

Income Tax Return Document Organizer

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GENERAL INFORMATION

(MAIN INFO)

Taxpayer's First Name _____	M.I. _____	Spouse's First Name _____	Spouse's M.I. _____
Taxpayer's Last Name _____	Suffix _____	Spouse's Last Name (if different) _____	
Taxpayer's Social Security Number _____		Spouse's Social Security Number _____	
Present Home Address _____		City, State, Zip Code _____	
E-Mail Address _____			

Filing Status: Please Check One

Single
 Married Filing Joint
 Married Filing Separately
 Head of Household
 Qualifying Widow(er)

If you selected head of household and have no dependents, list the name _____ and Social Security number _____ of your qualified child who lives with you and qualifies you for this status.

Dependents/Nondependents Qualifying for Child Care and/or EIC

Note: If any children listed below are nondependents then mark an 'X' in the column listed "Non Dep."

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months in home	Non Dep.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If you are claiming as a dependent a child who did not live with you, check the documents that substantiate this claim:

Pre-1985 divorce or separation agreement
 Signed Form 8332
 Post-1984 divorce or separation agreement WITHOUT CONDITIONS

Taxpayer's Birth Date _____	Spouse's Birth Date _____
Taxpayer's Occupation _____	Spouse's Occupation _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
Cell/FAX Phone _____	Cell/FAX Phone _____

State of Residency:(2-Letter Abbreviation) _____ State of Part-year Residency _____ 2nd State of Part-year Residency _____

Please use the following space for any comments you wish to make to your preparer.

Part-Year, Part-Rental, or Personal Use Unit

2009
(Sch. E)

KIND OF PROPERTY

LOCATION

Rental income		Percent (of time, year, or property rented):	
2009	2008	2009	2008
		%	%

Expenses:	Rental and personal use		Rental only	
	2009	2008	2009	2008
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
Legal and professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Real estate tax				
Taxes other than real estate taxes				
Utilities				
Other expenses				

Personal use unit ONLY:				
Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.				

Part-Year, Part-Rental, or Personal Use Unit

2009
(Sch. E)

KIND OF PROPERTY

LOCATION

Rental income		Percent (of time, year, or property rented):	
2009	2008	2009	2008
		%	%

	Rental and personal use		Rental only	
	2009	2008	2009	2008
Expenses:				
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
Legal and professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Real estate tax				
Taxes other than real estate taxes				
Utilities				
Other expenses				

Personal use unit ONLY:				
Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.				

Part-Year, Part-Rental, or Personal Use Unit

2009
(Sch. E)

KIND OF PROPERTY

LOCATION

Rental income		Percent (of time, year, or property rented):	
2009	2008	2009	2008
		%	%

Expenses:	Rental and personal use		Rental only	
	2009	2008	2009	2008
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
Legal and professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Real estate tax				
Taxes other than real estate taxes				
Utilities				
Other expenses				

Personal use unit ONLY:				
Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.				

ITEMIZED DEDUCTIONS			2009 (SCH A)
	*T,S,J	2009	2008
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Number of medical miles	_____	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
TAXES PAID			
Real estate taxes	_____	_____	_____
Personal property taxes (auto ad valorem)	_____	_____	_____
Other _____	_____	_____	_____
INTEREST PAID			
Home mortgage interest	_____	_____	_____
Points paid in purchasing new home	_____	_____	_____
Investment interest expense	_____	_____	_____
CONTRIBUTIONS - Receipts required for all contributions			
Cash			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Non-cash			
Number of charity miles	_____	_____	_____
_____	_____	_____	_____
MISCELLANEOUS DEDUCTIONS			
Include union and professional dues, business publications, etc.			
_____	_____	_____	_____
_____	_____	_____	_____
Tax preparation fee	_____	_____	_____
Include below items, such as safe deposit box, investment expense.			
_____	_____	_____	_____
_____	_____	_____	_____
Gambling losses	_____	_____	_____

BUSINESS INCOME AND EXPENSES

2009
(SCH C)

Your principal business or profession _____

Is this your spouse's Schedule C? _____

Business name _____

2008 Business code _____

Business address _____

Employer ID _____

(Not SSN)

Accounting method: _____

Enter date if you disposed of or sold this business during the year _____

BUSINESS VEHICLE	2009	2008
-------------------------	-------------	-------------

Date placed in service _____

Miles used for: Business _____

Commuting _____

Other _____

PART I INCOME		
----------------------	--	--

Gross receipts or sales _____

Returns and allowances _____

Other income _____

PART II EXPENSES		
-------------------------	--	--

Advertising _____

Car/Truck expenses _____

Commissions _____

Contract labor _____

Depletion _____

Employee benefit programs _____

Insurance _____

Interest - mortgage _____

Interest - other _____

Legal and professional services _____

Office expense _____

Pension and profit sharing _____

Rent or lease - vehicles, machinery _____

Rent - Other business property _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses _____

Travel _____

Meals and entertainment _____

Utilities _____

Wages _____

Enter prior year unallowed loss (if any) _____

OTHER EXPENSES		(SCH C PG 2)
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Inventory method: Cost Lower of Cost or Market Other

Inventory at beginning of year _____

Purchases less cost of personal items _____

Inventory at end of the year _____

RENTAL REAL ESTATE AND ROYALTIES

2009
(SCH E)

KIND OF PROPERTY LOCATION OF PROPERTY	Property A		Property B		Property C	
	2009	2008	2009	2008	2009	2008
INCOME						
Rents received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Type of misc expense 5						
Amount item 5						
Enter loss carryover to 2009						
Did you actively participate in this venture?						
Did you use this property for personal use?						

MULTIPLE RENTAL REAL ESTATE AND ROYALTIES

2009
(SCH E-DUP)

KIND OF PROPERTY LOCATION OF PROPERTY	Property A		Property B		Property C	
	2009	2008	2009	2008	2009	2008
INCOME						
Rents received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Type of misc expense 5						
Amount item 5						
Enter loss carryover to 2009						
Did you actively participate in this venture?						
Did you use this property for personal use?						

FARM INCOME AND EXPENSES

**2009
(SCH F)**

Your principal product _____

Is this your spouse's Schedule F? _____

Enter date if you disposed of or sold this business during the year _____

2008 Activity Code _____

Employer ID _____
(Not SSN)

PART I INCOME

2009

2008

Sales of livestock and other items you bought for resale _____

Cost or other basis of livestock and other resale items reported above _____

Sales of livestock, produce, grains and other raised products _____

Total cooperative distributions _____

Agricultural program payments _____

Commodity Credit Corporation loans _____

Crop insurance/disaster payments _____

Custom hire _____

Other income _____

PART II EXPENSES

Car and Truck expenses _____

Chemicals _____

Conservation expenses _____

Custom hire _____

Employee benefit programs _____

Feed purchases _____

Fertilizer and lime _____

Freight and trucking _____

Gasoline, fuel and oil _____

Insurance _____

Interest - mortgage _____

Interest - other _____

Labor hired _____

Pension and profit sharing plans _____

Rent or lease - vehicles, machinery and equipment _____

Rent or lease other business property _____

Repairs and maintenance _____

Seeds and plants purchased _____

Storage and warehousing _____

Supplies _____

Taxes _____

Utilities _____

Veterinary, breeding and medicine _____

Enter prior year unallowed loss (if any) _____

FARM INCOME ACCRUAL METHOD ONLY**2009
(SCH F)****2009****2008**

Sales of livestock, produce, grains and other products _____

Total cooperative distributions _____

Agricultural program payments _____

Commodity Credit Corporation loans _____

Crop insurance/proceeds _____

Custom hire income _____

Other income _____

Inventory at beginning of year _____

Cost of inventory during the year _____

Inventory at end of year _____

W-2 INCOME

2009
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

*** Please include a W-2 from each of your 2009 employers.**

W-2G INCOME

2009
(W-2G)

Listed below are payers shown on your last year's income tax return.

***Please include any W-2G from each of your 2009 payers.**

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

ESTIMATED TAX PAID FOR THE 2009 TAX YEAR

(FED/ST TAX)

*** Please enter only the payments to be applied to the current year tax, including any payments made in January of 2009.**

Federal payments

State of _____ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in 2009: _____

State/local estimate payment for 2008, due January 15, 2009, paid on or after January 1, 2009: _____

OTHER INCOME AND ADJUSTMENTS

2009

OTHER INCOME

2009

2008

Seller Financed Mortgages

Payer

Principal

Interest

Interest

State and Local Income Tax Refunds Received in 2009

State or Local jurisdiction _____
 State or Local jurisdiction _____
 State or Local jurisdiction _____

Amount received _____
 Amount received _____
 Amount received _____

Unemployment (Please attach 1099G(s)).

2009

2008

Amount received: _____
 Amount repaid: _____

Alimony amount received

Other Income

Type: _____

Amount: _____

ADJUSTMENTS

Taxpayer
2009

Taxpayer
2008

Spouse
2009

Spouse
2008

Educator expense _____

Self-employed retirement plans _____

Self-employed health insurance paid _____

IRA'S

Traditional _____

Roth _____

Student loan interest _____

Alimony Paid

To whom paid: _____

Amount: _____

SSN: _____

Tuition and Fees

Amount: _____

Other Adjustments

Type: _____

Amount: _____

PARTNERSHIP AND S-CORPORATION INCOME

2009
(K-1 P/S)

Your 2008 K-1 information is shown below.

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

* Please attach all K-1 schedules received for 2009.

ESTATE AND TRUST INCOME

2009
(K-1 E/T)

Your 2008 K-1 information is shown below.

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

* Please attach all K-1 schedules received for 2009.

PENSION AND RETIREMENT INCOME

PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Employer Identification Number _____

TAXPAYER SPOUSE IRA

* Please include any 1099's and other 2009 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

SOCIAL SECURITY BENEFITS

(1040 WKT)

2009 AMOUNTS

Taxpayer Amount \$ _____

Spouse Amount \$ _____

2008 TOTAL AMOUNT

EMPLOYEE BUSINESS EXPENSES

2009
(2106/2106 EZ)

GENERAL INFORMATION

2009

2008

Are these your spouse's business expenses? _____
Occupation in which expense incurred? _____
Were you a qualified performing artist? _____
Were you a fee basis state or local government official? _____
Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? _____

EXPENSES

Parking fees, tolls, and local transportation _____
Travel expenses while away from home overnight _____
Meals and entertainment expenses _____
Are you subject to the hours of service limitation of the Department of Transportation? _____
Other business expenses _____

Type	Amount
_____	_____
_____	_____
_____	_____
_____	_____

REIMBURSEMENTS

Meals and entertainment _____
Other _____

AUTOMOBILE INFORMATION

VEHICLE A

Date vehicle was placed in service _____
Total mileage vehicle was used during the year _____
Miles that vehicle was used for business _____
Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____
Vehicle rental _____
Cost or other basis of vehicle _____

VEHICLE B

Date vehicle was placed in service _____
Total mileage vehicle was used during the year _____
Miles that vehicle was used for business _____
Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____
Vehicle rental _____
Cost or other basis of vehicle _____

Do you (or your spouse) have another vehicle available for personal use? _____
Was your vehicle available for personal use during off-duty hours? _____
Do you have evidence to support the deduction? _____
If "Yes," is the evidence written? _____

EMPLOYEE BUSINESS EXPENSES

2009
(2106/2106 EZ)

GENERAL INFORMATION

2009

2008

Are these your spouse's business expenses? _____
Occupation in which expense incurred? _____
Were you a qualified performing artist? _____
Were you a fee basis state or local government official? _____
Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? _____

EXPENSES

Parking fees, tolls, and local transportation _____
Travel expenses while away from home overnight _____
Meals and entertainment expenses _____
Are you subject to the hours of service limitation of the Department of Transportation? _____
Other business expenses _____

Type	Amount
_____	_____
_____	_____
_____	_____
_____	_____

REIMBURSEMENTS

Meals and entertainment _____
Other _____

AUTOMOBILE INFORMATION

VEHICLE A

Date vehicle was placed in service _____
Total mileage vehicle was used during the year _____
Miles that vehicle was used for business _____
Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____
Vehicle rental _____
Cost or other basis of vehicle _____

VEHICLE B

Date vehicle was placed in service _____
Total mileage vehicle was used during the year _____
Miles that vehicle was used for business _____
Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____
Vehicle rental _____
Cost or other basis of vehicle _____

Do you (or your spouse) have another vehicle available for personal use? _____
Was your vehicle available for personal use during off-duty hours? _____
Do you have evidence to support the deduction? _____
If "Yes," is the evidence written? _____

CHILD AND DEPENDENT CARE EXPENSES

2009
(2441)

Please list all care providers and the amounts paid to them in 2009. Any information from the prior year is shown below.

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2008 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2008 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2008 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2008 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2008 AMOUNT	\$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

*You may change or delete any information that does not apply to the current year.

FOREIGN EARNED INCOME

2009
(2555/2555EZ)

Is this your spouse's foreign earned income?

Your foreign address	2008	2009							
Employer	2008	2009							
Employer U.S. address	2008	2009							
Employer foreign address	2008	2009							

Residence	2009	2008
Taxpayer tax home overseas		
Date established		
Bonafide residence began		

Income	2009	2008
Earned Income		
Salary		
Noncash Income		
Home		
Meals		
Car		
Other		
Allowances and Reimbursements		
Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other		

Travel History During Tax Year							
Country							
Date arrived							
Date left							
Days on business in United States							
Amount earned in United States							

Miscellaneous Questions

Kind of foreign living quarters Purchased home Rented house or apartment Employer housing

Did your family live with you overseas? Yes No

If so who? _____

And for what period? _____

Have you told the authorities overseas that you are not a resident of their country? Yes No

Are you required to pay income taxes to the country you claim residence? Yes No

How long is your contract to work overseas? _____

What kind of visa are you working under? _____

Describe the length or employment limitations of your visa. _____

If you maintained a home in the U.S. while overseas:

Address: _____

If rented:

Name of occupant: _____ Relationship: _____

FOREIGN EARNED INCOME

2009
(2555/2555EZ)

Is this your spouse's foreign earned income?

Your foreign address	2008	
	2009	
Employer	2008	
	2009	
Employer U.S. address	2008	
	2009	
Employer foreign address	2008	
	2009	

Residence	2009	2008
Taxpayer tax home overseas		
Date established		
Bonafide residence began		

Income	2009	2008
Earned Income		
Salary		
Noncash Income		
Home		
Meals		
Car		
Other		
Allowances and Reimbursements		
Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other		

Travel History During Tax Year							
Country							
Date arrived							
Date left							
Days on business in United States							
Amount earned in United States							

Miscellaneous Questions

Kind of foreign living quarters Purchased home Rented house or apartment Employer housing

Did your family live with you overseas? Yes No

If so who? _____

And for what period? _____

Have you told the authorities overseas that you are not a resident of their country? Yes No

Are you required to pay income taxes to the country you claim residence? Yes No

How long is your contract to work overseas? _____

What kind of visa are you working under? _____

Describe the length or employment limitations of your visa. _____

If you maintained a home in the U.S. while overseas:

Address: _____

If rented:

Name of occupant: _____ Relationship: _____

FARM RENTAL INCOME AND EXPENSES

2009
(4835)

Enter date if you disposed of or sold this business during the year _____

Employer ID _____
(Not SSN)

PART I INCOME	2009	2008
Income from livestock, produce, grains, and other crops	_____	
Total cooperative distributions	_____	
Agricultural program payments	_____	
Commodity Credit Corporation loans	_____	
Crop insurance proceeds and disaster payments	_____	
Other income	_____	
PART II EXPENSES		
Car and Truck expenses	_____	
Chemicals	_____	
Conservation expenses	_____	
Custom hire	_____	
Employee benefit programs	_____	
Feed purchases	_____	
Fertilizer and lime	_____	
Freight and trucking	_____	
Gasoline, fuel and oil	_____	
Insurance	_____	
Interest - mortgage	_____	
Interest - other	_____	
Labor hired	_____	
Pension and profit sharing plans	_____	
Rent or lease - vehicles, machinery and equipment	_____	
Rent or lease other business property	_____	
Repairs and maintenance	_____	
Seeds and plants purchased	_____	
Storage and warehousing	_____	
Supplies	_____	
Taxes	_____	
Utilities	_____	
Veterinary, breeding and medicine	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Enter prior year unallowed loss (if any)	_____	

OFFICE IN THE HOME DEDUCTION

2009
(8829)

2008

Square footage of area used for business _____

Total square footage in your home _____

Is this your spouse's Schedule C? _____

Day care facilities:

Number of days used for day care _____

Number of hours per day used for day care _____

Enter date if you disposed of or sold this business during the year _____

EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2009

2008

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

Carryover of operating expenses from 2008 Form 8829 line 42 _____

Carryover of excess casualty losses and depreciation from 2008 Form 8829 line 43 _____

Enter the fair market value of your home _____

Enter the cost of your home _____

Enter the value of the land on which your home is placed _____

