

BOSS BUSINESS SERVICES
3225 McLEOD DR. SUITE 100 LAS VEGAS, NEVADA 89121
TELEPHONE 888-969-2677 FAX NUMBER 702-214-1213
FOR THE TAX YEAR 2008 OR YEAR _____

CLIENT STATEMENT

AS A CLIENT OF **BOSS BUSINESS SERVICES** I/WE HOLD **BOSS BUSINESS SERVICES** HARMLESS FOR ANY AND ALL INFORMATION SUPPLIED BY THE TAXPAYER FOR PREPARATION OF THE FEDERAL AND, IF APPLICABLE, STATE TAX RETURN. I/WE HAVE PROVIDED ALL INCOME AND LEGITIMATE EXPENSES AS REQUIRED BY LAW. I/WE HAVE ALL THE REQUIRED BACKUP PAPERWORK FOR THE INFORMATION THAT IS SUPPLIED ON THE TAX ORGANIZER. I/WE UNDERSTAND THAT ANY QUESTIONABLE ITEMS OR FIGURES LISTED ON THE TAX ORGANIZER MAY BE SUBJECT TO VERIFICATION AND SUBSTANTIATION.

BOSS policy is to electronically file all tax returns, please be aware that there is a service fee of \$ 25.00 for the electronically filing over and above the costs of the tax preparation.

All tax return preparation fees must be paid for before the tax return will be electronically processed. Once the payment is received and the proper forms signed to electronically file the tax return, we will process the payment and the tax return. Upon acceptance of the tax return by the taxing authority, we will mail a copy of the tax return to you.

IMPORTANT!! We will be unable to complete your return until we have all pages of the organizer including the service agreement and credit card information supplied.

I/We acknowledge this agreement by signature/signatures and dates below.

FOR JOINT FILING BOTH SIGNATURES ARE REQUIRED, ON THIS STATEMENT.

PRINT NAME	DATE	SIGNATURE
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PRINT NAME	DATE	SIGNATURE
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Name on Credit Card _____

Credit Card Number _____

Expiration Date _____

**THIS PAGE MUST BE SIGNED AND RETURNED
FAX TO 702-214-1213**

USE THIS PAGE AS THE FAX COVERPAGE

From: _____

Date: _____

To: **BOSS TAX DEPARTMENT** 702-214-1213

Please fax includes the following (check all that apply):

- Client Statement
- Organizer for Individual
- Organizer for Corporation (Entity Name: _____)
- Organizer for LLC/LP (Entity Name: _____)
- Supporting Documentation
- Other _____

INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE

**INSTRUCTIONS FOR FILLING OUT PERSONAL (FORM 1040) 2008 TAX ORGANIZER PLEASE
READ CAREFULLY**

**THIS ORGANIZER IS FOR INDIVIDUALS ONLY. DO NOT USE IT FOR CORPORATIONS, PARTNERSHIPS,
OR LLC'S. IF YOU HAVE A CORPORATION, PARTNERSHIP, OR AN LLC, PLEASE CALL THE TAX
DEPARTMENT AT THE ABOVE TELEPHONE NUMBER TO REQUEST AN ORGANIZER FOR YOUR
PARTICULAR ENTITY, IF YOU HAVEN'T RECEIVED IT YET.**

PLEASE PRINT ALL INFORMATION CLEARLY.

KEEP A COPY OF THE COMPLETED ORGANIZER AND YOUR W-2'S AND 1099R'S FOR YOUR RECORDS

**E-MAIL US THE COMPLETED ORGANIZER OR MAIL THE ORIGINAL ORGANIZER WITH YOUR ORIGINAL
W-2'S AND 1099'S AND SIGNED STATEMENT (PREFERABLY TWO-DAY PRIORITY WITH A
CONFIRMATION OR CERTIFIED RETURN RECEIPT REQUESTED THROUGH THE UNITED STATES POST
OFFICE) ALONG WITH A COPY OF YOUR 2007 FEDERAL AND STATE INCOME TAX RETURNS (ONLY IF
THEY WERE NOT PREPARED BY BOSS).**

IF YOU HAVE MORE THAN ONE HOME BASED BUSINESS, SOLE PROPRIETOR, OR SELF EMPLOYED
BUSINESS, **WE WILL NEED A SEPARATE BUSINESS INFORMATION SECTION FOR EACH BUSINESS.
PLEASE CALL THE TAX DEPARTMENT TO REQUEST ADDITIONAL PAGES, OR YOU MAY PHOTOCOPY THE
PAGES IN THE ORGANIZER.**

IF YOU HAVE ANY QUESTIONS REGARDING THE ORGANIZER PLEASE CONTACT THE TAX DEPARTMENT
AT BOSS, AT:

888-969-2677

OR

taxdept@bossoffice.com

HERE IS A LIST OF DOCUMENTS YOU MAY NEED

- _____ ALL W-2 FORMS FOR YOURSELF, YOUR SPOUSE, AND DEPENDENT CHILDREN.
- _____ ALL 1099 FORMS FOR YOURSELF AND SPOUSE, INCLUDING DEBT RELIEF.
- _____ ALL UNEMPLOYMENT FORMS.
- _____ ALL FORMS SSA FROM SOCIAL SECURITY FOR INCOME RECEIVED FROM SOCIAL SECURITY FOR THE YEAR.
- _____ SOCIAL SECURITY NUMBERS, DATES OF BIRTH, AND RELATIONSHIPS, OF ALL OF YOUR DEPENDENTS FOR 2008.
- _____ RECORDS OF INCOME, EXPENSES, AND ENDING INVENTORY, FOR YOUR SELF-EMPLOYED BUSINESS.
- _____ AUTO LOG IN WHICH YOUR MILEAGE IS KEPT.
- _____ YOUR TIP CALENDAR FOR THOSE OF YOU WHO ARE IN GAMING OR FOOD SERVICE, AND NEED TO REPORT ADDITIONAL ALLOCATED TIPS FOR 2008.
- _____ SALE OF PROPERTY, CLOSING ESCROW STATEMENT (HUD) ON THE PURCHASE AND SALE, LIST OF MAJOR IMPROVEMENTS, ALONG WITH THE COSTS AND DATES OF IMPROVEMENTS.
- _____ RENTAL INCOME AND EXPENSES, ADDRESS OF PROPERTY, CLOSING ESCROW STATEMENT (HUD) IF PURCHASED IN 2008.
- _____ FARM INCOME AND EXPENSES.
- _____ INTEREST EARNED ON TAX FREE MUNICIPAL BONDS, AND ORIGINAL ISSUE DISCOUNT. (OID)
- _____ DIVIDEND AND INTEREST YEAR END STATEMENTS, ALONG WITH THE APPROPRIATE 1099 FORM ISSUED.
- _____ MEDICAL BILLS, COST OF PRESCRIPTIONS, HEALTH INSURANCE PREMIUMS, AND SPECIAL EQUIPMENT PURCHASED PER DOCTOR PRESCRIPTION, AMOUNT OF MEDICAL MILEAGE INCURRED, HAS CONTRIBUTIONS.
- _____ PROPERTY TAXES PAID. PLEASE DO NOT GROUP THESE TOGETHER. LIST PROPERTY ADDRESS AND AMOUNT PAID.
- _____ AMOUNT OF COLLEGE TUITION, LAB FEES, AND GRANTS RECEIVED, FOR HIGHER EDUCATION.
- _____ INTEREST PAID ON STUDENT LOANS.
- _____ AMOUNTS OF INTEREST PAID ON MORTGAGES, AND THE 1098 FORM RECEIVED FROM THE MORTGAGE COMPANY, ALSO ANY INTEREST YOU PAID ON HOME EQUITY LOANS, PROVIDE COPY OF CLOSING STATEMENT (HUD-1) FOR REFINANCING OF PRINCIPAL MORTGAGE. IF YOU ARE PAYING YOUR MORTGAGE TO AN INDIVIDUAL, THEIR FULL NAME, ADDRESS AND SOCIAL SECURITY NUMBER WILL BE NEEDED.

_____ ALL PENSION STATEMENTS, DISTRIBUTIONS FROM PENSIONS, AND ROLLOVER INFORMATION, AND IF THEY WERE TRANSFERRED FROM ONE ACCOUNT TO ANOTHER, THE TRANSACTION DATES AND ACCOUNT NUMBERS OF BOTH THE OLD AND THE NEW COMPANIES, AMOUNTS CONTRIBUTED TO ROTH IRA'S, KEOGH'S AND SEP'S FOR 2007 AND WHAT NAME THEY WERE DEPOSITED TO, CONVERSIONS AND BALANCES ON DECEMBER 31, 2008.

_____ A COPY OF YOUR DIVORCE DECREE, IF DIVORCED IN 2008.

_____ COPY OF YOUR SPOUSES 2007 FEDERAL & STATE TAX RETURN IF YOUR WERE MARRIED IN 2008.

_____ LIST OF CASH CONTRIBUTIONS AND NON-CASH CONTRIBUTIONS MADE TO CHARITIES.

_____ STOCK SALES, ORIGINAL STOCK BUYS AND ORIGINAL STOCK SELLS RECEIVED FROM YOUR BROKER ALONG WITH THE BROKER STATEMENTS FOR YEAR END.

_____ COPY OF POLICE REPORT AND INSURANCE REIMBURSEMENT, IN RELATIONSHIP TO THEFTS, AND CASUALTIES AND LOSSES DUE TO ACCIDENTS, FIRES, ETC.

_____ CHILD CARE EXPENSES, WHO YOU PAID, PROVIDER NAME, ADDRESS, FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER, IF AN INDIVIDUAL, AMOUNT PAID FOR EACH CHILD.

_____ AMOUNT OF ALIMONY RECEIVED, AMOUNT OF ALIMONY PAID, ALONG WITH NAME OF PERSON PAID TO AND THEIR SOCIAL SECURITY NUMBER.

_____ AMOUNTS PAID FOR MISCELLANEOUS EMPLOYEE EXPENSES IE. UNION DUES, SAFETY EQUIPMENT, REQUIRED BOOKS AND MANUALS, CONTINUING EDUCATION, ETC. AND AMOUNTS IF ANY REIMBURSED BY YOUR EMPLOYER NOT INCLUDED IN YOUR W-2 FORM.

_____ INFORMATION ON MEDICAL SAVINGS ACCOUNTS AND EDUCATIONAL SAVINGS ACCOUNTS THAT YOU ARE A PARTICIPANT IN THROUGH YOUR EMPLOYER.

_____ CUSTODIAL FEES FOR IRA ACCOUNTS, LEGAL FEES FOR PRESERVATION OF INCOME, COLLECTION FEES ON SELLER FINANCED MORTGAGES.

_____ GAMBLING LOSSES NOT TO EXCEED THE AMOUNT OF GAMBLING WINNINGS.

_____ MISCELLANEOUS OTHER INCOME RECEIVED, STATE INCOME TAX REFUND, JURY DUTY PAY, GAMBLING WINS.

WITH THE ABOVE INFORMATION IN HAND YOU WILL BE BETTER EQUIPPED TO FILL OUT THE TAX ORGANIZER ACCURATELY AND WITH THE LEAST AMOUNT OF YOUR TIME EXPENDED.

THANK YOU FOR USING BOSS FOR ALL OF YOUR FINANCIAL SERVICES.

CALL US WITH QUESTIONS 888-969-2677

PLEASE PROVIDE A COPY OF YOUR PRIOR YEARS FEDERAL AND STATE RETURN IF WE DID NOT PREPARE IT

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
	Last Name	_____
First Name	_____	_____
Middle Initial and Suffix	MI _____ Suffix _____	MI _____ Suffix _____
Social Security Number	_____	_____
Occupation	_____	_____
Home Phone	_____	_____
Work Phone	_____ Ext. _____	_____ Ext. _____
Birth Date	_____	_____
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute To Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address _____		Apartment Number _____
City _____	State _____	Zip Code _____
Fax # _____	E-Mail _____	
Resident Locality _____		
County _____	School District _____	School District Number _____

FILING STATUS

Single
 Married Filing Jointly
 Married Filing Separately
 Head Of Household

Qualifying Widow(er)
 Date Spouse Died _____

DEPENDENT INFORMATION

DO NOT INCLUDE YOURSELF OR SPOUSE			Social Security Number	Date Of Birth
First Name	Middle Initial	Last Name	Relationship	Months In Home
		
		
		
		
		
		
Will you owe additional taxes to IRS? Yes [] No [] State? Yes [] No []				

WAGES, SALARIES AND OTHER INCOME

	Number
Indicate number of original W-2's and attach all copies	_____
Indicate the number of 1099-R's (Pensions, Annuities, Retirement and IRA plans) and attach all copies	_____
Indicate the number of W-2G's (Gambling or Lottery Winnings) and attach all copies	_____
Indicate the number of 1099-MISC (Miscellaneous Income) and attach all copies	_____
Indicate the number of SSA-1099 (Social Security Benefit Forms) received and attach copies	_____
Indicate the number of 1099-MSA (Medical Savings Account) and attach all copies	_____
Indicate the number of 1099-G's (Government Payments) and attach copies	_____
Indicate the number of 1065 K-1's (Partnership Income) and attach copies	_____
Indicate the number of 1120 S K-1's (Sub Chapter S Corporations) and attach copies	_____
Indicate the number of 1041 K-1's (Estate and Trust Income) and attach copies	_____

Nature and Source of Other Income	Taxpayer	Spouse
Alimony Received & Ex-Spouse's Social Security #		
Scholarships/Fellowships Received		
Tips Not Reported To Employer		
Jury Duty Pay		
Gambling Winnings		
Other Income:		
1099 A and/or 1099 C (Foreclosure/Cancellation of Debt)		
a. _____		
b. _____		

TAX PAYMENTS

2008 Estimated Tax Payments Paid:						
	Federal		State		Local	
	Date	Amount	Date	Amount	Date	Amount
Quarter 1 Due By 4/17/08						
Quarter 2 Due By 6/15/08						
Quarter 3 Due By 9/15/08						
Quarter 4 Due By 1/15/09						
Other Tax Payments:						
2007 Overpayment Applied To 2008						
2007 Balance Due Paid In 2008						
2008 Extension Payments Paid In 2009						
Other Taxes Paid In 2008 For Prior Years						

ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL EXPENSES

Prescription Medications	
Health Insurance Premiums (Include Long Term Care):	
a. Family & Spouse	
b. Self - Employed Taxpayer	
Doctors, Dentists And Hospitals	
Eyeglasses And Medical Equipment	
Miles Driven For Medical Purposes	
Other Medical And Dental Expenses:	
a. _____	
b. _____	

TAXES

Amount Paid On Balance Due For 2007 State Taxes Paid In 2008	
Real Estate Taxes Paid On Principal Residence	
Real Estate Taxes Paid On Additional Homes Or Land (NOT RENTALS)	
Auto License Fees	
Other Personal Property Taxes	
Other Taxes:	
a. _____	
b. _____	

HOME MORTGAGE INTEREST ONLY

RENTAL INTEREST is on Page: 11 OFFICE IN THE HOME INTEREST is on Page: 10

Home Mortgage Interest:	Check if not on Form 1098	Amount
a. _____	<input type="checkbox"/>	
b. _____	<input type="checkbox"/>	
c. _____	<input type="checkbox"/>	
Points Paid On Loan To Buy, Build Or Improve Your Home:	Check if not on Form 1098	
a. _____	<input type="checkbox"/>	
b. _____	<input type="checkbox"/>	
If Interest Is Paid To An Individual, Include Individual's Name, Address And Social Security Number:		

Enter Points Paid On A Home Equity Loan, Refinanced Mortgage Or Loan For A Second Home:		
Points Paid	Date Of Loan	Life Of Loan (Years)
Investment Interest (For Example: Margin Interest, Interest Paid On Loans Used For Property Held For Investment, etc.):		Amount

CASH CONTRIBUTIONS

Effective 8/18/06 the documentation for the record of a contribution over \$250 must be in the form of a cancelled check and a

Name Of Charitable Organization:	I Have Required Backup (Answer Yes or No)	Amount
a. _____		
b. _____		
c. _____		
d. _____		
e. _____		
f. _____		
g. _____		
h. _____		
i. _____		

NON CASH CONTRIBUTIONS

NO DEDUCTION WILL BE ALLOWED UNLESS ITEMS ARE IN GOOD USED CONDITION OR BETTER. IF ITEMS

Name Of Charitable Organization:	Good Used Condition (Yes/No)	Amount
a. _____		
b. _____		
c. _____		

Note: This Sections Must Be Filled In If You Have Non Cash Contributions

Description Of Donated Property	Address Of Charitable Organization
a. _____	
b. _____	
c. _____	

Note: This Sections Must Be Filled In If You Have Non Cash Contributions

Date Of Contribution	Date Acquired	How Acquired	Your Cost
a. _____			
b. _____			
c. _____			

UNREIMBURSED EMPLOYEE EXPENSES (W-2 INCOME ONLY)

Employee Business Expenses:	Taxpayer	Spouse
Business Gifts		
Education To Maintain Employment (C.E.U.)		
Meals & Entertainment Expenses		
Telephone Used For Employer's Business		
Trade Publications		
Travel Expenses While Away From Home		
Uniforms & Protective Clothing		
Union & Professional Dues		
Other Unreimbursed Employee Business Expenses:		
a. _____		
b. _____		

**VEHICLE EXPENSES (UNREIMBURSED EMPLOYEE EXPENSES USE ONLY)
(W-2 INCOME ONLY)**

If Vehicles Are Used By Both Taxpayer And Spouse Or For More Than One Employer, Make A Copy Of This Form For Each

	Vehicle 1	Vehicle 2
Beginning Odometer Reading		
Mileage 1-1-08 - 6/30/08		
Mileage 7/1/08 - 12/31/08		
Ending Odometer Reading		
Description Of Vehicle		
Date Placed In Service		
Total Miles For The Year		
Total Business Miles For The Year		
Total Commuting Miles For The Year		
Mileage Round Trip Each Day To Work		
Actual Expenses:		
Repairs & Maintenance		
Insurance		
Interest		
License & Registration		
Vehicle Lease		
Tolls and Parking		
Other Expenses:		
Cost Of Vehicle		
Is Another Vehicle Available For Personal Use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do You Have Evidence To Support The Business Use Claimed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, Is The Evidence Written?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was Vehicle Traded in 2008?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

MISCELLANEOUS DEDUCTIONS

	Taxpayer	Spouse
Tax Prep Fees _____		
Safety Deposit Box Fees _____		
IRA Fees _____		
Other Miscellaneous Deductions _____		
<u>MANAGEMENT FEES</u>		
a. _____		
b. _____		

ADJUSTMENTS TO INCOME

	Taxpayer	Spouse
Retirement Accounts:		
Check If You Were Covered By A Retirement Plan At Work	<input type="checkbox"/>	<input type="checkbox"/>
Check If You Want To Contribute The Maximum Amount Allowed To Your IRA By The Due Date 04/15/09	<input type="checkbox"/>	<input type="checkbox"/>
Amount Contributed For 2008 IRA	\$	\$
Indicate The Type Of Plan You Have:		
Traditional IRA	<input type="checkbox"/>	<input type="checkbox"/>
Roth IRA	<input type="checkbox"/>	<input type="checkbox"/>
Money Purchase Keogh Plan	<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing Keogh Plan	<input type="checkbox"/>	<input type="checkbox"/>
Defined Benefit Keogh Plan	<input type="checkbox"/>	<input type="checkbox"/>
SEP Plan	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed SIMPLE Plan	<input type="checkbox"/>	<input type="checkbox"/>
Other Adjustments:		
Student Loan Interest _____		
Alimony Paid _____ Recipient's Social Security Number _____		
Penalty On Early Withdrawal Of Savings _____		

DEPENDENT CARE EXPENSES & EDUCATION CREDITS

Enter Below The Persons Or Organizations Who Provided The Child & Dependent Care.

Name	Address	ID Number	Amount Paid
1.			
2.			
3.			

Education Credits: (HIGHER EDUCATION ONLY)

Student's Name	Student's Social Security Number	Qualified Expenses (No Books)	First or Second Year of Post-Secondary Education?
1			Yes <input type="checkbox"/> No <input type="checkbox"/>
2			Yes <input type="checkbox"/> No <input type="checkbox"/>
3			Yes <input type="checkbox"/> No <input type="checkbox"/>

**BUSINESS INCOME & EXPENSES
(HOME BASED BUSINESS, SOLE PROPRIETOR)**

General Information:

If More Than One Business, Make Copies Of The Business & Expense Forms

Check Ownership Taxpayer Spouse Joint

Business Name _____

Business Address _____

Principal Business/Profession _____

Employer ID Number _____

Did You Materially Participate In The Operation Of This Business During The Year? Yes No

Did You Start Or Acquire This Business During The Year? Yes No

Amount

Gross Receipts Or Sales From 1099's	_____
Gross Receipts Or Sales Other	_____
Return & Allowances	_____
Other Income (ie: Business Interest)	_____

Cost Of Goods Sold (INVENTORY ONLY)

Amount

Inventory At Beginning Of Year	_____
Purchases: Less Cost Of Items Withdrawn For Personal Use	_____
Cost Of Labor	_____
Materials & Supplies	_____
Other Costs	_____
Inventory At End Of Year	_____

Expenses:

Amount

Advertising	_____
Car & Truck Expenses (Complete Vehicle Expense Section)	_____
Commissions & Fees	_____
Employee Benefit Programs	_____
Insurance (Other Than Health)	_____
Insurance (Health)	_____
Interest:	_____
a. Commercial Mortgage (From Form 1098 Only)	_____
b. Other Interest (Explain)	_____
Legal & Professional Services	_____
Office Expenses	_____
Pension & Profit-Sharing Plans	_____
Rent Or Lease:	_____
a. Machinery & Equipment	_____
b. Other Business Property	_____
Repairs & Maintenance	_____

BUSINESS INCOME & EXPENSES (CONTINUED)

Supplies (Not Included In Cost Of Goods Sold)	
Taxes & Licenses	
Travel	
Meals & Entertainment	
Telephone & Cellular	
Utilities	
Wages	
Other Expenses:	
a. _____	
b. _____	
c. _____	
d. _____	
e. _____	

VEHICLE EXPENSES (FOR BUSINESS USE ONLY)

If Vehicles Are Used By Both Taxpayer And Spouse Or In More Than One Business, Make A Copy Of This Form For Each

General Information:	Vehicle 1	Vehicle 2
Odometer Reading 1/1/08 - 6/30/08		
Odometer reading 7/1/08 - 12/31/08		
Description Of Vehicle		
Date Placed In Service		
Total Miles For The Year		
Total Business Miles For The Year		
Total Commuting Miles For The Year		
Mileage Round Trip Each Day To Work		
Actual Expenses:		
Auto Club		
Gasoline & Oil		
Repairs & Maintenance		
Insurance		
Interest		
License & Registration		
Vehicle Lease		
Wash & Wax		
Tolls and Parking		
Other Expenses: ATTACH LIST		
Cost Of Vehicle		
Is Another Vehicle Available For Personal Use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do You Have Evidence To Support The Business Use Claimed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, Is The Evidence Written?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**HOME OFFICE EXPENSE
(HOME BASED BUSINESS, SOLE PROPRIETOR)**

General Information:

Area Used Regularly And Exclusively For Business (Square Footage) _____

Area Used For Day Care (Square Footage) _____

Total Area Of Home (Square Footage) _____

Number Of Hours Used For Day Care In The Year _____

Expenses:

	Direct	Indirect
Mortgage Interest		
Real Estate Taxes		
Insurance		
Repairs & Maintenance		
Utilities		
Rent		

Other Expenses:

a. _____

b. _____

Depreciation:

Description	Date Acquired	Cost
Residence		
Addition/Improvement		
Addition/Improvement		
Addition/Improvement		
Land Value Included In Cost Of Residence		

BUSINESS DEPRECIATION

Please Provide A Detailed Depreciation Schedule For Assets Acquired Before 2007

Business Assets Acquired During The Year 2008:

Description	Date Acquired	Cost

RENTAL & ROYALTY INCOME ATTACH HUD-1'S FOR ALL PURCHASES, SALES & REFINANCINGS

Description & Address Of Property:

Property 1 _____

Property 2 _____

Property 3 _____

Was Property Used For Personal Purposes For More Than 14 Days or 10% Of The Total Days Rented At Fair Market Value?

Property 1	Property 2	Property 3
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Income:

Date Property Became Available for Rent

Rents Received			
Royalties Received			

Expenses:

Advertising			
Automobile (Complete Vehicle Expense Section)			
Travel			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal & Professional Fees			
Management Fees			

Interest:

a. Mortgage (From Form 1098)			
b. Other Interest			
Repairs			
Supplies			

Taxes:

a. Real Estate			
b. Other			
Utilities			

Other Expenses:

a. _____			
b. _____			
c. _____			
d. _____			

Please Provide A Detailed Depreciation Schedule For Assets Acquired Before 2007

Rental Assets Acquired During The Year 2008:

Property #	Description	Date Acquired	Cost

RENTAL & ROYALTY INCOME (Continue)

Description & Address Of Property:

Property 4 _____
 Property 5 _____
 Property 6 _____

Was Property Used For Personal Purposes For More Than 14 Days or 10% Of The Total Days Rented At Fair Market Value?	Property 4	Property 5	Property 6
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Income:

Date Property Became Available for Rent

Rents Received			
----------------	--	--	--

Royalties Received			
--------------------	--	--	--

Expenses:

Advertising			
-------------	--	--	--

Automobile (Complete Vehicle Expense Section On Page 9)			
---	--	--	--

Travel			
--------	--	--	--

Cleaning & Maintenance			
------------------------	--	--	--

Commissions			
-------------	--	--	--

Insurance			
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Legal & Professional Fees			
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Management Fees			
-----------------	--	--	--

Interest:

a. Mortgage (From Form 1098)			
------------------------------	--	--	--

b. Other Interest			
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Repairs			
---------	--	--	--

Supplies			
----------	--	--	--

Taxes:

a. Real Estate			
----------------	--	--	--

b. Other			
----------	--	--	--

Utilities			
-----------	--	--	--

Other Expenses:

a. _____			
----------	--	--	--

b. _____			
----------	--	--	--

c. _____			
----------	--	--	--

d. _____			
----------	--	--	--

Please Provide A Detailed Depreciation Schedule For Assets Acquired Before 2007

Rental Assets Acquired During The Year 2008:

Property #	Description	Date Acquired	Cost

MOVING EXPENSES

Date of Move: _____	
Number of Miles From Old Home To New Workplace	_____
Number of Miles From Old Home To Old Workplace	_____
Expenses Of Transport & Storage Of Household Goods & Personal Effects:	Amount
Transportation Expenses	_____
Storage Expenses	_____
Expenses Of Moving From Old To New Home:	_____
Travel Not Including Meals	_____
Lodging Not Including Meals	_____
Amount Employer Paid You For The Expenses Listed Above	_____

OTHER ITEMS NOT INCLUDED ELSEWHERE PLEASE EXPLAIN FULLY

DIRECT DEPOSIT OF REFUND TO FOLLOWING:	
NAME OF BANK	
ROUTING NUMBER	
ACCOUNT NUMBER	
DIRECT ELECTRONIC PAYMENT OF BALANCE DUE ON TAXES FROM THE FOLLOWING	
NAME OF BANK	
ROUTING NUMBER	
ACCOUNT NUMBER	
DATE OF ELECTRONIC WITHDRAWAL	
DIRECT ELECTRONIC PAYMENT FOR BALANCE DUE WITH EXTENSION FORM 4868	
NAME OF BANK	
ROUTING NUMBER	
ACCOUNT NUMBER	
DATE OF ELECTRONIC WITHDRAWAL	