



## 2009 INDIVIDUAL ORGANIZER

### PERSONAL INFORMATION

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your Occupation \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Your Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Telephone # \_\_\_\_\_ Business Telephone # \_\_\_\_\_

**Your E-Mail Address** \_\_\_\_\_ **Spouse's E-Mail Address** \_\_\_\_\_

Single \_\_\_\_\_ Joint \_\_\_\_\_ Head Of Household \_\_\_\_\_ Married, filing separately \_\_\_\_\_ Widow (er) \_\_\_\_\_

Presidential Election Campaign - Taxpayer: \_\_\_\_\_ Yes \_\_\_\_\_ No Spouse: \_\_\_\_\_ Yes \_\_\_\_\_ No

### DEPENDENT INFORMATION

Dependent's Names (First, Initial, Last)	Birth Date	Grade	Soc. Sec. #	Relationship	No. of Months Living in Home	Yes/No Unearned Income Over \$900?	Child Care Expenses
	/ /						\$
	/ /						\$
	/ /						\$
	/ /						\$

### PERSONAL INCOME TAXES PAID (OTHER THAN WITHHOLDING)

Estimated taxes paid:	Federal	Date Paid	State	Date Paid
Balance of 2008 tax Paid in 2009	\$ _____	____/____/____	\$ _____	____/____/____
4th Quarter 2008	\$ _____	____/____/____	\$ _____	____/____/____
1st Quarter 2009	\$ _____	____/____/____	\$ _____	____/____/____
2nd Quarter 2009	\$ _____	____/____/____	\$ _____	____/____/____
3rd Quarter 2009	\$ _____	____/____/____	\$ _____	____/____/____
4th Quarter 2009	\$ _____	____/____/____	\$ _____	____/____/____

### INCOME

**We will need all pertinent records, all forms received (W-2's, 1099's), broker's summary of sales activities (Form 1099-B), etc. and/or attach a detailed listing.**

Check the type(s) of income you had.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Wages  | <input type="checkbox"/> IRA Distribution (Rollover, Conversion, etc.) | <input type="checkbox"/> Social Security                          |
| <input type="checkbox"/> Interest   | <input type="checkbox"/> Pensions                                      | <input type="checkbox"/> Sick Pay                                 |
| <input type="checkbox"/> Tax Exempt Interest  | <input type="checkbox"/> Annuities                                     | <input type="checkbox"/> Workmen's Compensation                   |
| <input type="checkbox"/> Dividends  | <input type="checkbox"/> Rental Income and Expenses                    | <input type="checkbox"/> Director Fees                            |
| <input type="checkbox"/> State Tax Refunds  | <input type="checkbox"/> Royalties                                     | <input type="checkbox"/> Commissions                              |
| <input type="checkbox"/> Alimony  | <input type="checkbox"/> Partnerships Form K-1                         | <input type="checkbox"/> Gambling (lottery/prizes/awards/raffles) |
| <input type="checkbox"/> Business Income and Expenses   | <input type="checkbox"/> Estate Form K-1                               | <input type="checkbox"/> Barter and Exchanges                     |
| <input type="checkbox"/> Trusts Form K-1  | <input type="checkbox"/> S - Corporation Form K-1                      | <input type="checkbox"/> Farm Income and Expenses                 |
| <input type="checkbox"/> Unemployment Compensation  | <input type="checkbox"/> Child Support Payments                        | <input type="checkbox"/> Veterans Benefits                        |
| <input type="checkbox"/> Sales of securities, personal residence or other property (description, # or shares, date acquired, date sold, sales price, purchase cost, and expense of sale.) | <input type="checkbox"/> Foreclosure                                   | <input type="checkbox"/> Debt Forgiveness                         |
| <input type="checkbox"/> Social Security \$250 payment  | <input type="checkbox"/> Other Income (Explain)                        |   |



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## ADJUSTMENTS TO INCOME, TAX CREDITS, AND EMPLOYMENT TAXES (Indicate amounts for which you are entitled)

- \$ \_\_\_\_\_ Educator Expenses
- \$ \_\_\_\_\_ Retirement (IRA, Keogh) – Taxpayer
- \$ \_\_\_\_\_ Retirement (IRA, Keogh) – Spouse
- \$ \_\_\_\_\_ Archer Savings Account (MSA)
- \$ \_\_\_\_\_ Student Loan Interest
- \$ \_\_\_\_\_ Health Savings Account (HSA) (Need 1099 HSA)
- \$ \_\_\_\_\_ Moving Expenses
- \$ \_\_\_\_\_ Penalty (early withdrawal savings)
- \$ \_\_\_\_\_ Alimony Paid
- \$ \_\_\_\_\_ Am. Opportunity Credit/Lifetime Tuition Exp (1098-T)
- \$ \_\_\_\_\_ Foreign Taxes Paid
- \$ \_\_\_\_\_ Qualifying Adoption Expenses
- \$ \_\_\_\_\_ Wages Paid to Household Employee(s)
- \$ \_\_\_\_\_ Health Insurance (self-employed only)
- \$ \_\_\_\_\_ Self Employed SEP, Simple, or Qualified Plans
- \$ \_\_\_\_\_ Child Care (List each provider's name, address, Soc. Sec. No. or Federal I.D. No., and amount paid.)
- \$ \_\_\_\_\_ Residential Energy Credit (Need Mfr Certification Stmt)
- \$ \_\_\_\_\_ First-time Homebuyers Credit

## DEDUCTIONS (Indicate the amounts you paid during 2008)

### Medical (do not include expenses reimbursed or paid by others)

- \$ \_\_\_\_\_ Prescription drugs
- \$ \_\_\_\_\_ Nonprescription drugs Dr. recommended
- \$ \_\_\_\_\_ Equipment, supplies, and diagnostic
- \$ \_\_\_\_\_ Surgical Fees (Except Cosmetic)
- \$ \_\_\_\_\_ Vision correction surgery
- \$ \_\_\_\_\_ Doctors, dentists, nurses, hospitals
- \$ \_\_\_\_\_ Long-term care services
- \$ \_\_\_\_\_ Health and Long-Term Care insurance
- \$ \_\_\_\_\_ Transportation and lodging
- \$ \_\_\_\_\_ Medicare (Part B Supplemental)
- \$ \_\_\_\_\_ Other medical expenses (hearing aids, dentures, eyewear)

### Miscellaneous

- \$ \_\_\_\_\_ Casualty or theft losses
- \$ \_\_\_\_\_ Un-reimbursed employee business expenses
- \$ \_\_\_\_\_ Union and professional dues
- \$ \_\_\_\_\_ Supplies for work
- \$ \_\_\_\_\_ Uniforms
- \$ \_\_\_\_\_ Physical exams for employer
- \$ \_\_\_\_\_ Subscriptions to professional journals
- \$ \_\_\_\_\_ Job seeking expenses
- \$ \_\_\_\_\_ Tax preparation fees – paid personally
- \$ \_\_\_\_\_ Safe deposit box rental
- \$ \_\_\_\_\_ Certain legal and accounting fees
- \$ \_\_\_\_\_ Custodial (trust account) fees
- \$ \_\_\_\_\_ Non-business bad debts
- \$ \_\_\_\_\_ Education expenses current occupation
- \$ \_\_\_\_\_ Gambling losses up to gains
- \$ \_\_\_\_\_ Other deductions (explain)

## PROPERTY TAXES PAID

- \$ \_\_\_\_\_ On your residence
- \$ \_\_\_\_\_ Other property
- \$ \_\_\_\_\_ Vehicle tabs
- \$ \_\_\_\_\_ Optional sales tax deduction
- \$ \_\_\_\_\_ Sales tax on new vehicle (not used for business)

## INTEREST (attach all 1098 forms you received If you paid to an Individual-provide name, address and Soc. Sec. #.)

- \$ \_\_\_\_\_ On your principal residence (Limit \$1,000,000 Debt)
- \$ \_\_\_\_\_ On your second home (Limit \$100,000 Equity)
- \$ \_\_\_\_\_ Deductible points-HUD statement
- \$ \_\_\_\_\_ **PMI Mortgage Insurance (Contracts after 2006)**
- \$ \_\_\_\_\_ On your investment loans (Not Rental)

## CONTRIBUTIONS (Receipt is required on gifts)

- \$ \_\_\_\_\_ Contributions of money – **written verification required**
- \$ \_\_\_\_\_ Gifts other than cash (Goodwill, Red Cross, etc.)  
(for each contribution over \$500.00 itemize and **provide name, address, date and cost**) Items in good or better condition.
- \$ \_\_\_\_\_ Donation of Auto Generally FMV – IRS Notice 2005-44  
Contact the charitable organization. (Need 1098C)

\*\*\*\*\* MINNESOTA RESIDENTS ONLY \*\*\*\*\*

## STATE ELECTIONS FUNDS

Designate \$5.00 to **State Elections** Campaign Fund? (Indicating a party will not increase or decrease your refund/payment)

- \_\_\_\_\_ Independent \_\_\_\_\_ Republican \_\_\_\_\_ Democratic Farmer-Labor \_\_\_\_\_ Green \_\_\_\_\_ General Campaign Fund
- \$ \_\_\_\_\_ Amount for **Non-Game Wildlife Fund** (Reduces Refund or Increases Amount Due)

## LONG TERM CARE INSURANCE CREDIT

Policy Number \_\_\_\_\_ Insurance Company \_\_\_\_\_ Premiums Paid \_\_\_\_\_ (For each policyholder)

## MISCELLANEOUS INFORMATION

\_\_\_\_\_/\_\_\_\_\_/2009 -- Indicate date moved to or from Minnesota in 2009

### EDUCATION EXPENSES - (K-12 Deduction or Credit)

- \$ \_\_\_\_\_ After School Enrichment Programs
- \$ \_\_\_\_\_ Academic Summer Camps
- \$ \_\_\_\_\_ Computer and Education Software
- \$ \_\_\_\_\_ Field Trip Transport

### (Itemization Required Per Child)

- \$ \_\_\_\_\_ Tutoring
- \$ \_\_\_\_\_ Educational Material
- \$ \_\_\_\_\_ Music Lessons
- \$ \_\_\_\_\_ Equipment (instruments/calculators)

### For Subtraction Only

- \$ \_\_\_\_\_ Private School Tuition
- \$ \_\_\_\_\_ Tuition H. S. Graduation