

QUESTIONNAIRE

~~Did your filing status change during 2008?~~ YES NO

Will the address on your 2008 Federal return be different from the one shown on your 2007 return? YES NO
 If YES, enter the New Address:

Street _____
 City _____
 State _____ Zip Code _____

Were you notified by the Internal Revenue Service or any other taxing authority of changes to a prior year tax return? YES NO
 (If YES, please enclose report notifying you of the change(s).)

Are you aware of any changes to your income, deductions and credits reported on a prior year return? YES NO

Did you sell and/or purchase a principal residence in 2008? YES NO

Did you receive any insurance or other reimbursement from a prior year medical, casualty, or theft loss deduction? YES NO

Do you have any dependent children under 18 who received unearned income (interest, dividends, investment income) of over \$1,700? YES NO

If YES, and if your child qualifies, do you elect to report your child's interest and dividends in your income tax return? YES NO

Did you or your spouse receive stock from an employer's stock bonus plan (do not include amounts reported on Form W-2)? YES NO

Did you buy or sell any bonds during the year? YES NO
 (If YES, please provide a copy of the broker's report.)

Did you start a new business during 2008? YES NO

Did you receive payments from a pension or profit-sharing plan? YES NO

Did you sell business or personal property(ies) on the installment method, OR did you receive payments from an installment sale? YES NO
 (If YES, please provide details)

Did you surrender any U.S. savings bonds during 2008? YES NO

Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses? YES NO

Did you receive tip income NOT reported to your employer? YES NO

Did you receive any tax-exempt interest? YES NO

Did you obtain a loan and use the proceeds for an investment? YES NO

QUESTIONNAIRE

Form with 15 questions and YES/NO options. Questions include: 'If employed, are you covered under a pension...', 'Did you receive a total distribution from an IRA...', 'Did you rollover any amount from a Traditional IRA...', 'Did you receive any disability payments this year?', 'If either you or your spouse are self-employed...', 'Did you have foreign income or pay any foreign taxes in 2008?', 'Did you sell property or equipment on installment in 2008?', 'Did you have any business related educational expenses?', 'Did you make gifts of more than \$12,000 to any individual?', 'Did you make gifts to a trust?', 'Did you suffer an uninsured casualty of theft loss on a non-business property?', 'Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are paid to beneficiaries named by you?', 'Did you receive any income not included in the Tax Organizer?', 'Did you pay any qualifying education expenses for yourself or any dependents?'.

Notes section with 10 lines of vertical bars for handwritten notes.

Please make certain to report all income received in 2008 . If you received income that is not included in this proforma organizer, attach a schedule listing the income received. Also, describe the nature of the income received (type of income, how received, etc.).

1099-MISC INCOME

MISCELLANEOUS INCOME

Box	Description	Payer 1	Payer 2	Payer 3	Payer 4	a
	T = Taxpayer					a
	S = Spouse					a
	Payers					a
	Name					a
1	Rents					a
2	Royalties					a
3	Other Income					a
	Federal Income					a
4	Tax Withheld					a
	Nonemployee					a
7	Compensation					a
	Substitute					a
8	Payments					a
	State Income					a
11	Tax Withheld					a

Number of 1099-Misc attached _____

Box	Description	Payer 5	Payer 6	Payer 7	Payer 8	a
	T = Taxpayer					a
	S = Spouse					a
	Payers					a
	Name					a
1	Rents					a
2	Royalties					a
3	Other Income					a
	Federal Income					a
4	Tax Withheld					a
	Nonemployee					a
7	Compensation					a
	Substitute					a
8	Payments					a
	State Income					a
11	Tax Withheld					a

DEPENDENTS, OTHER TAXPAYERS, EMPLOYERS, AND OTHER INFORMATION, STATEMENTS

Please enclose copies of At-L-2008-1099R and W-2G forms

	<input checked="" type="checkbox"/>	Name of payer	2008 Total	<input checked="" type="checkbox"/>	Taxable amount	<input checked="" type="checkbox"/>	Federal withheld	<input checked="" type="checkbox"/>	State taxable	<input checked="" type="checkbox"/>	State withheld	<input checked="" type="checkbox"/>	IRA	<input checked="" type="checkbox"/>	Disabled Pension	<input checked="" type="checkbox"/>	Other
Taxpayer	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Spouse	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

ESTIMATED TAX PAYMENTS

	<input checked="" type="checkbox"/>	2007 REFUND APPLIED TO 2008	<input checked="" type="checkbox"/>	1ST PAYMENT	<input checked="" type="checkbox"/>	2ND PAYMENT	<input checked="" type="checkbox"/>	3RD PAYMENT	<input checked="" type="checkbox"/>	4TH PAYMENT				
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Date Paid	<input checked="" type="checkbox"/>	Amount	<input checked="" type="checkbox"/>	Date Paid	<input checked="" type="checkbox"/>	Amount	<input checked="" type="checkbox"/>	Date Paid	<input checked="" type="checkbox"/>	Amount
Taxpayer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spouse	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Joint	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

OTHER INCOME

	<input checked="" type="checkbox"/>	TAXPAYER	2008	<input checked="" type="checkbox"/>	SPOUSE	2008
State Refund	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Unemployment received	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Federal withheld	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
State withheld	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Railroad unemployment received	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Railroad retirement tier 1 received	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Social security received on SSA-1099 box 5	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Medicare premiums withheld	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Alimony received	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Other income	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		

ADJUSTMENTS TO INCOME

IRA contribution	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Self-employed health insurance	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Keogh/SEP contribution	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Early withdrawal penalty (interest forfeiture)	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Alimony paid	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Student loan interest	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Moving expense	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Other adjustments to income	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		

PROFIT or (LOSS) FROM BUSINESS or PROFESSION

If you operated more than one business, or if you and your spouse had separate businesses, please complete a separate schedule for each business.

Business Number: Primary owner of business (T = Taxpayer S = Spouse)

Was the business acquired after 10/22/86 ? YES NO

Principal Business or Profession : Business Code :

Business Name and Address : Employer ID Number :

Method(s) used to value closing inventory : Cost Lower of cost or market Other (attach explanation) N/A

Accounting Method : Cash Accrual Other (specify)

Was there any change in determining quantities, costs, or valuations between the opening and closing inventory ? (If "YES", attach explanation) YES NO

Are you deducting expenses for the business use of your home ? YES NO

Did you materially participate in the operation of the business during 2008 ? YES NO

Are you claiming any deduction, loss, credit, other tax benefit, or income from an interest purchased or otherwise acquired in a tax shelter required to be registered ? YES NO

Is this the first schedule filed for this business ? YES NO

Check the line that describes your investment in this business activity? All investment is at risk Some investment is not at risk

INCOME

Table with 2 columns: Description (Gross receipts or sales, Sales returns and allowances, Other Income) and Amount.

COST OF GOODS SOLD

Table with 2 columns: Description (Inventory at beginning of year, Purchases, Cost of labor, Materials and supplies, Other costs, Inventory at end of year) and Amount.

DEDUCTIONS

Table with 2 columns: Description (Advertising, Bad debts, Car and truck expenses, Commissions and Fees, Depletion, Depreciation, Employee benefit programs, Freight, Insurance, Mortgage interest, Other interest, Legal and professional services, Office expenses, Pension and profit-sharing plans, Rent on machinery and equipment, Rent on other business property, Repairs and maintenance, Supplies, Taxes and licenses, Travel, Meals and entertainment, Utilities and Telephone, Wages less jobs credit, Other expenses) and Amount.

EXPENSES FOR BUSINESS USE OF HOME

----- a

Area used exclusively for business: _____ a

Total area of home: _____ a

Number of hours per day that day-care facility was used: _____ a

Number of days that day-care facility was used: _____ a

----- a

EXPENSES FOR BUSINESS USE OF HOME

Casualty Losses - Direct _____ a

Deductible Mortgage Interest - Direct _____ a

Real Estate Taxes - Direct _____ a

Excess Mortgage Interest - Direct _____ a

Utilities - Direct _____ a

Maintenance and Repairs - Direct _____ a

Rent - Direct _____ a

Insurance - Direct _____ a

Other Expenses - Direct _____ a

Casualty Losses - Indirect _____ a

Deductible Mortgage Interest - Indirect _____ a

Real Estate Taxes - Indirect _____ a

Excess Mortgage Interest - Indirect _____ a

Utilities - Indirect _____ a

Maintenance and Repairs - Indirect _____ a

Rent - Indirect _____ a

Insurance - Indirect _____ a

Other Expenses - Indirect _____ a

Prior Year Operating Expense Carryover _____ a

Prior Year Excess Casualty & Depreciation Carryover _____ a

DEPRECIATION ON BUSINESS HOME

Date home first used for business: ____ / ____ / ____ a

Smaller of homes Adjusted Basis or FMV _____ a

Value of land included in amount above _____ a

----- a

RENTAL and ROYALTY INCOME

Property Number: _____
Description and Location: _____
Primary owner of property : (T = Taxpayer, S = Spouse, J = Joint) _____
Is this a rental property ? YES NO
If "YES", was the property used for personal purposes during the tax year ? YES NO
If "YES", please complete the information below:
Number of days the property was occupied by you, a member of the family, or any individual not paying rent at the fair market value + _____
Number of days the property was actually rented at the fair market value + _____
Number of days the property was not occupied + _____
TOTAL days in the tax year = 365
Did you actively participate in the operation of the rental property during 2008 ? YES NO
If "YES", did you materially participate ? YES NO
Was the property acquired before 10/22/86 ? YES NO

RENTS AND ROYALTIES
Rents Received
Royalties Received

EXPENSES
Advertising
Auto and Travel
Cleaning and maintenance
Commissions
Insurance
Legal and other professional fees
Mortgage interest paid to banks
Other interest
Repairs
Supplies
Taxes
Utilities
Management Fees
Depreciation or depletion expense
Other expenses:

FARM INCOME and EXPENSES

Primary owner of the farm: (T = Taxpayer S = Spouse) _____ Principal Product: _____ a
 Employer ID Number: _____ Agricultural Activity Code: _____ Accounting Method: ___ Cash ___ Accrual a
 Did you materially participate in the farm operations during 2008 ? _____ YES _____ NO a
 Check the box that describes your investment in this farm activity ? _____ All investment is at risk _____ Some investment is not at risk a

FARM INCOME (Cash Method)

Sales of livestock and other items you bought for resale X _____
 Cost or other basis of livestock and other items bought for resale X _____
 Sales of livestock, produce, grains, and other products raised X _____
 Total cooperative distributions received (from Form(s) 1099-PATR) X _____
 Taxable amount X _____
 Total agricultural program payments X _____
 Taxable amount X _____
 Commodity Credit Corporation (CCC) loans reported under election X _____
 CCC loans forfeited or repaid with certificates X _____
 Taxable amount X _____
 Crop insurance proceeds and certain disaster payments received in 2008 X _____
 Taxable amount X _____
 Custom hire (machine work) income X _____
 Other income: (include federal & state gasoline or fuel tax credit or refund) X _____

FARM INCOME (Accrual Method)

Sales of livestock, produce, grains, and other products during year X _____
 Total cooperative distributions (from Form(s) 1099-PATR) X _____
 Taxable amount X _____
 Total agricultural program payments X _____
 Taxable amount X _____
 Commodity Credit Corporation (CCC) loans reported under election X _____
 CCC loans forfeited or repaid with certificates X _____
 Taxable amount X _____
 Crop insurance proceeds X _____
 Custom hire (machine work) income X _____
 Other income: (include federal & state gasoline or fuel tax credit or refund) X _____
 Cost of Goods Sold: X _____
 Beginning inventory of livestock, produce, grains, and other products X _____
 Cost of livestock, produce, grains, & other products purchased during the year X _____
 Ending inventory of livestock, produce, grains, and other products X _____

FARM DEDUCTIONS (Cash and Accrual Method)

Car and Truck X _____
 Chemicals X _____
 Conservation Expenses (Form 8645) X _____
 Custom hire (machine work) X _____
 Depreciation and section 179 expense deduction not claimed elsewhere X _____
 Employee benefit programs (exclude pension and profit-sharing plans) X _____
 Feed purchased X _____
 Fertilizers and lime X _____
 Freight and trucking X _____
 Gasoline, fuel, oil X _____
 Insurance (other than health) X _____
 Interest: Describe X _____
 Labor hired (less jobs credit) X _____
 Employee pension and profit-sharing plans X _____
 Machinery and equipment rent or lease X _____
 Other rent and lease (land, animals, etc.) X _____
 Repairs and maintenance X _____
 Seeds and plants purchased X _____
 Storage and warehousing X _____
 Supplies purchased X _____
 Taxes X _____
 Utilities X _____
 Veterinary fees and medicine X _____
 Other expenses X _____

EMPLOYEE BUSINESS EXPENSES

Complete this form only if you are claiming job expenses for travel, transportation, meals, and entertainment. If both you and your spouse are reporting expenses attributable to your jobs, complete a separate schedule for yourself and your spouse. If you are claiming job expenses that are not for travel, meals, and entertainment, and you were not reimbursed for these expenses by your employer, list the expenses under Miscellaneous Deductions. Examples of these expenses are: educational, expenses, uniforms, union dues, home office. Employee business expenses for Taxpayer (=T) or Spouse (=S) ? Occupation in which expenses were incurred: Tax laws allow for a deduction for expenses for travel, meals, lodging, entertainment and certain business gifts. These expenses must be related to your trade or business and must be supported by adequate records. Your records must include the following information: (1) Amount; (2) Time and place of travel; (3) Date and description of gift; (4) Business purpose; (5) Business relationship to the person being entertained or receiving the gift. Do you have records as described above for business expenses to be deducted ? YES NO

BUSINESS EXPENSES

Travel expenses that did not involve overnight travel: X
Parking fees, Tolls, Local transportation (bus, taxi, train, etc.) X
Travel expenses while away from home (exclude meals and entertainment): X
Meals and entertainment expenses X
Other business expenses: X
Reimbursements by your employer on your W-2 (Box 13, Code L):
For other than meals and entertainment X
For meals and entertainment X
Reimbursements by your employer NOT reported on your W-2:
For other than meals and entertainment X
For meals and entertainment X
Did you dispose of a vehicle used for business during ? YES NO
Did you or your spouse have another vehicle available for personal purposes ? YES NO
If your employer provided you with a vehicle, is personal use during off duty hours permitted ? N/A YES NO
Do you have evidence to support your vehicle expenses ? YES NO
If "YES", is the evidence written ? YES NO

DESCRIPTION

GENERAL INFORMATION
Date you first started using your car X
Total miles driven during 2008 X
Total miles driven for business (exclude commuting miles) X
Average daily round trip commuting distance X
Total commuting miles to and from work during 2008 X

VEHICLE EXPENSES

Auto expenses: X
Gasoline, oil, repairs, insurance, etc X
Vehicle rentals X

DEPRECIATION

Depreciation: X
Cost or other basis X
Depreciation method X
Depreciation deduction X
Section 179 deduction X

CHILD AND DEPENDENT CARE EXPENSES

Complete this form only if:

- * You paid someone to care for a child under 13 or a disabled spouse or dependent so that you are able to go to or look for work, and/or
- * You received dependent care benefits from an employer-paid dependent care assistance program.

Did you pay \$1400 or more in a calendar year to an individual for dependent care services performed in your home? ___ YES ___ NO

If "YES", please provide a copy of Form W-2.

Did you receive a reimbursement for dependent care expenses from your employers dependent care assistance program? ___ YES ___ NO

If "YES", enter the amount:

a) Received from your employer _____

b) Received from your spouses employer _____

PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE

NAME	ADDRESS	ID NUMBER	AMOUNT PAID
SSN OR EIN	PAID		
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CHILD AND DEPENDENT CARE EXPENSES

Number of qualifying persons cared for	<input checked="" type="checkbox"/>	
Child and dependent care expenses incurred and actually paid in 2007	<input checked="" type="checkbox"/>	
Child and dependent care expenses for 2007 but paid for in 2008	<input checked="" type="checkbox"/>	

EDUCATION TAX CREDITS AND EDUCATION IRAS

Complete this form only if:

- * You paid qualified tuition and related expenses and fees required for enrollment or attendance at an eligible education institution.

Did you receive a reimbursement for educational expenses from your employers? ___ YES ___ NO

A) Received from your employer _____

B) Received from your spouse's employer _____

NAME OF STUDENT	SOCIAL SECURITY #	PREPAID EXPENSES	AMOUNT PAID
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SALES AND EXCHANGES

Did you exchange any securities for other securities or any investment property for property of a like kind?
Have you acquired stock or securities substantially identical to stock or securities sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?
Did you engage in any transactions involving traded options?
Did you engage in transactions involving commodity future contracts and straddle positions?
Please attach all Forms 1099-B and 1099-S or equivalent statements reporting the sales of stocks, bonds, etc. during 2008.

ASSETS HELD FOR LESS THAN ONE YEAR

Table with 5 columns for asset identification and 5 rows for data entry.

ASSETS HELD FOR MORE THAN ONE YEAR

Table with 5 columns for asset identification and 5 rows for data entry.

