medical Miles 1/1/05-8/31/05 Number of Medical Miles 9/1/05-12/31/05 Other Medical Taxes on Principal Residence [A] Taxes on Property Held for Investment Personal Property Taxes (Including Automobile Fees) Other Taxes Home Mortgage Interest on Form 1098 [A] Home Mortgage Interest Not on Form 1098: Payee's Name Home Mortgage Interest Not on Form 1098: Payee's SSN or FEIN Home Mortgage Interest Not on Form 1098: Payee's Street Address Home Mortgage Interest Not on Form 1098: Payee's City, State, ZIP Code Points Not on Form 1098 [A] Investment Interest

INVESTMENT INTEREST CARRYOVER (REGULAR AND AMT) **Cash Contributions** Noncash Contributions [O] CONTRIBUTION CARRYOVER (100%, 50%, 30%, AND 20% LIMITATION) Charitable Miles Driven: Regular Miles Union and Professional Dues Unreimbursed Employee Expenses Investment Expense [A] Tax Preparation Fees Safe Deposit Box Rental Miscellaneous Deductions (2%) Gambling Losses to Extent of Winnings Estate Tax, Section 691(c) [A] Other Misc. Deductions Noncash Contributions (8283) Name of Charitable Organization (Donee) Street Address City, State, ZIP Code Description of Donated Property Date of Contribution Date Acquired How Acquired Donor's Cost or Basis Fair Market Value Method Used to Determine Fair Market Value Donee Employer ID Number **Business Use of Home** Form Number of Form (e.g., Enter 2 for Sch. No. 2) **Business Use Area** Total Area of Home Total Hours Facility Used (Daycare Facilities Only) Total Hours Available (if Not 8760) [O] CARRYOVER OF OPERATING EXPENSES INDIRECT EXPENSES - CARRYOVER OF CASUALTY LOSSES AND DEPRECIATION Indirect Expenses - Mortgage Interest Indirect Expenses - Real Estate Taxes Indirect Expenses - Casualty Losses Indirect Expenses - Insurance Indirect Expenses - Rent Indirect Expenses - Repairs and Maintenance Indirect Expenses - Utilities Indirect Expenses - Other expenses Indirect Expenses - Excess Mortgage Interest Direct Expenses - Mortgage Interest Direct Expenses - Real Estate Taxes Direct Expenses - Casualty Losses Direct Expenses - Insurance Direct Expenses - Rent Direct Expenses - Repairs and Maintenance Direct Expenses - Utilities

Direct Expenses - Other expenses Direct Expenses - Excess Mortgage Interest % (.xx) or Amount of Gross Income from Home if Not 100% (-1 if None) Vehicle / Employee Business Expense (2106) Occupation, if Different from Form 1040 1=Spouse (Form 2106) 1=Performing Artist, 2=Handicapped, 3=Fee-Basis Government Official Form 2106-EZ: 1=When Applicable, 2=Suppress Meal and Entertainment Expenses in Full Reimbursements Not Included on Form W-2, Box 1 (Meals and Entertainment) 1=Department of Transportation Local Transportation (Bus, Taxi, Train, Etc...) Travel Expenses While Away from Home Overnight Reimbursements Not Included on Form W-2, Box 1 (Not Meals and Entertainment) SECTION 179 CARRYOVER Other Business Expenses 1=Vehicle is Used Primarily by a More than 5% Owner 1=Vehicle is Available for Off-Duty Personal Use 1=No Other Vehicle Available for Personal Use 1=No Evidence to Support Your Deduction 1=No Written Evidence to Support Deduction **Description of Vehicle** Date Placed in Service (m/d/y) **Total Mileage Business Mileage Total Commuting Mileage** Average Daily Round-Trip Commute Parking Fees and Tolls 1=Force Actual Expenses, 2=Force Standard Mileage Rate Gas, Lube and Oil Auto License (Other than Personal Property Taxes) Personal Property Taxes (Based on Car's Value) Interest (Car Loan) Vehicle Rent or Lease Payments Inclusion Amount Value of Employer-Provided Vehicle on Form W-2 Foreign Income Exclusion (2555) Foreign Address of Taxpayer: Street Address Foreign Address of Taxpayer: City Foreign Address of Taxpayer: Region Foreign Address of Taxpayer: Postal Code Foreign Address of Taxpayer: Country Employer's Name Employer's U.S. Address: Street Address Employer's U.S. Address: City Employer's U.S. Address: State Employer's U.S. Address: ZIP Code Employer's Foreign Address: Street Address Employer's Foreign Address: City Employer's Foreign Address: Region

Employer's Foreign Address: Postal Code Employer's Foreign Address: Country Employer Type Employer Type, if Other Enter Last Year (After 1981) Form 2555 Was Filed 1=Revoked Choice of Earlier Exclusion Claimed Type of Exclusion & Tax Year Rev. Was Effective Country of Citizenship City and Country of Foreign Residence Number of Days During Tax Year at Separate Foreign Address Tax Home(s) During Tax Year Dates Tax Home(s) Were Established Travel Information: Name of Country Travel Information: Date Arrived Travel Information: Date Left Travel Information: Days in U.S. on Business Travel Information: Income Earned in U.S. Travel Information: Days in Country Beginning Date for Bona Fide Residence (m/d/y) Living Quarters in Foreign Country Names of Family Living Abroad Period Family Lived Abroad 1=Submit Statement to Country of Bona Fide Residence 1=Required to Pay Income Tax to Country of Residence Contractual Terms Related to Employment Abroad Type of Visa You Enter Foreign Country Under Explanation Why Visa Limited Stay or Employment in Country Address of Home in U.S. 1=U.S. Home Rented Names of Occupants in U.S. Home Relationship of Occupants in U.S. Home Physical Presence Test Beginning Date [O] Physical Presence Test Ending Date [O] Principal Country of Employment Prior Year Foreign Income Exclusion Prior Year Foreign Earned Income Other Allocable Deductions [A] **Qualified Housing Expenses** FOREIGN INCOME EXCLUSION 2009 FOREIGN EARNED INCOME 2009 FOREIGN COMPENSATION SECTION: 1=Spouse Wages, Tips and Other Compensation Home (Lodging) Meals Car Other Properties or Facilities Cost of Living and Overseas Differential Family Education Home Leave Quarters

Other Purposes Excludable Meals and Lodging Under Sec. 119 Other Foreign Earned Income Business or Profession [A] Part. Name, Address and Nature of Income Total Number of Days Worked (Defaults to 240) Total Days Worked Before & After Foreign Assignment Foreign Days Worked Before & After Foreign Assignment Health Savings Accounts (8889) 1=Self-Only Coverage, 2=Family Coverage 1=Acquired Interest in HAS After Death of Account Holder Archer Medical Savings Accounts (8853) 1=You Were Uninsured When MSA Was Established 1=Self-Only Coverage, 2=Family Coverage Long-Term Care Insurance Contracts (8853) Name of Insured (Defaults to Policyholder) Social Security Number of Insured (Defaults to Policyholder) 1=Spouse is Policyholder 1=Other Individuals Received Payments for Insured 1=Insured is Terminally III 1=Accelerated Death Benefits Were the Only Payments Received Child and Dependent Care Expenses (2441) Dependent Care Expenses Incurred But Not Paid in Current Year Employer-Provided Dependent Care Benefits Received in Current Year Employer-Provided Dependent Care Benefits Forfeited or Carried Forward to Next Year First Name [O] Last Name [O] Date of Birth [O] **SSN** [0] Qualified Dependent Care Expense Incurred and Paid in Current Year 1=Disabled 1=Spouse, 2=Joint Persons/Organization Providing Dependent Care - Name Persons/Organization Providing Dependent Care - Street Address Persons/Organization Providing Dependent Care -City/State/ZIP Persons/Organization Providing Dependent Care - SSN or EIN Persons/Organization Providing Dependent Care - Total Amount Paid to Care Provider in Current Year for All Dependents **General Business & Activity Credits** Name of Activity (Automatic if Blank) Alcohol used as fuel PRIOR YEAR UNALLOWED CREDITS - RENTAL REAL ESTATE LOW-INCOME HOUSING (PRE-1990) AND REHABILITATION FROM RENTAL REAL ESTATE LOW-INCOME HOUSING (POST-1989) ALL OTHER PASSIVE ACTIVITIES

Foreign Tax Credit (1116)

Resident of (Name of Country) Name of Foreign Country Category of Income Other Foreign Source Income Other Deductions (Not Subject to Section 68 Limit) Other Deductions Not Directly Allocable [a] CARRYOVER OF FOREIGN TAXES PAID Carryover of Foreign Tax lump sum distributions AMT CARRYOVER OF FOREIGN TAXES PAID Employee compensation over \$250,000 with alternative basis Qualified Adoption Expenses (8839) QUALIFIED ADOPTION CREDIT CARRYOVER First Name [O] Last Name [O] Identification Number [O] Date of Birth [O] 1=Born Before 1988 and Was Disabled 1=Special Needs Child 1=Foreign Child 1=Adoption Was Not Final in Current Year 1=Employer Has Qualified Adoption Assistance Program LIMITED QUALIFIED ADOPTION EXPENSES LIMITED EMPLOYER PROVIDED BENEFITS Employer Provided Benefits for Foreign Adoption Not Finalized in Prior Year Education Credits (8863) Prior Year Information - MAGI Limitation Prior Year Information - Tax Less Other Credits First Name [O] Last Name [O] Social Security Number [O] 1=Hope Credit, 2=Lifetime Learning Credit Qualified Tuition and Fees (Net of Nontaxable Benefits) EIC, Elderly, Other Credits Mortgage Interest Credit: Street Address [O] Mortgage Interest Credit: City [O] Mortgage Interest Credit: State [O] Mortgage Interest Credit: ZIP Code [O] Certificate Credit Rate MORTGAGE INTEREST CREDIT CARRYOVER -3 Prior Years GENERAL BUSINESS CREDIT CARRYOVER Current Year Distributions From IRAs and Elective Deferral Plans 1=Filing Status in Current Year Other Than MFJ Homebuyer Credit Date Acquired Homebuyer Credit Original Credit Household Employment Taxes Employer Identification Number 1=Spouse, 2=Joint 1=Paid Cash Wages of 1,500 or More

1=Withheld Federal Income Tax for Household Employee

Total Cash Wages Subject to Social Security Taxes Total Cash Wages Subject to Medicare Taxes Federal Income Tax Withheld Advanced Earned Income Credit Payments 1=Paid Total Cash Wages of 1,000 or More in any Quarter of 2nd Preceding Year or Prior Year Total Cash Wages Subject to FUTA Tax 1=Paid Unemployment Contributions to Only One State 1=Paid All State Unemployment Contributions by 4/17/yy 1=All Wages Taxable for FUTA Were Also Taxable for State Unemployment Section A - Name of State Section A - State Reporting Number Section A - Contributions Paid to State Unemployment Fund Section B - Name of State (Primary) Section B - State Reporting Number (Primary) Section B - Name of State (Secondary) Section B - State Reporting Number (Secondary) Tax for Children Under 18 (8615) Tax for Children Under 18 - First Name Tax for Children Under 18 - Last Name Tax for Children Under 18 - SSN All Other Children Under 18 - First Name All Other Children Under 18 - Last Name Parent's Election to Report Child's Income Child's First Name Child's Last Name Child's Social Security Number Interest Income - Banks, C/U, Etc. Interest Income - U.S. Bonds, T-bills, Etc. Adjustments: Nominee Distribution Adjustments: Accrued Interest Adjustments: OID Adjustments: ABP **Total Municipal Bonds Ordinary Dividends** Total Capital Gain Distributions Unrecaptured Section 1250 Gain Section 1202 Gain 28% Rate Gain Alaska Permanent Fund Dividends Child earned income 1-exceeds one-half support Self-Employment Tax (Schedule SE) 1=Exempt and Filed Form 4361 1=Exempt and Filed Form 4029 Prior Year Summary (for Comparison) WAGES, SALARIES, TIPS INTEREST INCOME **DIVIDEND INCOME** REFUNDS OF STATE AND LOCAL TAXES ALIMONY RECEIVED **BUSINESS INCOME** CAPITAL GAIN/LOSS FORM 4797 GAINS OR LOSSES

TAXABLE IRA DISTRIBUTIONS TAXABLE PENSIONS RENT. ROYALTY, PARTNERSHIP, ESTATE FARM INCOME UNEMPLOYMENT COMPENSATION TAXABLE SOCIAL SECURITY BENEFITS OTHER INCOME TOTAL INCOME EDUCATOR EXPENSES BUSINESS EXPENSE OR RESERVIST, QPA, AND FBO HEALTH SAVINGS ACCOUNT DEDUCTION MOVING EXPENSES ONE-HALF OF SELF-EMPLOYMENT TAX **KEOGH & SELF-EMPLOYED SEP & SIMPLE** SELF-EMPLOYED HEALTH INSURANCE DEDUCTION PENALTY ON EARLY WITHDRAWAL OF SAVINGS ALIMONY PAID **IRA DEDUCTION** STUDENT LOAN INTEREST DEDUCTION TUITION AND FEES DEDUCTION JURY DUTY PAY GIVEN TO EMPLOYER DOMESTIC PRODUCTION ACTIVITIES DEDUCTION TOTAL ADJUSTMENTS ADJUSTED GROSS INCOME MEDICAL AND DENTAL TAXES INTEREST CONTRIBUTIONS CASUALTY AND THEFT MISCELLANEOUS (SUBJECT TO 2% AGI LIMIT) OTHER MISCELLANEOUS DEDUCTIONS OVERALL ITEMIZED DEDUCTION LIMITATION (AS A NEGATIVE) TOTAL ITEMIZED DEDUCTIONS STANDARD DEDUCTION LARGER OF ITEMIZED OR STANDARD DEDUCTION INCOME PRIOR TO EXEMPTION DEDUCTION **EXEMPTIONS** HURRICANE KATRINA HOUSING EXEMPTION TAXABLE INCOME TAX ALTERNATIVE MINIMUM TAX TAX BEFORE CREDITS FOREIGN TAX CREDIT CHILD AND DEPENDENT CARE CREDIT ELDERLY OR DISABLED CREDIT EDUCATION CREDITS RETIREMENT SAVINGS CONTRIBUTIONS CREDIT CHILD TAX CREDITS ADOPTION CREDIT MORTGAGE INTEREST CREDIT DC FIRST-TIME HOMEBUYER CREDIT **GENERAL BUSINESS CREDIT** ALCOHOL USED AS FUEL CREDIT

MINIMUM TAX CREDIT QUALIFIED ELECTRIC VEHICLE CREDIT CREDIT FOR FUEL FROM NONCONVENTIONAL SOURCE ALTERNATIVE MOTOR VEHICLE CREDIT ALTERNATIVE FUEL VEHICLE REFUELING PROPERTY CREDIT EMPOWERMENT ZONE EMPLOYMENT CREDIT TOTAL CREDITS TAX AFTER CREDITS SELF-EMPLOYMENT TAX SOCIAL SECURITY TAX ON TIP INCOME TAX ON IRAS, RETIREMENT PLANS, AND MSAS ADVANCE EARNED INCOME CREDIT HOUSEHOLD EMPLOYMENT TAX OTHER TAXES TOTAL TAX FEDERAL INCOME TAX WITHHELD PRIOR YEAR ESTIMATED TAX PAYMENTS EARNED INCOME CREDIT CREDIT FOR TAX ON FUELS NONTAXABLE COMBAT PAY EXCESS FICA AND RRTA TAX WITHHELD ADDITIONAL CHILD TAX CREDIT AMOUNT PAID WITH FORM 4868 TAXES PAID ON UNDISTRIBUTED CAPITAL GAINS CREDIT FOR TAX ON FUELS HEALTH COVERAGE TAX CREDIT OTHER PAYMENTS TOTAL PAYMENTS AMOUNT OVERPAID AMOUNT REFUNDED TO YOU AMOUNT APPLIED TO CURRENT YEAR ESTIMATED TAX UNDERPAYMENT PENALTY LATE FILING PENALTY LATE PAYMENT PENALTY INTEREST AMOUNT YOU OWE EFFECTIVE TAX RATE (XX.X) **Injured Spouse Claim & Allocation** Injured Spouse: 1=Taxpayer, 2=Spouse 1=Refund Check Payable to Injured Spouse Only 1=Main Home Was in a Community Property State Name of Community Property State(s) Tax Shelter Statement Name of Reportable Transaction Tax Shelter Registration Number 1=Include Transaction on Form 8271 Identifying Number Qualified Hurricane Retirement Plan Distribution and Repayment Form 8915 Taxable distribution 8915 line 11 2008 repayments plus excess repayments from 2007 8615 line 8

Distributions subject to tax 2008 line 3 Repayments made in 2008 Taxable distributions 8915 line 26 2008 repayments plus excess repayments from 2007 8615 line 17 Distributions subject to tax 2008 line 3 Repayments made before filing 2008