

2009 Tax Information Summarizer



IF YOU ARE USING “ADOBE READER”, PLEASE PRINT THIS DOCUMENT AND MANUALLY COMPLETE EACH PAGE AS NEEDED.

IF YOU ARE USING “ADOBE STANDARD” OR “ADOBE PRO”, PLEASE SAVE A COPY TO YOUR COMPUTER FIRST AND ENTER THE DATA ON EACH PAGE AS NEEDED

IRS e-file Signature Authorization

2009

- ▶ Do not send to the IRS. This is not a tax return.
- ▶ Keep this form for your records. See instructions.

Declaration Control Number (DCN) ▶

Taxpayer's name	Social security number
Spouse's name	Spouse's social security number

Part I Tax Return Information—Tax Year Ending December 31, 2009 (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	
2 Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2	
3 Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3	
4 Refund (Form 1040, line 73a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 13a)	4	
5 Amount you owe (Form 1040, line 75; Form 1040A, line 48; Form 1040EZ, line 13)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2009, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize _____ to enter or generate my PIN as my signature on my tax year 2009 electronically filed income tax return. ERO firm name Enter five numbers, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN as my signature on my tax year 2009 electronically filed income tax return. ERO firm name Enter five numbers, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2009 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

2009 Tax Information Summarizer



1010 Lamar #670
Houston, TX 77002-6311
(713) 781-9999 (Tel)
(800) 781-9996 (Tel)
(713) 951-0150 (Fax)

taxsavings@firstax.com (e-mail)
www.firstax.com (website)

CLIENT NAME: _____

PREFERRED EMAIL: _____

PREFERRED PHONE: _____

To ensure that you get the **best value for your money**, PLEASE USE THIS SUMMARIZER! It helps you to organize your data quickly, and allows us to prepare your tax return efficiently. Not using it will mean a more difficult time for both of us in determining how to save you the most money, and may result in additional return preparation fees.

We understand that keeping records regarding your tax matters well organized and documented is not much fun, but it is CRITICAL to you paying the lowest legal tax bill! And, it allows *FirstTax* to charge you the lowest possible amount for professional tax reduction services.

It is YOUR responsibility to accurately organize and summarize your tax return information! If you do not use the summarizer, or repeated calls or emails are necessary to gather required information, or you change information previously submitted, our fee may **increase**, perhaps substantially.

You MUST SIGN the engagement letter on the next page!

If any section of this organizer does not have enough space for all your information, please use additional pages.

FIRSTAX, L.P.

Your "Tax Advisors for Life"
1010 Lamar #670
Houston, TX 77002-6311
713-781-9999 (Tel.)
800-781-9996 (Tel.)
713-951-0150 (Fax)
taxsavings@firstax.com (e-mail)
www.firstax.com (website)

Dear Client,

This letter sets forth the nature and extent of the services we agree to perform, your responsibilities, and our fee arrangements.

We will prepare your 2009 federal income tax return, as well as any applicable state income tax returns, from information furnished to us by you. We will not audit or independently verify the data you submit. However, we may ask for clarification of some of the information. **It is your responsibility to provide us with complete and accurate data.** We have furnished this summarizer to guide you in gathering the information required for us to prepare complete and accurate tax returns. **Failure to use this summarizer and organize your data will increase the preparation time and increase our bill to you.**

Our fee for these services will be based on the amount of time that takes for us to prepare the returns, at our standard billing rates. Electronic filing, if available, is included at no additional cost; if we prepare extensions to file your tax return, there will be a fee of \$35 per extension filed. **ALL INVOICES RENDERED BY US TO YOU FOR THESE SERVICES PERFORMED ARE PAYABLE UPON COMPLETION OF THE WORK AND PRESENTATION OF OUR INVOICE.**

All tax returns are potentially subject to review by the tax authorities. If you are contacted or receive any correspondence from any tax agencies, please contact us immediately! Resolution of many such issues should be handled by our firm to minimize the potential aggravation to you. Usually, the sooner we reply, the easier it is to resolve the problem.

Additionally, should the authorities choose to examine your tax return, we are available to represent you, at your request. Such additional services are **NOT** included in our fee for the preparation of these tax returns.

To indicate your approval of this agreement, please sign in the space below. We are glad to have you as a client, and look forward to a long and mutually beneficial relationship.

Sincerely,



Craig Foster, Managing Member
FirsTax Management, LLC, General Partner

SIGNATURE(S) REQUIRED

Taxpayer

Date

Spouse

Date

“Keep Good Records!”

BASIC INFORMATION

TAXPAYER

First Name _____ M.I. _____

Last Name _____

Date of Birth _____ SSN _____

Occupation _____

Work Phone _____ Cell Phone _____

Email _____

Legally Blind 12/31/2009 Presidential Campaign Contribution (Check if Yes)

SPOUSE

First Name _____ M.I. _____

Last Name _____

Date of Birth _____ SSN _____

Occupation _____

Work Phone _____ Cell Phone _____

Email _____

Legally Blind 12/31/2009 Presidential Campaign Contribution (Check if Yes)

Home Address _____

City, State, Zip _____ Phone _____ Fax _____

FILING STATUS

- Single**
- Married Filing Jointly**
- Married Filing Separately**
Spouse's Name _____
SSN _____
- Head of Household**
Qualifying Person _____
- Qualifying Widow(er)**
Year Spouse Died _____

LEAVE BLANK IF UNSURE.

DEPENDENTS Check if the same as 2008

Full Name _____ Months in House _____

Birth date _____ SSN _____ Relationship _____

Full Name _____ Months in House _____

Birth date _____ SSN _____ Relationship _____

Full Name _____ Months in House _____

Birth date _____ SSN _____ Relationship _____

- One or more of the dependents may be claimed as a dependent by another taxpayer.
- One or more of the dependents had over \$950 of unearned income or \$5,700 earned income. (Please provide all W-2's, 1099's and other tax documents.)

CHILD & DEPENDENT CARE EXPENSES **ALL INFORMATION IS NECESSARY FOR FILING**

Provider Name _____ SSN or Fed ID _____

Address _____ Amount Paid \$ _____

Provider Name _____ SSN or Fed ID _____

Address _____ Amount Paid \$ _____

If **FirsTax** did not prepare your 2008 return, attach a **complete** copy of federal and state returns. Attach a copy of any IRS correspondence about your 2008 return (unless already provided to us).

“Keep Good Records!”

TAX DOCUMENTS YOU RECEIVED

Please attach originals or legible copies of all tax documents listed on this page. Complete any other information requested below. If you can't obtain a missing document, attach explanation with all details of amounts.

Warning: The IRS matches the documents listed on this page with duplicates filed by the employer, broker or other payer. Omitted items may trigger an IRS audit!

W-2's: WAGES AND SALARIES		1099-R's: RETIREMENT PLANS	
Employer	For	Source	For
_____	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	_____	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
_____	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	_____	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
_____	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	_____	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
_____	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	_____	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse

ECONOMIC STIMULUS

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new home in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you amend your 2007 or 2008 return to claim the First Time Homebuyer Credit?

If you received any IRS letter about your rebate or return, please attach a copy!

INVESTMENT INCOME

1099-B Statements from brokers How many attached? _____
 Interest, Dividends, OID and Broker Proceeds.
 (If an amount is shown in **1099-B** section, also attach the “**Schedule of Realized Gains and Losses.**”)

1099-INT (Other than statements from brokers) How many attached? _____

1099-DIV (Other than statements from brokers) How many attached? _____

Form K-1 – From Partnerships, “S” Corporations and Trusts How many attached? _____

1099-MISC – If there is an amount in box 2 Royalties, also attach annual summary of deductions.
 If there is an amount in box 7 Nonemployee Compensation, you should complete the page for Self-Employment/Contract Labor or the **Mary Kay** page.

Sale of real estate – Attach both pages of HUD closing statement (or equivalent) for sale **AND** original purchase.
 Personal residence or timeshare
 Rental/ Investment property

Sale of other asset (Describe) Purchase Date of
 Attach bill of sale. price \$ _____ purchase _____

Other Income – Attach description with amounts. **FirsTax** will advise the proper tax treatment.

1099-G UNEMPLOYMENT OR TAX REFUNDS
W-2G – GAMBLING WINNINGS

How many attached? _____

Documented gambling losses? \$ _____

SSA-1099 SOCIAL SECURITY

Taxpayer Spouse

***Provide birth date on basic information page.**

ALIMONY

PAID/RECEIVED: Name _____ SSN _____ Amount \$ _____

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ITEMIZED DEDUCTIONS

MEDICAL

Insurance Premiums \$ _____
Do NOT include Medicare or amounts listed on Mary Kay or Self-Employment – Contract Labor Pages
Do NOT include any BEFORE-tax amounts deducted from your paycheck(s)

Doctors, Dentists, Clinics, Hospitals Medications, Glasses, etc. \$ _____ Miles Driven for Medical Purposes _____

Do not include amounts reimbursed by Insurance, Cafeteria (flex) Plan, Health Savings Account, Medical Savings Account or § 105(b) Health Reimbursement Arrangement.

TAXES (PAID in 2009)

Sales Tax paid in 2009 on Motor Vehicles (Please attach vehicle purchase ticket.) \$ _____
Sales Tax paid on Airplanes, Boats and Materials to Build a Home \$ _____
Real Estate Taxes on Your Home: (Even if using Standard Deduction!) \$ _____
Real Estate or Personal Property Taxes on Other Property (NOT Rental Property) \$ _____

INTEREST (PAID in 2009)

Mortgage Interest paid to a bank, etc.: _____ How many attached? _____
Attach Form 1098 and Year-End Mortgage Statement.

Points Paid in 2009 \$ _____ Purchase Refinance – Term of Note _____ Years

If you paid Mortgage Interest to an **Individual**:

Name _____ Interest Paid \$ _____
Address, City, State _____ SSN _____

Margin Interest on Broker Statements – List Broker(s) \$ _____
Attach brokerage statements

Investment Interest not listed on Broker Statements - Attach list of Payee and Amounts \$ _____

Student Loan Interest – Attach Year-End Statement and 1098-E \$ _____

CHARITABLE CONTRIBUTIONS

Paid by Check, Credit Card, or substantiated by receipt or statement from recipient. \$ _____
Includes out-of-pocket volunteer expenses. Do not include meals. Keep a list for your records.

Contributions of Property *If total for 2009 is over \$500, attach receipts. If over \$5,000, must have appraisal. If vehicle donated, attach statement from recipient.* \$ _____

Check if Stocks or other Capital Gains Property.

Miles Driven for Volunteer Travel _____

MISCELLANEOUS

Tax Planning and Return Preparation	\$ _____	Financial Advisory Fees	\$ _____	Professional Society or Union Dues	\$ _____
Tools, Uniforms, Work Shoes, Goggles, etc.	\$ _____	Job Search Expenses	\$ _____	Employment Related Publications	\$ _____
Safety Deposit Box	\$ _____	Other (Describe)	_____		\$ _____

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MISCELLANEOUS

ADJUSTMENTS/EXCLUSIONS

Attach 1098-T Tuition Finished Sophomore Yes
Name of Student _____ Year Before 1/1/2009? No
\$ _____ Total of Pell Grants, Tax-Free Scholarships, Employer Assistance and Veteran’s Benefits

Attach 5498 – Contributions to IRA, Roth IRA, SEP, SIMPLE, ESA, HAS, and MSA Accounts

Did you work overseas during 2009? If so, attach a list of dates of entry and exit during the twelve month period. *Visa stamps in your passport are the best source of information.*

Did you suffer a casualty (Fire, flood, storm, theft) or burglary? Was your property condemned? If so:
Loss in Fair Market Insurance
Value or Cost to Repair \$ _____ Reimbursement \$ _____

Did you move because of your job? If so, miles from your old home to your new jobsite _____
Moving costs (Excluding meals on-the-road) \$ _____ Miles from your new home to your new jobsite _____
Moving costs reimbursement \$ _____ Difference - if less than 50 miles, no deduction _____

EXPENSES REIMBURSED BY EMPLOYER

Please include expenses not mentioned on ANY other Page. These are expenses incurred as an employee with reimbursements that have not been included on W-2.

Reimbursements Received	_____	_____
Parking, Tolls, Tips, Pay Phones	_____	_____
Airfare, Lodging, Car Rental, etc.	_____	_____
Meals & Entertainment	_____	_____
Other Miscellaneous Expenses	_____	_____

2009 ESTIMATED TAX PAYMENTS MADE

Due Date	April 15, 2009	June 15, 2009	September 15, 2009	January 17, 2010
Check Date	_____	_____	_____	_____
IRS Payment	\$ _____	\$ _____	\$ _____	\$ _____
State Payment	\$ _____	\$ _____	\$ _____	\$ _____

E-FILING

Do you want to e-file your return(s)? Only if Refund Yes in any case No

If you have a refund:

Do you want a portion of it applied to your 2010 return? Yes How much? \$ _____

Do you want your refund electronically deposited? Yes No

If YES, please attach a voided check for the account you wish to deposit your refund.

(If you choose E-Filing and Direct Deposit, you can expect your deposit in one to two weeks after filing.)

TO E-FILE, WE MUST HAVE FORM 8879, WHICH WE HAVE PROVIDED AS PART OF THIS SUMMARIZER, SIGNED AND IN OUR FILE

“Keep Good Records!”

INCOME OR LOSS FROM MARY KAY COSMETICS

Also complete Business Vehicle – Home Office – Business Assets Page

When did you start this business? _____ Number of Months Operated this Year _____

INCOME

Gross Sales at Retail \$ _____
This is the total money including sales taxes collected by you from the sale of cosmetics to your customer.

Returns and Refunds \$ _____

Director & Recruiting Commissions \$ _____
Attach Mary Kay 1099 & Income Advisory Statement

Prizes and Awards \$ _____
Attach Mary Kay 1099 & Income Advisory Statement

Training Expense Reimbursements \$ _____
Cost-sharing with other directors

Other **Mary Kay** Income \$ _____

SECTION 1 INVENTORY

Use Wholesale Values - **Do NOT include Sales Tax**

In your Possession Jan 1, 2009 \$ _____

In your Possession Dec 31, 2009 \$ _____

Purchase of Section 1 Product \$ _____

Demos and Samples \$ _____

Hostess Credits \$ _____

Client Gifts \$ _____

Personal Use \$ _____

Obsolescence \$ _____

Mary Kay SPECIFIC EXPENSES

Sales Aids Purchased \$ _____	Meeting Costs \$ _____
Sales Tax Paid on Section 1 & 2 \$ _____	Preferred Customer Program \$ _____
Freight & Handling on Section 1 & 2 \$ _____	Product Insurance \$ _____
Start-Up Kit \$ _____	Rent (Meeting Rooms, etc.) \$ _____
Career Breakfasts \$ _____	Seminar \$ _____
Career Conference \$ _____	Training Costs \$ _____
Leadership Conference \$ _____	Unit Prizes and Awards \$ _____

Advertising \$ _____	Postage \$ _____
Bank Charges \$ _____	Repairs \$ _____
Credit Card and Paypal Fees \$ _____	Supplies \$ _____
Commission Paid \$ _____	Travel, Hotels, Cabs \$ _____
Dues & Subscriptions \$ _____	Tolls & Parking \$ _____
Health Insurance \$ _____	Uniforms & Cleaning \$ _____
Interest \$ _____ <i>Business Credit Cards and Business Loans only</i>	Cell Phone (Business Portion) \$ _____
Legal & Accounting \$ _____ <i>Include FirsTax fees</i>	Long Distance Service \$ _____
Meals & entertainment \$ _____	Fax Line \$ _____
Office expenses \$ _____	Exclusively Business Phone \$ _____
Outside Services/Contract labor \$ _____	Internet Access \$ _____
	Website \$ _____
<input type="checkbox"/> Check if you gave an employee or assistant a W-2 or 1099 MISC (for Contract Labor) and attach a copy.	
Other (Describe) _____	\$ _____

“Keep Good Records!”

BUSINESS VEHICLES – HOME OFFICE – BUSINESS ASSETS

BUSINESS VEHICLE #1	Type _____ Year _____	Total Miles _____
	Date Placed in Service _____ Cost \$ _____ <i>If acquired this year, attach copy of sales document</i>	Total Business Miles _____
	<input type="checkbox"/> Used in Business Activity (Describe) _____	Total Commuting Miles _____
	If Sold, Date _____ Price/Trade-In Value \$ _____ <i>Attach copy of sales document</i>	<i>Commuting includes from your home to your regular office, even if you have a home office.</i>
Gas \$ _____ Tags & Inspection \$ _____ Lease Payments \$ _____		
Insurance \$ _____ Repairs & Maintenance \$ _____ Interest Portion of Note \$ _____		
Reimbursement for Use \$ _____ Other (Describe) _____ \$ _____		

BUSINESS VEHICLE #2	Type _____ Year _____	Total Miles _____
	Date Placed in Service _____ Cost \$ _____ <i>If acquired this year, attach copy of sales document</i>	Total Business Miles _____
	<input type="checkbox"/> Used in Business Activity (Describe) _____	Total Commuting Miles _____
	If Sold, Date _____ Price/Trade-In Value \$ _____ <i>Attach copy of Sales Document</i>	<i>Commuting includes from your home to your regular office, even if you have a home office.</i>
Gas \$ _____ Tags & Inspection \$ _____ Lease Payments \$ _____		
Insurance \$ _____ Repairs & Maintenance \$ _____ Interest Portion of Note \$ _____		
Reimbursement for Use \$ _____ Other (Describe) _____ \$ _____		

OFFICE IN HOME	Date Residence Acquired _____ Cost \$ _____ <i>If acquired this year, attach a copy of the two-page HUD statement.</i>	Rent Paid	\$ _____
	Number of Rooms _____ Business Rooms _____ <i>Do not count Bathrooms, Halls, Closets, Utility Room, Garage, etc.</i>	Mortgage Interest	\$ _____
	Total Square Feet _____ Business Square Feet _____	Taxes Paid	\$ _____
	<input type="checkbox"/> Used in Business Activity (Describe) _____	Insurance	\$ _____
	If Sold, Date _____ <i>Attach a copy of the HUD statement</i>	Utilities	\$ _____
	2009 Improvement/Additions	Repairs & Maint.	\$ _____
	(Describe) _____ Date Completed _____ Cost \$ _____	Lawn Care	\$ _____
	(Describe) _____ Date Completed _____ Cost \$ _____	House Cleaning	\$ _____
	Security Service	\$ _____	
	Homeowners Assoc.	\$ _____	

BUSINESS ASSETS	Purchased in 2009 for Business Use – Example: Computers, Furniture, Video Camera, etc.		
	Description _____	Cost \$ _____	Date Bought _____ % Business Use _____
	Description _____	Cost \$ _____	Date Bought _____ % Business Use _____
	Description _____	Cost \$ _____	Date Bought _____ % Business Use _____
	Description _____	Cost \$ _____	Date Bought _____ % Business Use _____

“Keep Good Records!”

SELF-EMPLOYMENT - CONTRACT LABOR - SOLE PROPRIETORSHIP

Also complete Business Vehicle – Home Office – Business Assets Page (If Applicable)

When did you start this business? _____ Number of Months Operated this Year _____

Address (If Different from Home) _____

Operated by:
 Taxpayer
 Spouse
 Both

Business Name (If any) _____ EIN (If any) _____

INCOME

Gross Sales at Retail \$ _____
Money actually collected by you, excluding Sales Taxes

Returns and Refunds \$ _____

Miscellaneous Business Income \$ _____

Sale of Fixed Assets \$ _____
Vehicles, Equipment, Furniture & Fixtures, etc.

INVENTORY

In your Possession Jan 1, 2009 \$ _____

In your Possession Dec 31, 2009 \$ _____

Purchases \$ _____

Personal Use \$ _____

Abandoned, Obsolete, Destroyed \$ _____

BUSINESS EXPENSES

Advertising \$ _____	Office Expenses \$ _____
Bank Charges \$ _____	Parking Allowance \$ _____
Credit Card and Propay Fees \$ _____	Pension & Profit-Sharing \$ _____
Commission Paid \$ _____	Postage \$ _____
Dues & Subscriptions \$ _____	Rent (Office/Warehouse) \$ _____
Education and Training \$ _____	Repairs & Maintenance \$ _____
Equipment Rent/Lease \$ _____	Supplies \$ _____
Freight & Delivery \$ _____	Taxes Paid (Payroll) \$ _____
Health Insurance \$ _____	Taxes Paid (Sales) \$ _____
Other Insurance \$ _____	Taxes Paid (Other) \$ _____
Interest \$ _____	Travel, Hotels, Cabs, Tolls \$ _____
<i>Business Credit Cards and Business Loans Only</i>	Cell Phone (Business Portion) \$ _____
Legal & Accounting \$ _____	Long Distance Service \$ _____
<i>Include FirsTax fees</i>	Business & Fax Line(s) \$ _____
Meals & Entertainment \$ _____	Internet Access & Website \$ _____
Outside Services/Contract Labor \$ _____	
<input type="checkbox"/> Check if you gave an employee or assistant a W-2 or 1099 MISC (for Contract Labor) and attach a copy.	
Other (Describe) _____	\$ _____

“Keep Good Records!”

BUSINESS VEHICLES – HOME OFFICE – BUSINESS ASSETS

BUSINESS VEHICLE #1	Type _____ Year _____ Date Placed in Service _____ Cost \$ _____ <i>If acquired this year, attach copy of sales document</i> <input type="checkbox"/> Used in Business Activity (Describe) _____ If Sold, Date _____ Price/Trade-In Value \$ _____ <i>Attach copy of sales document</i>	Total Miles _____ Total Business Miles _____ Total Commuting Miles _____ <i>Commuting includes from your home to your regular office, even if you have a home office.</i>
	Gas \$ _____ Tags & Inspection \$ _____ Lease Payments \$ _____ Insurance \$ _____ Repairs & Maintenance \$ _____ Interest Portion of Note \$ _____ Reimbursement for Use \$ _____ Other (Describe) _____ \$ _____	

BUSINESS VEHICLE #2	Type _____ Year _____ Date Placed in Service _____ Cost \$ _____ <i>If acquired this year, attach copy of sales document</i> <input type="checkbox"/> Used in Business Activity (Describe) _____ If Sold, Date _____ Price/Trade-In Value \$ _____ <i>Attach copy of Sales Document</i>	Total Miles _____ Total Business Miles _____ Total Commuting Miles _____ <i>Commuting includes from your home to your regular office, even if you have a home office.</i>
	Gas \$ _____ Tags & Inspection \$ _____ Lease Payments \$ _____ Insurance \$ _____ Repairs & Maintenance \$ _____ Interest Portion of Note \$ _____ Reimbursement for Use \$ _____ Other (Describe) _____ \$ _____	

OFFICE IN HOME	Date Residence Acquired _____ Cost \$ _____ <i>If acquired this year, attach a copy of the two-page HUD statement.</i> Number of Rooms _____ Business Rooms _____ <i>Do not count Bathrooms, Halls, Closets, Utility Room, Garage, etc.</i> Total Square Feet _____ Business Square Feet _____ <input type="checkbox"/> Used in Business Activity (Describe) _____ If Sold, Date _____ <i>Attach a copy of the HUD statement</i>	Rent Paid \$ _____ Mortgage Interest \$ _____ Taxes Paid \$ _____ Insurance \$ _____ Utilities \$ _____ Repairs & Maint. \$ _____ Lawn Care \$ _____ House Cleaning \$ _____ Security Service \$ _____ Homeowners Assoc. \$ _____
	2009 Improvement/Additions (Describe) _____ Date Completed _____ Cost \$ _____ (Describe) _____ Date Completed _____ Cost \$ _____	

BUSINESS ASSETS	Purchased in 2009 for Business Use – Example: Computers, Furniture, Video Camera, etc.		
	Description _____	Cost \$ _____	Date Bought _____ % Business Use _____
	Description _____	Cost \$ _____	Date Bought _____ % Business Use _____
	Description _____	Cost \$ _____	Date Bought _____ % Business Use _____
	Description _____	Cost \$ _____	Date Bought _____ % Business Use _____

“Keep Good Records!”

FARM INCOME

Also complete Business Vehicle – Home Office – Business Assets Page

When did you start this Farm? _____ Number of Months Operated this Year _____

Name of Farm or Ranch _____
Address (If Different from Home) _____

Owned/Operated by:
 Taxpayer
 Spouse
 Both

INCOME

Gross Sales of Livestock Bought for Resale	\$ _____
Cost of Purchased Livestock Sold	\$ _____
Gross Sales of Crops and Livestock Raised	\$ _____
Crop Insurance and Crop Disaster Payments	\$ _____
Other Income (Custom Hire, Co-Op Distributions, Fuel Refunds etc.)	\$ _____

EXPENSES

Breeding Fees	\$ _____	Rent/Lease (Land)	\$ _____
Chemicals	\$ _____	Rent/Lease (Equipment)	\$ _____
Conservation Expenses	\$ _____	Pension & Profit-Sharing	\$ _____
Custom Hire Machine Work	\$ _____	Repairs & Maintenance	\$ _____
Employee Benefits	\$ _____	Seeds & Plants	\$ _____
Feed	\$ _____	Supplies	\$ _____
Fertilizer & Lime	\$ _____	Storage & Warehousing	\$ _____
Freight & Trucking	\$ _____	Taxes Paid	\$ _____
Gasoline, Fuel & Oil	\$ _____	Utilities	\$ _____
Insurance (Other than Health)	\$ _____	Veterinary Fees	\$ _____
Interest	\$ _____	Outside Services/Contract Labor	\$ _____

Business Credit Cards and Business Loans Only Check if you Issued any Forms W-2 and Attach Copy(s).

Other (Describe) _____ \$ _____

Other (Describe) _____ \$ _____

Other (Describe) _____ \$ _____

Gallons of Fuel Used: Gasoline _____ Diesel _____ Other _____

“Keep Good Records!”

BUSINESS VEHICLES – HOME OFFICE – BUSINESS ASSETS

BUSINESS VEHICLE #1	Type _____ Year _____ Date Placed in Service _____ Cost \$ _____ <i>If acquired this year, attach copy of sales document</i> <input type="checkbox"/> Used in Business Activity (Describe) _____ If Sold, Date _____ Price/Trade-In Value \$ _____ <i>Attach copy of sales document</i>	Total Miles _____ Total Business Miles _____ Total Commuting Miles _____ <i>Commuting includes from your home to your regular office, even if you have a home office.</i>
	Gas \$ _____ Tags & Inspection \$ _____ Lease Payments \$ _____ Insurance \$ _____ Repairs & Maintenance \$ _____ Interest Portion of Note \$ _____ Reimbursement for Use \$ _____ Other (Describe) _____ \$ _____	

BUSINESS VEHICLE #2	Type _____ Year _____ Date Placed in Service _____ Cost \$ _____ <i>If acquired this year, attach copy of sales document</i> <input type="checkbox"/> Used in Business Activity (Describe) _____ If Sold, Date _____ Price/Trade-In Value \$ _____ <i>Attach copy of Sales Document</i>	Total Miles _____ Total Business Miles _____ Total Commuting Miles _____ <i>Commuting includes from your home to your regular office, even if you have a home office.</i>
	Gas \$ _____ Tags & Inspection \$ _____ Lease Payments \$ _____ Insurance \$ _____ Repairs & Maintenance \$ _____ Interest Portion of Note \$ _____ Reimbursement for Use \$ _____ Other (Describe) _____ \$ _____	

OFFICE IN HOME	Date Residence Acquired _____ Cost \$ _____ <i>If acquired this year, attach a copy of the two-page HUD statement.</i> Number of Rooms _____ Business Rooms _____ <i>Do not count Bathrooms, Halls, Closets, Utility Room, Garage, etc.</i> Total Square Feet _____ Business Square Feet _____ <input type="checkbox"/> Used in Business Activity (Describe) _____ If Sold, Date _____ <i>Attach a copy of the HUD statement</i>	Rent Paid \$ _____ Mortgage Interest \$ _____ Taxes Paid \$ _____ Insurance \$ _____ Utilities \$ _____ Repairs & Maint. \$ _____ Lawn Care \$ _____ House Cleaning \$ _____ Security Service \$ _____ Homeowners Assoc. \$ _____
	2009 Improvement/Additions (Describe) _____ Date Completed _____ Cost \$ _____ (Describe) _____ Date Completed _____ Cost \$ _____	

BUSINESS ASSETS	Purchased in 2009 for Business Use – Example: Computers, Furniture, Video Camera, etc.		
	Description _____	Cost \$ _____	Date Bought _____ % Business Use _____
	Description _____	Cost \$ _____	Date Bought _____ % Business Use _____
	Description _____	Cost \$ _____	Date Bought _____ % Business Use _____
	Description _____	Cost \$ _____	Date Bought _____ % Business Use _____

“Keep Good Records!”

RENTAL PROPERTY

Address	City & State	% Owned (if not 100%)
Property A _____	_____	_____ %
Property B _____	_____	_____ %
Property C _____	_____	_____ %
Property D _____	_____	_____ %

	Property A	Property B	Property C	Property D
RENTAL INCOME:	\$ _____	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____	\$ _____
Miles Driven	_____	_____	_____	_____
Cleaning & Maint.	\$ _____	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Legal & Professional	\$ _____	\$ _____	\$ _____	\$ _____
Management Fees	\$ _____	\$ _____	\$ _____	\$ _____
Mortgage Interest	\$ _____	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____	\$ _____
Wages & Salaries	\$ _____	\$ _____	\$ _____	\$ _____
HOA Dues	\$ _____	\$ _____	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____	\$ _____	\$ _____
Other (Describe)	_____	_____	_____	_____
	\$ _____	\$ _____	\$ _____	\$ _____
Other (Describe)	_____	_____	_____	_____
	\$ _____	\$ _____	\$ _____	\$ _____
NEW CLIENTS:				
Original Cost & Improvements	\$ _____	\$ _____	\$ _____	\$ _____
Date in Service	_____	_____	_____	_____

If property is bought during 2009, attach a copy of the two-page HUD statement.
 If property is sold during 2009, attach a copy of the HUD statement for sale AND purchase.
 New clients, attach depreciation schedule for rental assets from prior year tax return.

“Keep Good Records!”

CASUALTY LOSSES – DISASTER LOSS

If your losses were for personal property or personal property used for business; use this form only if the non-reimbursed loss is more than 10% of your adjusted gross income minus \$100.00

Type of casualty _____

Do you have documentary evidence to support the claimed allowable loss? _____

Was the loss Personal / Business / Home used for business? _____

Was a timely insurance claim filed? _____

PERSONAL PROPERTY LOSSES

Description of properties (type, location and date acquired)

Property A _____

Property B _____

Property C _____

Property D _____

	Properties			
	A	B	C	D
Cost basis (original price plus improvements)				
Insurance or other reimbursement				
Fair market value before casualty				
Fair market value after casualty				

Notes:

FIRSTAX PRIVACY POLICY

The privacy of your client information has always been important to us, and we have always been bound by professional standards of confidentiality. However, we are now required by law to inform you of our privacy policy.

- We collect nonpublic personal information about you that is provided by you or obtained by us with your authorization. This information may come from various sources, including information we receive from personal interviews, tax organizers, worksheets and other documents necessary to provide professional services to you.
- We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as permitted or required by law, or when necessary to process transactions requested by a client.
- We restrict access to nonpublic personal information about you to members of our firm who need to know that information in order to provide you professional services. We retain records relating to the professional services that we provided you in accordance with accounting and government standards.
- We employ physical, electronic, and procedural security safeguards to protect your nonpublic personal information.

Your confidence and trust are important to us. If you have questions or concerns regarding the privacy of your nonpublic personal information, please contact us.

Sincerely,

Craig Foster

Craig Foster, Managing Member
***FirsTax Management, LLC*, General Partner**

Special Note:

If FIRSTAX did not prepare your last three (3) years tax returns, we will review them at no charge to determine if we can amend them to save you additional tax dollars. If we find that we can save you additional taxes, and you approve, we'll amend your tax returns so that IRS will refund those additional taxes to you! Our fee will then be half of the savings realized when you receive your refund!
It's a **no lose** offer!

The *FirsTax* Philosophy

Being your “*Tax Advisors for Life*” is not only the *FirsTax Team’s* business philosophy, but a life-long commitment to providing you with exemplary personalized service beyond your expectations. It is also our philosophy to listen, hear and truly understand your needs. This quality of business conduct seems to have been forgotten in today’s highly automated society.

As your “*Tax Advisors for Life*” it is **your *FirsTax Team’s*** job to not only understand your needs but respond to them promptly, professionally and with integrity. It is our pledge to provide you with sound tax advice, helping you to understand the strategies of decision-making, and, the future implications of the decisions you make.

As your “*Tax Advisors for Life*” we feel it necessary to provide all of our clients with a relationship they have grown to trust; to provide value and service after the transaction so that the changing needs of each of our clients are addressed on a continuous basis.

P.S. At *FirsTax*, we work **By Referral** meaning we dedicate 100% of our time and energy providing first class service for our clients. In return, our valued clients, suppliers, and friends refer us to their business associates, family, friends, neighbors, co-workers, and other people they know. Our business is about building lifetime relationships and our aim is to be your “*Tax Advisors for Life*”. The greatest compliment we receive is when you refer your friends, neighbors, and business associates to **your *FirsTax Team*, your “*Tax Advisors for Life*”.**
THANK YOU!

If you did not choose to E-File:

We will prepare two (2) copies of your tax return(s) for you. The “Client Copy” has a cover sheet titled “Instructions for Filing Tax Return”. These instructions clearly advise you what type of tax return was prepared, how much you are being refunded (or in some cases, owe), where to sign the tax return, and where to mail the tax return.

Please read the instructions carefully to ensure that you correctly file the second copy of your tax return(s) that has the green certified mail receipts attached.

**ALWAYS MAIL YOUR TAX RETURN BY CERTIFIED MAIL,
RETURN RECEIPT REQUESTED!**

Estimated Tax Payments

Your tax situation may call for you to make estimated tax payments toward your 2010 tax liabilities. If so, the instruction sheet will indicate the due date and amount of each recommended payment. Payment coupons, with mailing address, are stapled to the back of the instruction sheet.

Failure to make estimated tax payments may result in substantial penalties!