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Personal Data

Taxpayer Name		SSN	
Spouse's Name		SSN	
Address		Apt no.	
Address			
City	State	ZIP	
County		School District	
Taxpayer phone Daytime:	Ext:	Evening:	Ext: Cell:
Spouse phone Daytime:	Ext:	Evening:	Ext: Cell:
Taxpayer email		Spouse email	
Taxpayer occupation		Spouse occupation	
Taxpayer Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Do you want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>
Spouse's Date of Birth	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	Does your spouse want \$3 to go to the Presidential Election Campaign Fund? <input type="checkbox"/>
Date and time of this year's appointment		Economic Stimulus Payment Amount	

Your Dependents											
Dependent # 1				Dependent # 2				Dependent # 3			
First name		M.I.		First name		M.I.		First name		M.I.	
Last name		Suffix		Last name		Suffix		Last name		Suffix	
SSN/TIN				SSN/TIN				SSN/TIN			
Relationship				Relationship				Relationship			
No. of months lived with you				No. of months lived with you				No. of months lived with you			
Age/DOB				Age/DOB				Age/DOB			
Qualifying child care expenses incurred and paid in 2008				Qualifying child care expenses incurred and paid in 2008				Qualifying child care expenses incurred and paid in 2008			
Portion of qualifying expenses provided by your employer				Portion of qualifying expenses provided by your employer				Portion of qualifying expenses provided by your employer			
Hope Credit qualified expenses paid				Hope Credit qualified expenses paid				Hope Credit qualified expenses paid			
Lifetime Learning Credit qualified expenses paid				Lifetime Learning Credit qualified expenses paid				Lifetime Learning Credit qualified expenses paid			
Tuition and Fees Deduction				Tuition and Fees Deduction				Tuition and Fees Deduction			
Minor child with income over \$850? <input type="checkbox"/>				Minor child with income over \$850? <input type="checkbox"/>				Minor child with income over \$850? <input type="checkbox"/>			

	Federal			State			Local		
	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
2008 Estimates:									
April 15, 2008									
June 16, 2008									
Sept. 15, 2008									
Jan. 15, 2009									
2007 overpayment applied									
2007 Balance due									
2007 Refund									
Additional payments made									
Additional payments made									
Additional payments made									

Miscellaneous Information

Name: _____

SSN: _____

General Information

Yes No

- | <input type="checkbox"/> | <input type="checkbox"/> | 1. Were there any changes to your filing status or number of dependents during 2008? |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Can you or your spouse be claimed as a dependent by someone else? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur any childcare expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you have a change in residence or job location during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you move during 2008? From where? _____ Date of move _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you reside in more than one state during 2008? If yes, which states? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Would you like a copy of your tax return sent to you via email? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you receive an Economic Stimulus Payment? How much? _____
If yes, please bring IRS Notice 1378 to your appointment. |

Income Information

Yes No

- | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you received all W-2s from all employers? How many W-2s are attached? _____ |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you use your vehicle on the job other than for commuting to work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you work out of town at any time during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any disability income during the year? \$ _____. Attach 1099-R. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Did you have any income from, or pay taxes to, a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Did you engage in any bartering transactions during 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Did you surrender any U.S. Savings Bonds during 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Did you receive any state or local income tax refunds from prior years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you or your spouse have any IRA accounts? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Did you recharacterize any IRAs this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Did you receive any type of prize, award, or gambling winnings during 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Did you receive any income not shown in this organizer? If so, please list. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Does anyone owe you money that has become uncollectible? |

Comments: _____

Miscellaneous Information

Name:

SSN:

	Yes	No	Business Information
			1. Did you start a new business or purchase any rental property during 2008?
			2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
			3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
			4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
			5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

	Yes	No	Other Information
			1. Were any tuition costs paid during 2008 (even if classes were attended in another year)?
			2. Did anyone in your household attend higher education classes in 2008?
			3. Did you incur a loss due to damaged or stolen property?
			4. Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
			5. Did you purchase a home, for the first time, as a principal residence after April 8, 2008? If yes, please provide closing documentation.
			6. Did you make any gifts to any one person in 2008 in excess of \$12,000? If so, are you splitting this gift with your spouse?
			7. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

To itemize deductions, bring receipts and documentation for these types of expenses:

	Prescriptions, first-aid
	State/local income taxes
	Mortgage interest
	Tax preparation fees
	Gambling losses (up to amount of winnings)
	Cash donations to charity (provide all receipts)
	Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
	Real estate and personal property taxes paid in 2008
	Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
	Fair market value of property donated to charity
	Purchase price of new goods donated or used in volunteer work

Comments: _____

Miscellaneous Information

Name:

SSN:

Information to bring to your appointment:

- Driver's license & social security card (for identity verification)
- Copy of your 2007 income tax return (for comparison and review for all includible information)
- Preprinted IRS label received
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)
- IRS Notice 1378 for Economic Stimulus Payment

Concerns to discuss with preparer: _____

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS

Employer's name and address:

EIN

	2008	2007		2008	2007
Wages, tips, other compensation			State		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

TS

Employer's name and address:

EIN

	2008	2007		2008	2007
Wages, tips, other compensation			State		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State		
Allocated tips			State wages		
Advance EIC payment			State income tax		
Dependent care benefits			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

Interest Income

Please attach all 1099(s) relating to interest income.

Name:

SSN:

Name and SSN of payer		2008	2007
TSJ	Address of payer		

Please attach additional sheets if necessary.

Dividend Income

Please attach all 1099(s) relating to dividend income.

Name: SSN:

TSJ	Name of payer	Ordinary	Qualified	Capital Gains	Federal Income Tax	Foreign Tax	Other	
							Description	Amount

Please attach additional sheets if necessary.

Profit or Loss From Business Schedule C General Information

Name:

SSN:

TS		Principal business or profession	Business code
----	--	----------------------------------	---------------

Employer I.D. number

Business name

Business address

Accounting method Cash Accrual Other

Inventory method Cost Lower of Cost or Market Other Change of inventory method Yes No

Did you "materially participate" in the operation of this business? Yes No

You started or acquired this business during 2008 Statutory employee wages

Information on your vehicle	2008	2007
-----------------------------	------	------

Date placed in service			Available when off duty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business miles before July 1		Total miles for 2007	Another vehicle available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business miles after June 30			You have evidence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commuting miles			It is written	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other miles					

Other Information	2008	2007
-------------------	------	------

Family Health Coverage

Income	2008	2007
--------	------	------

Gross receipts or sales

Returns and allowances

Other income (list on detail worksheet)

Cost of Goods Sold	2008	2007
--------------------	------	------

Inventory at beginning of the year

Purchases (less cost of items withdrawn for personal use)

Cost of labor

Materials and supplies

Other costs (list on detail worksheet)

Inventory at end of year

Profit or Loss From Business Schedule C General Information

Name:

SSN:

TS	Business name	Profession or product	2008	2007
Expenses				
	Advertising			
	Car and truck expenses			
	Commissions and fees			
	Contract labor			
	Depletion			
	Employee benefit programs			
	Insurance (other than health)			
	Mortgage interest (paid to banks etc.)			
	Other interest			
	Legal and professional services			
	Office expense			
	Pension and profit sharing plans			
	Rent or lease (vehicles, machinery, and equipment)			
	Rent (other business property)			
	Repairs and maintenance			
	Supplies			
	Taxes and licenses (including real estate taxes)			
	Travel			
	Total meals and entertainment			
	Utilities			
	Wages			
	Other expenses (list):			

Auto Expense Worksheet

Name: _____ SSN: _____

For _____

Profession/Product _____

Business name _____

Description _____

Date placed in service _____

Do you have another vehicle available for personal use? Yes No

Was your vehicle available for use during off hours? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Enter the number of miles your vehicle was used for:	2008	2007
a Business miles before July 1		Total miles for 2007
Business miles after June 30		
b Commuting		
c Other		

Expenses:	2008	2007
Garage rent		
Gas		
Insurance		
Licenses		
Oil		
Parking fees		
Lease payments		
Interest		
Property tax		
Repairs		
Tires		
Tolls		
Other expenses (list):	Apply Business %	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Sale of Capital Assets

(Stocks, Bonds, etc.)

Name:

SSN:

TSJ	Description	Date purchased	Date sold	Sales price	Cost	Misc. (see below)

Misc codes: WS = Wash Sales (no loss), PL = Personal Loss, 28 = Force a sale into the 28% bracket

Sale of Home

Name:		SSN:	
Enter the date you purchased the home			
Enter the date you sold the home			
Enter the purchase price of your old home			
Seller-paid points for old home if bought after 1990			
Enter the selling price of the old home			
Enter any expenses from the sale of the old home			
Settlement fees or closing costs for old home.			
Abstract and recording fees			
Legal fees			
Surveys			
Title insurance			
Transfer or stamp taxes			
Amounts the seller owed that you agreed to pay			
Other fees or closing cost			
Cost of capital improvements to old home			
Special tax assessments paid on old home for local improvements, such as streets			
Other increases to basis:			
Describe:			
If home was used for business, enter any depreciation claimed			
Other decreases to basis:			
Describe:			
Information on time lived in the home sold		You	Spouse
Enter the date that you first used the property as a main home			
Enter the date that you first owned the property as a main home			
Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, answer the following: Enter date of most recent sale of another home on which you excluded the gain			
Please bring the contract for the sale of the home to your appointment.			

Installment Sale Income

Name:

SSN:

TSJ					2008	Prior Years
Description of property:						
Date acquired		Date sold				
Selling price						
Mortgages assumed						
Cost of property sold						
Depreciation allowed						
Commissions & expense of sale						
Gross profit percentage						
Interest received						
Principal payments received						
TSJ					2008	Prior Years
Description of property:						
Date acquired		Date sold				
Selling price						
Mortgages assumed						
Cost of property sold						
Depreciation allowed						
Commissions & expense of sale						
Gross profit percentage						
Interest received						
Principal payments received						
TSJ					2008	Prior Years
Description of property:						
Date acquired		Date sold				
Selling price						
Mortgages assumed						
Cost of property sold						
Depreciation allowed						
Commissions & expense of sale						
Gross profit percentage						
Interest received						
Principal payments received						

Supplemental Income and Loss

Part I - Income or Loss From Rental Real Estate and Royalties

Name: _____ SSN: _____

TS Property address _____

Property type: _____ Activity type: _____

Some investment at risk? Yes No

Property was 100% disposed of in 2008 Yes No

Was property used for personal purposes more than the greater of 14 days or 10% of total days rented at FMV? Yes No

If yes, was this your main home or second home? Yes No

Income:	2008	2007
Rents received		
Royalties received		

Expenses: 2008 2007

Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
<input type="checkbox"/> Above amount includes private mortgage insurance		
Legal and professional fees		
Management fees		
Mortgage interest		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		

Other (list): _____

Other Information:

Ownership percentage _____

Supplemental Income and Loss Part II - Income or Loss From Fiduciary

Name:

SSN:

Attach all Form 1041 Schedules K-1 received for 2008

TS	Name:	Employer identification number	Any changes in this investment?	Is K-1 Attached?

Supplemental Income and Loss Part II - Income or Loss From Partnerships

Name:

SSN:

Attach all Form 1065 Schedules K-1 received for 2008

TS	Name:	Employer identification number	Any changes in this investment?	Is K-1 Attached?

Supplemental Income and Loss Part II - Income or Loss From S Corporations

Name:

SSN:

Attach all Form 1120S Schedules K-1 received for 2008

TS	Name:	Employer identification number	Any changes in this investment?	Is K-1 Attached?

Farm Rental Income and Expenses

Name: _____

SSN: _____

TSJ

Activity type: _____

Some of your investment is NOT at risk Farm was 100% disposed of in 2008

Income	2008	2007
Income from production of livestock, grains, and other crops		
Total cooperative distributions received		
Taxable amount		
Agricultural program payments received		
Taxable amount		
Commodity Credit Corporation (CCC) loans:		
CCC loans reported under election		
CCC loans forfeited or repaid with certificates		
Taxable amount		
Crop insurance proceeds and certain disaster payments:		
Amount received in 2008		
Taxable amount		
Do you elect to defer to next year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount deferred from last year		
Federal and state gasoline or fuel tax credit or refund		
Other income (list):		

Farm Rental Income and Expenses

Name: _____

SSN: _____

Expenses

TSJ		2008	2007
	Car and truck expenses		
	Chemicals		
	Conservation expenses		
	Custom hire (machine work)		
	Employee benefit programs		
	Feed purchased		
	Fertilizers and lime		
	Freight and trucking		
	Gasoline, fuel, and oil		
	Insurance (other than health)		
	Interest - mortgage (paid to banks, etc.)		
	Interest - other:		
	Labor hired (less jobs credit)		
	Pension and profit-sharing plans		
	Rent - vehicles, machinery and equipment		
	Rent - other (land, animals, etc.)		
	Repairs and maintenance		
	Seeds and plants purchased		
	Storage and warehousing		
	Supplies purchased		
	Taxes		
	Utilities		
	Veterinary, breeding, and medicine		
	Other expenses (list):		

Profit or Loss From Farming

Name:

SSN:

General Information

TSJ Principal product

Principal agricultural activity code

Employer ID number

Accounting method Cash Accrual

You did NOT materially participate in the operation of this business during 2008

Some investment is NOT at risk

Was farm 100% disposed of in 2008?

Farm Income - Cash Method/Accrual

2008

2007

Sales of livestock and other items you bought for resale

Cost or other basis of livestock or other items reported above

Sales of livestock, produce, grains, or other products you raised

Total cooperative distributions

Taxable amount

Agricultural program payments

Taxable amount

Commodity Credit Corporation (CCC) loans reported under election

CCC loans forfeited or repaid with CCC certificates

Taxable amount

Total crop insurance proceeds received

Taxable amount

Do you elect to defer to next year? Yes No

Amount deferred from last year

Custom hire (machine work) income

Federal and state gasoline or fuel tax credit or refund

Other income (list):

Inventory - Accrual Method only

Inventory of livestock, produce, grain and other products at beginning of 2008

Inventory of livestock, etc. at end of 2008

Profit or Loss From Farming

Name: _____ SSN: _____

Expenses

TSJ	Principal Product	2008	2007
	Car and truck expenses		
	Chemicals		
	Conservation expenses		
	Custom hire (machine work)		
	Employee benefit programs		
	Feed purchased		
	Fertilizers and lime		
	Freight and trucking		
	Gasoline, fuel, and oil		
	Insurance (other than health)		
	Interest - mortgage (paid to banks, etc.)		
	Interest - other		
	Labor hired (less jobs credit)		
	Pension and profit-sharing plans		
	Rent - vehicles, machinery, and equipment		
	Rent - other (land, animals, etc.)		
	Repairs and maintenance		
	Seeds and plants purchased		
	Storage and warehousing		
	Supplies purchased		
	Taxes		
	Utilities		
	Veterinary, breeding, and medicine		
	Other expenses (list):		
	Family health coverage payments		

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name: _____ SSN: _____

TS Payer's name: _____ Payer's FEIN: _____

Address: _____

City, State, Zip	2008	2007	State	2008	2007
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld		
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution		
Gross distribution			Local income tax withheld		
Taxable amount			Name of locality		
Total distribution			Local distribution		
Capital gain			State		
Federal income tax withheld			State income tax withheld		
Employee contributions or insurance premiums			State distribution		
Distribution code(s)			Local income tax withheld		
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality		
Your percentage of total distribution			Local distribution		

TS Payer's name: _____ Payer's FEIN: _____

Address: _____

City, State, Zip	2008	2007	State	2008	2007
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld		
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution		
Gross distribution			Local income tax withheld		
Taxable amount			Name of locality		
Total distribution			Local distribution		
Capital gain			State		
Federal income tax withheld			State income tax withheld		
Employee contributions or insurance premiums			State distribution		
Distribution code(s)			Local income tax withheld		
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality		
Your percentage of total distribution			Local distribution		

Social Security Benefit Statement

		2008	2007		2008	2007		2008	2007
TS <input type="checkbox"/>	Net benefits			Medicare premiums			Income tax withheld		
TS <input type="checkbox"/>	Net benefits			Medicare premiums			Income tax withheld		

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name: _____ SSN: _____

Taxpayer's foreign address _____

Foreign city _____ ST _____
 Postal code _____ Country _____
 Country code _____
 Employer's name _____
 Employer: US address _____

City _____ ST _____ Zip _____
 Employer: Foreign address _____

City _____ ST _____
 Postal code _____ Country _____
 Employer is: (check any that apply) A foreign entity A U.S. company Self
 A foreign affiliate of a U.S. company Other (specify): _____

If after 1981, you filed Form 2555 or 2555-EZ to claim an exclusion, enter the last year you filed a Form 2555. _____
 If you claimed an exclusion in an earlier year (after 1981), have you ever revoked your choice? Yes No
 If "Yes", give the type of exclusion and the tax year for which the revocation was effective _____
 Of what country are you a citizen/national? _____
 Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? Yes No
 If "Yes" enter city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address _____
 List your tax home(s) during your tax year and date(s) established _____

Part II - Taxpayers Qualifying Under Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Kind of living quarters in foreign country Purchased house Rented house or apartment Rented room
 Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? Yes No
 If "Yes", who and for what period? _____

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? Yes No

Are you required to pay income tax to the country where you claim bona fide residence? Yes No

If you were present in the United States during the tax year:

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business	Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business

State any contractual terms or other conditions relating to the length of your employment abroad _____

State the type of visa under which you entered the foreign country _____

Did your visa limit the length of your stay or employment in a foreign country? (If "Yes", attach explanation) Yes No

Did you maintain a home in the United States while living abroad? Yes No
 If "Yes", enter address of your home, whether it was rented, the names of the occupants, and their relationship to you _____

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name: _____ SSN: _____

Part III - Taxpayers Qualifying Under Physical Presence Test

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year _____

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." Do not include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)

Part IV - Foreign Earned Income

2008

2007

Total wages, salaries, bonuses, commissions, etc.

Allowable share of income for personal services performed:

In a business (including farming) or profession

In a partnership (list name, address, and type of income):

Noncash Income:

Home (lodging)

Meals

Car

Other property or facility (specify)

Allowances, reimbursements, or expenses paid on your behalf for services performed:

Cost of living and overseas differential

Family

Education

Home leave

Quarters

Other (specify)

Other foreign earned income (specify):

Meals and lodging on line 24 that are excludable

Part VI - For Taxpayers Claiming the Housing Exclusion and/or Deduction

Qualified housing expenses for the tax year

Location where housing expenses incurred & days in qualifying period that fall within your 2008 tax year

Enter employer-provided amounts

Other Income and Adjustments

Name:

SSN:

Income

	Taxpayer		Spouse	
	2008	2007	2008	2007
Taxable scholarships received				
Interest income (If over \$1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)				
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions				
Unemployment compensation received				
Unemployment repaid in 2008				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employment health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2008				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				

Itemized Deductions

Name:		SSN:			
MEDICAL and DENTAL	2008	2007	GIFTS TO CHARITY (attach receipts)	2008	2007
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			Portion of amount above for disaster relief		
Medical miles before July 1		Total miles for 2007	30% limitation		
Medical miles after June 30			Charitable miles		
Other medical and dental expenses (list):			Midwestern disaster relief miles before July 1		
			Midwestern disaster relief miles after July 1		
			Other than by cash or check		
			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			JOB EXPENSES (list):		
TAXES					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
			Tax preparation fees		
INTEREST					
Home mort. int. & points on Form 1098			OTHER EXPENSE (list):		
Home mort. int. not on Form 1098					
Name:					
Address:					
SSNEIN:					
Points not reported on Form 1098			MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO 2% LIMIT		
Qualified mortgage insurance premiums					
Investment interest					

Casualties and Thefts

Name:

SSN:

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident					
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident					
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident					
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident					
Fair market value after incident					

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident					
Fair market value after incident					

Moving Expenses

Name:

SSN:

TSJ	<input type="checkbox"/>	Military move	<input type="checkbox"/>		2008	2007	
Enter the number of miles from your OLD home to your NEW workplace							
Enter the number of miles from your OLD home to your OLD workplace							
Transportation and storage of household goods and personal effects							
Travel and lodging incurred during move (do NOT include cost of meals)							
Amount of moving expenses reimbursed by your employer							
Foreign Moving Expenses							
If you moved to a foreign country:					2008	2007	
City and country in which your old workplace was located							
City and country in which your new workplace is located							

Self-Employed Health Insurance and SE Pensions

TSJ	<input type="checkbox"/>				2008	2007	
Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents							
Qualified long term care amount							
Enter your wages from an S corporation							
Plan contribution rate as a decimal							
Enter your net profit from line 31, Schedule C; line 36, Schedule F; or box 14, code A, Schedule K-1							
Enter your allowable elective deferrals made during 2008							
Enter your catch-up contributions							

Noncash Charitable Contributions

TSJ	<input type="checkbox"/>	Donee I.D.					
Name of donee organization							
Address of donee organization							
City, State, & ZIP of donee organization							
Description of donated property						PROPERTY TYPE (if over \$5,000)	
Physical condition of donated property						Art valued more than \$20,000	
Valuation method used						Art valued less than \$20,000	
How was it acquired?						Collectibles	
Date acquired						Qualified Conservation Contribution	
Date contributed						Other Real Estate	
Donor's cost or adjusted basis						Intellectual Property	
Fair market value						Equipment	
Bargain sale price						Securities	
Average security price						Other	

Mortgage Interest

Name: _____ SSN: _____

TSJ		For		Business name	
Federal ID #				Product	
Recipient/Lender:				2008	2007
Name				Mortgage interest	
Address				Points paid	
City, State, Zip				Refund overpaid interest	
Account Number				Real Estate taxes paid	

TSJ		For		Business name	
Federal ID #				Product	
Recipient/Lender:				2008	2007
Name				Mortgage interest	
Address				Points paid	
City, State, Zip				Refund overpaid interest	
Account Number				Real Estate taxes paid	

TSJ		For		Business name	
Federal ID #				Product	
Recipient/Lender:				2008	2007
Name				Mortgage interest	
Address				Points paid	
City, State, Zip				Refund overpaid interest	
Account Number				Real Estate taxes paid	

TSJ		For		Business name	
Federal ID #				Product	
Recipient/Lender:				2008	2007
Name				Mortgage interest	
Address				Points paid	
City, State, Zip				Refund overpaid interest	
Account Number				Real Estate taxes paid	

TSJ		For		Business name	
Federal ID #				Product	
Recipient/Lender:				2008	2007
Name				Mortgage interest	
Address				Points paid	
City, State, Zip				Refund overpaid interest	
Account Number				Real Estate taxes paid	

Expenses for Business Use of Your Home

Name:

SSN:

TS For

Business Use of Home

2008

2007

Area used regularly and exclusively for business

Total area of home

Use of Home for Daycare

2008

2007

Total hours used for daycare

Did you live in the home all year?

Yes No

If not, enter the dates you lived in the home

Expenses

Expenses directly related
to business use only

Total Household
expenses

Did you claim office in home expenses last year? Yes No

2008

2007

2008

2007

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

Cost of Home

2008

2007

Enter the smaller of your home's adjusted basis or its fair market value

Does this include the value of the land?

Yes No

Date placed in service

Value of land

Employee Business Expense

Name:

SSN:

TS Occupation override

Part I - Employee Business Expense and Reimbursements

2008

2007

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do Not include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

Qualifying performing artist

Fee-based state or local government official

Business Vehicle Expenses

Vehicle Description	Vehicle 1		Vehicle 2	
	2008	2007	2008	2007
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2008				
Business miles before July 1		Total miles for 2007		Total miles for 2007
Business miles after June 30				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation method and percentage				
If an employer provided vehicle, is personal use during off duty hours permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Asset Listing for 2008

Name: _____ SSN: _____

For	Mult	Description of Property	Date Acquired	Cost/Basis	Meth	Life	Prior Depreciation	Sec 179 Exp	Date Sold	Sales Price	Expense of Sale	Prop type

Valid Methods:

For assets purchased **A** ACRS or MACRS tangible property
M MACRS tangible property
AFTER 1980 ALT Alternative MACRS (150 DB election)
ARR Residential Rental (27.5 yr)
ARP Other Real Property (15,18,19,31,5,39.5 yr)
ALH Low Income Housing Property
ADS Alternative Depreciation System
EXP Section 179 Expense Election

Misc. **SL** Straight Line
SYD Sum of the Years Digits
AMT Amortization

For assets purchased **D** 125% Declining Balance
DS 125% Declining Balance with SL switch
BEFORE 1980 DB 150% Declining Balance
ONLY DBS 150% Declining Balance with SL switch
DD 200% Declining Balance
DDS 200% Declining Balance with SL switch

Listed Property Types:

V Luxury Vehicle
X Computers, property generally used for entertainment, recreation, or amusement, and cellular phones.

Property Type Codes for 4797:

44 Section 1244 Stock
45 Section 1245 Property
50 Section 1250 Property
51 Section 1251 Property
52 Section 1252 Property
54 Section 1254 Property
55 Section 1255 Property
18 Form 4797 line 18 entry
NL Nonrecaptured Losses
FA Farm Animal
ID Intangible Drilling
IC Involuntary Conversion
 See manual for others

Child & Dependent Care

Name:		SSN:	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2008		Amount Paid in 2007	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2008		Amount Paid in 2007	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2008		Amount Paid in 2007	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2008		Amount Paid in 2007	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2008		Amount Paid in 2007	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2008		Amount Paid in 2007	

Credit for Federal Tax on Fuels

Name:		SSN:		Gallons USED	2007
1a Off-highway business use					
1b Use on a farm for farming purposes					
1c Other non-taxable use of gasoline		Type			
1d Exported					
2a Aviation gasoline used in commercial aviation					
2b Aviation gasoline other nontaxable use		Type			
2c Exported					
2d LUST tax on aviation fuels used in foreign trade					
3a Nontaxable use		Type	Visible evidence of dye		
3b Use on a farm for farming purposes					
3c Use in trains					
3d Used in intercity/local bus					
3e Exported					
4a Nontaxable use		Type	Visible evidence of dye		
4b Use on a farm for farming purposes					
4c Intercity and local buses					
4d Exported					
4e Nontaxable use taxed at \$.044		Type			
4f Nontaxable use taxed at \$.219		Type			
5a Kerosene taxed at \$.244					
5b Kerosene taxed at \$.219					
5c Nontaxable use taxed at \$.244		Type			
5d Nontaxable use taxed at \$.219		Type			
5e LUST tax on aviation fuel used in foreign trade					
6 Ultimate vendor ID #					
6a Use by a state or local government			Visible evidence of dye		
6b Use in certain intercity and local buses					
7 Ultimate vendor ID #					
7a Kerosene for state and local government			Visible evidence of dye		
7b Sales from blocked pump					
7c Certain intercity and local buses					
8 Ultimate vendor ID #					
8a Use in commercial aviation taxed at \$.219					
8b Commercial aviation taxed at \$.244					
8c Nonexempt noncommercial aviation					
8d Other nontaxable uses taxed at \$.244		Type			
8e Other nontaxable uses taxed at \$.219		Type			
8f LUST tax on aviation fuels used in foreign trade					

Credit for Federal Tax on Fuels

Name:		SSN:			
				Gallons USED	2007
9	Registration number				
9a	Ethanol alcohol mixtures				
9b	Alcohol mixtures other than ethanol				
10	Registration number				
10a	Biodiesel mix				
10b	Agri-biodiesel mix				
10c	Renewable diesel mixtures				
11a	Liquefied petroleum gas	Type			
11b	P series fuels	Type			
11c	Compressed Natural Gas (GCE = 126.67 cu. ft.)	Type			
11d	Liquefied hydrogen	Type			
11e	Any liquid fuel from the Fischer-Tropsch process	Type			
11f	Liquid hydrocarbons derived from biomass	Type			
11g	Liquefied natural gas	Type			
11h	Liquefied gas derived from biomass	Type			
12	Ultimate Vendor ID #				
12a	Liquefied petroleum gas				
12b	P series fuels				
12c	Compressed natural gas				
12d	Liquefied hydrogen				
12e	Liquid fuel derived from coal				
12f	Liquid hydrocarbons from biomass				
12g	Liquefied natural gas				
12h	Liquefied gas derived from biomass				
12i	Compressed gas derived from biomass (GGE = 122 cu. ft.)				
13	Registration number				
13a	State or local government diesel				
13b	State or local government kerosene				
13c	State or local government aviation				
14a	Nontaxable use	Type			
14b	Exported				
15	Registration number				
15a	Blender credit				
16a	Exported dyed diesel				
16b	Exported dyed kerosene				