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CIARLETTE & ROBBINS LLP
19633 LAGRANGE ROAD
MOKENA, IL 60448
PHONE 708*478*3840

2009 TAX ORGANIZER

**T
O** JOHN SAMPLE
TINLEY PARK, IL 60477

This tax organizer has been prepared for your use in gathering the information needed for your 2009 tax return.

To save you time, selected information from your 2008 tax return has been entered within this organizer. Please line through any information which does not apply to your 2009 tax return.

In some cases, 2008 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

(708)478-3840

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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JOHN SAMPLE

TINLEY PARK, IL 60477

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

Primary E-mail Address	Home Phone	Fax Number
Secondary E-mail Address	Taxpayer's Business Phone	Spouse's Business Phone
Preferred Method of Contact (i.e., cell phone, e-mail, etc.)		

Topic Index

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Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ".
TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.



Questions (Page 1 of 3)

For any question answered Yes, please attach supporting detail or documents.

Personal Information:

- Did your marital status change during 2009? Yes No
- If married, do you and your spouse want to file separate returns? Yes No
- Did your address change during 2009? Yes No
- Can you or your spouse be claimed as a dependent by another taxpayer? Yes No

Dependents:

- Were there any changes in dependents from the prior year? Yes No
- Did you pay for child care while you worked or looked for work? Yes No
- Do you have any children under age 18 with unearned income more than \$950? Yes No
- Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$950? Yes No
- Did you adopt a child or begin adoption proceedings during 2009? Yes No

Purchases, Sales and Debt:

- Did you have any debts canceled, forgiven or refinanced during 2009? Yes No
- Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2009? Yes No
- Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2009? Yes No
- Did you sell, exchange or purchase any real estate in 2009? If so, please attach closing statements. Yes No
- Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? Yes No
- Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? Yes No
- Did you pay any student loan interest in 2009? Yes No
- Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year. Yes No
- Did you have an outstanding home equity loan at the end of 2009? If so, please provide the principal balance and interest rate at the beginning and end of the year. Yes No
- Did you take out a home equity loan in 2009? Yes No
- Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098? Yes No
- Did you engage in any put or call transactions? If Yes, please provide details. Yes No
- Did you close any open short sales during 2009? Yes No
- Did you sell any securities not reported on your Form 1099-B? Yes No



Questions (Page 2 of 3)

Itemized Deductions:

- Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?
- Did you incur any casualty or theft losses during the year?
- Did you make any large purchases, such as motor vehicles and boats?
- Did you incur any casualty or loss attributable to a federally declared disaster?
- Did you incur any casualty or loss attributable to the Midwestern disaster area?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous:

- Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2009?
- If you received a distribution from an MSA, please include Form 1099-SA.
- Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2009?
- If you received a distribution from an HSA, please include Form 1099-SA.
- Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?
- Did you or spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity, or deferred compensation plan?
- Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?
- Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q.
- Did you or your dependents incur any post-secondary education expenses, such as tuition?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered?
- Did you move to a different home because of a change in the location of your job?
- Did you pay in excess of \$1,000 in any quarter, or \$1,700 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

Months
<input type="text"/>

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- Did you receive unreported tip income of \$20 or more in any month of 2009?
- Did you or your spouse receive distributions from long-term care insurance contracts? If Yes, please include Form 1099-LTC.
- Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country?
- Did you create or transfer money or property to a foreign trust?
- Did you purchase a new "hybrid", or alternative technology vehicle, including a qualified plug-in electric drive motor vehicle in 2009?
- Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?
- Have you received a punitive damage award or an award for damages other than for physical injuries or illness?
- Were you notified by the IRS or other taxing authority of any changes in prior year returns?
- Did you lose your job during 2009 because of foreign competition and pay for your own health insurance?
- Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?
- Did you install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?
- Were any distributions from your IRA and/or Roth IRA account(s) distributed to a charitable organization?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>



Questions (Page 3 of 3)

Miscellaneous: (continued)

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Did you engage in any bartering transaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make gifts of more than \$13,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any foreign income or pay any foreign taxes during 2009? | <input type="checkbox"/> | <input type="checkbox"/> |

Severance/Retirement:

- | | | |
|---|--------------------------|--------------------------|
| Did you retire or change jobs in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive deferred, retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, enter the date received (Mo/Da/Yr).

Date

Sale of Your Home:

- | | | |
|--|--------------------------|--------------------------|
| Did you sell your home in 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you own and occupy the home as your principal residence for
at least two years of the five-year period prior to the sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you ever rent out this property? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you ever use any portion of the home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse sold a principal residence within the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both | | |

Additional Information:

- | | | |
|---|--------------------------|--------------------------|
| With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2009? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2009? | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2009 Amount Contributed



Personal Information, Dependent(s) and Wages

Taxpayer: JOHN SAMPLE 333-33-3333
First Name and Initial Last Name Social Security Number

Occupation Date of Birth (Mo/Da/Yr) Daytime/Work Telephone Number

Evening/Home Telephone Number Primary Email Address Secondary Email Address

Spouse: _____
First Name and Initial Last Name Social Security Number

Occupation Date of Birth (Mo/Da/Yr)

Present Mailing Address: _____
Street Address Apartment Number

TINLEY PARK IL 60477
City State ZIP code

Foreign Country

May the IRS or other taxing authority discuss the return with the preparer? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Dependent Information:

Did dependent have income over \$3,650? Yes No

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return _____

Please list the years for which a release of claim to exemption is given for a dependent child not living with you _____

Wages and Salaries: Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local



Miscellaneous Income, Adjustments and Alimony

Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

	TSJ _____		TSJ _____	
	2009 Amount	2008 Amount	2009 Amount	2008 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2009				
Social security benefits received				
Social security benefits repaid in 2009				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2009				
Economic recovery payment received in 2009				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2009 Amount	2008 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2009 Amount	2008 Amount



Miscellaneous Adjustments

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2009 Amount	2008 Amount

Health Savings Accounts (HSAs)

TS	Description	2009 Amount	2008 Amount
	Contributions made for 2009		
	Distributions received from all HSAs in 2009		

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did you or your spouse enroll in Medicare?

If yes, what month did you enroll?

What month did your spouse enroll?

Other Adjustments to Income: Please enclose all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2009 Amount	2008 Amount



Itemized Deductions - Medical and Taxes

Itemize real estate taxes by state.

Medical and Dental Expenses:

- Prescription medicines and drugs
- Total medical insurance premiums paid (Do not include medicare premiums paid)
- Long-term care expenses
- Total insurance reimbursement
- Number of miles traveled for medical care
- Lodging
- Doctors, dentists, etc.
- Hospitals
- Lab fees
- Eyeglasses and contacts

TSJ	2009 Amount	2008 Amount

- Taxpayer long-term care insurance premiums paid
- Spouse long-term care insurance premiums paid

2009 Amount	2008 Amount

Other Medical Expenses:

TSJ	Description	2009 Amount	2008 Amount

Taxes Paid: Please include copies of your tax bills

- Personal property taxes paid (include vehicle taxes)
- General sales taxes paid on specified items
- State and local sales or excise taxes paid on a new vehicle, motorcycle, or mobile home purchased after 2/16/2009
- Purchase price before taxes of new motor vehicle, motorcycle, or mobile home purchased after 2/16/2009
- Real estate taxes paid on U.S. properties are deductible for taxpayers not itemizing in 2009

TSJ	2009 Amount	2008 Amount

TSJ	Real Estate Taxes	2009 Amount	2008 Amount

Other Taxes Paid:

TSJ	Description	2009 Amount	2008 Amount

If you purchased or sold your home in 2009, did you include any taxes from your closing statement in the amounts above? Yes No



Itemized Deductions - Mortgage Interest and Points

Mortgage Questions for 2009:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, please enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____		
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>
Has the taxpayer (or spouse, if married) owned a residence within the last three years from the date of purchase?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2009 Amount	2008 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2009 Amount	2008 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2009 Amount	2008 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2009 Amount	2008 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2009 Amount	2008 Amount



Itemized Deductions - Contributions

Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2009 Amount, 2008 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2009 Amount, 2008 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2009 Miles, 2008 Miles. Includes row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling Less Than or Equal to \$500:

Table with 4 columns: TSJ, Description of Donated Property, 2009 Amount, 2008 Amount

Noncash Contributions Totaling More Than \$500:

TSJ Description of the donated property

Donee organization name

Donee organization address

Date the property was acquired by the taxpayer (Mo/Da/Yr)

Date the property was donated (Mo/Da/Yr)

Cost or basis of the donated property

Fair market value of the donated property

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal, Thrift shop value, Catalog, Comparable sale

Other - please explain

Which of the following describes how this donated property was acquired?

- Purchase, Gift, Inheritance, Exchange



Federal Tax Payments

Refund Application:

If you have an overpayment of 2009 taxes, do you want the excess:

Refunded ... [] Yes [] No
Applied to your 2010 estimated tax liability [] Yes [] No

Federal Estimated Tax Payments:

2009 1st Quarter Estimate (Due 04-15-2009)
2009 2nd Quarter Estimate (Due 06-15-2009)
2009 3rd Quarter Estimate (Due 09-15-2009)
2009 4th Quarter Estimate (Due 01-15-2010)

Table with 3 columns: Amount Due, Date Paid if Not Date Due (Mo/Da/Yr), Amount Paid

2008 overpayment applied to 2009 estimate []

Tax Planning Information for Tax Year 2010:

Do you expect any of the following to occur in 2010?

A change in your marital status [] Yes [] No
A change in the number of your dependents [] Yes [] No
A substantial change in your income [] Yes [] No
A substantial change in your withholding [] Yes [] No
A substantial change in deductions [] Yes [] No

If you answered Yes to any of the above questions, please provide details.

Empty table for providing details.



State and City Tax Payments

State and City Estimated Tax Payments:

TSJ ____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 1st Quarter Estimate
 2009 2nd Quarter Estimate
 2009 3rd Quarter Estimate
 2009 4th Quarter Estimate

2008 overpayment applied to 2009 estimate

Balance of prior year(s)' tax paid in 2009 plus amount paid with 2008 extensions

Estimated tax payments for 2008 paid in 2009

State and City Estimated Tax Payments:

TSJ ____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 1st Quarter Estimate
 2009 2nd Quarter Estimate
 2009 3rd Quarter Estimate
 2009 4th Quarter Estimate

2008 overpayment applied to 2009 estimate

Balance of prior year(s)' tax paid in 2009 plus amount paid with 2008 extensions

Estimated tax payments for 2008 paid in 2009

State and City Estimated Tax Payments:

TSJ ____		
State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 1st Quarter Estimate
 2009 2nd Quarter Estimate
 2009 3rd Quarter Estimate
 2009 4th Quarter Estimate

2008 overpayment applied to 2009 estimate

Balance of prior year(s)' tax paid in 2009 plus amount paid with 2008 extensions

Estimated tax payments for 2008 paid in 2009



Illinois Information

General Information:

Taxpayer	Spouse
----------	--------

Enter the total property tax paid applicable to the personal residence

Enter the amount of property taxes paid deductible as business expense

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Illinois for all of 2009, enter the dates you did live in Illinois _____

Enter the state names other than Illinois for which you had income _____

Voluntary Contributions:

Enter the amount you wish to contribute on your 2009 tax return to the following funds:

Wildlife Preservation	<input type="text"/>
Diabetes Research	<input type="text"/>
Child Abuse Prevention	<input type="text"/>
Alzheimer's Research	<input type="text"/>
Homeless Assistance	<input type="text"/>
Penny Sevens Breast, Cervical and Ovarian Cancer Research	<input type="text"/>
Healthy Smiles	<input type="text"/>
Military Family Relief	<input type="text"/>
Illinois Veterans' Home	<input type="text"/>
Multiple Sclerosis Assistance	<input type="text"/>

Qualified Education Expense Information:

Dependent Name	Grade (K - 12)	School Name	School City	Tuition, Book/Lab Fees

Are you including a Receipt for Qualified Education Expense? . . Yes No

Enter Any Additional Illinois Information:
