

WAHL, WILLEMSE & WILSON, LLP
CERTIFIED PUBLIC ACCOUNTANTS
2009 TAX ORGANIZER
CLIENT INFORMATION

FILING STATUS		
FILING STATUS (See table)		
MARRIED FILING SEPARATE AND LIVED WITH SPOUSE?		
SPOUSE'S DATE OF DEATH (mm/dd/yy), IF QUALIFYING WIDOW(ER) - 2007 or 2008		
TAXPAYER INFORMATION	TAXPAYER	SPOUSE
FIRST NAME AND MIDDLE INITIAL		
LAST NAME		
TITLE/SUFFIX		
SOCIAL SECURITY NUMBER		
OCCUPATION		
DATE OF BIRTH (mm/dd/yy)		
ADDRESS INFORMATION		
STREET ADDRESS		
APARTMENT NUMBER		
PMB NUMBER		
CITY		
STATE		
ZIP CODE		
TELEPHONE INFORMATION		
HOME PHONE		
WORK PHONE		
WORK EXTENSION		
DAYTIME PHONE (See table)		
FAX NUMBER		
E-MAIL ADDRESS		
DEPENDENT INFORMATION	DEPENDENT #1	DEPENDENT #2
FIRST NAME		
LAST NAME		
TITLE/SUFFIX		
DATE OF BIRTH (mm/dd/yy)		
SOCIAL SECURITY NUMBER		
RELATIONSHIP		
MONTHS LIVED AT HOME		
TYPE OF DEPENDENT (See table)		
CLAIMED BY: 1 = TAXPAYER, 2 = SPOUSE		
DEPENDENT INFORMATION (CONTINUED)	DEPENDENT #3	DEPENDENT #4
FIRST NAME		
LAST NAME		
TITLE/SUFFIX		
DATE OF BIRTH (mm/dd/yy)		
SOCIAL SECURITY NUMBER		
RELATIONSHIP		
MONTHS LIVED AT HOME		
TYPE OF DEPENDENT (See table)		
CLAIMED BY: 1 = TAXPAYER, 2 = SPOUSE		
DEPENDENT INFORMATION (CONTINUED)	DEPENDENT #5	DEPENDENT #6
FIRST NAME		
LAST NAME		
TITLE/SUFFIX		
DATE OF BIRTH (mm/dd/yy)		
SOCIAL SECURITY NUMBER		
RELATIONSHIP		
MONTHS LIVED AT HOME		
TYPE OF DEPENDENT (See table)		
CLAIMED BY: 1 = TAXPAYER, 2 = SPOUSE		

Filing Status

1 = Single
2 = Married filing joint
3 = Married filing separate
4 = Head of household
5 = Qualifying widow(er)

Please note if taxpayer or spouse is blind

Daytime Phone

1 = Work
2 = Home

Type of Dependent

1 = Child at home
2 = Child not at home
3 = Dependent other than child
4 = HOH only, not a dependent
5 = EIC only, not a dependent

Please note if dependent is a student &/or disabled

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		QUESTIONNAIRE
YES	NO	<u>PERSONAL INFORMATION</u>
		1) Did your marital status change during the year?
		2) Did your address change during the year?
		3) Could you be claimed as a dependent on another person's tax return for 2009?
		<u>DEPENDENTS</u>
		4) Were there any changes in dependents?
		5) Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2009?
		6) Did you have any children under age 19 or full-time students under age 24 on January 1, 2010 with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?
		7) Has the IRS sent you Form 8836, Qualifying Children Residency Statement?
		<u>INCOME</u>
		8) Did you cash any series EE U.S. Savings Bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependent(s)?
		9) Did you receive any disability income?
		10) Did you receive unreported tip income of \$20 or more in any month?
		11) Did you have any foreign income or pay any foreign taxes?
		<u>RETIREMENT PLANS</u>
		12) Did you receive a distribution from a retirement plan (401(k), IRA, Roth IRA, Education IRA, SEP, SIMPLE, Profit Sharing Plan, etc.)?
		13) Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
		14) Did you transfer or roll over any amount from one retirement plan to another retirement plan?
		15) Did you contribute to a retirement plan (401(k), IRA, Roth IRA, Education IRA, SEP, SIMPLE, Profit Sharing Plan, etc.)?
		<u>PURCHASES, SALES AND DEBT</u>
		16) Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S Corporation, Trust, or REMIC?
		17) Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
		18) Did you buy or sell any stocks, bonds or other investment property in 2009?
		19) Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
		20) Did you buy a main home before May 1, 2010 and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase?
		21) Did you buy a main home after November 6, 2009 and before May 1, 2010, which replaced a main home that you (and your spouse) maintained for 5 consecutive years during the 8 year period before the latest purchase?
		22) Did you have any debts cancelled or forgiven?(Foreclosures)
		23) Did anyone owe you money which had become uncollectible?
		24) Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2009?
		25) Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements in 2009?
		26) Did you purchase a new motor vehicle in 2009?
		27) Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, plug-in, fuel cell)?
		<u>ITEMIZED DEDUCTIONS</u>
		28) Did you incur a loss because of damaged or stolen property?
		29) Did you work out of town for part of the year?
		30) Did you use your car on the job (other than to and from work)?
		31) Did you incur any expenses working as a teacher, counselor, or principal for classes kindergarten through grade 12?
		<u>EDUCATION</u>
		32) Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
		33) Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
		<u>MISCELLANEOUS</u>
		34) Do you want to allocate \$3 to the Presidential Election Campaign Fund?
		35) Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
		36) Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
		37) Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
		38) Was your home rented out or used for business?

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QUESTIONNAIRE (CONTINUED)		
YES	NO	MISCELLANEOUS (CONTINUED)
		39) Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
		40) Did you (or someone on your behalf, including your employer) make contributions to a High Deductible Health Insurance Plan (HDHP) &/or Health Savings Account (HSA) in 2008? Or did you receive an HSA distribution or acquire an interest in an HSA due to the death of the account beneficiary?
		41) Did you incur moving expenses due to a change of employment?
		42) Did you engage the services of any household employees?
		43) Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
		44) Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?
		45) Were you or was any of your property located in federally declared disaster area?
		46) Did you or your spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
		47) Did you or your spouse receive a pension or annuity in 2009 for services performed as an employee of the U.S., state, or local government from work not covered by social security?
		48) Did you or your spouse elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and December 31, 2009, as a result of an involuntary termination?
<u>CALIFORNIA</u>		
		49) You may now elect to pay use (sales) tax with your personal income tax return, rather than on a separate use (sales) tax form filed with the Board of Equalization. You have reportable use (sales) tax if you purchased goods outside of California for use, storage, or consumption in California and did not pay California sales or use tax on the purchase. If you elect to report your use (sales) tax on your personal tax return, please provide us with an itemized list of items purchased, the purchase price of each item, and the amount of sales tax paid to another state on each item.

2009 ESTIMATED TAXES PAID	FEDERAL		STATE	
	Amt Paid	Date Paid	Amt Paid	Date Paid
Overpayment Applied From 2008				
1ST Quarter Payment (Due 04/15/09)				
2ND Quarter Payment (Due 06/16/09)				
3RD Quarter Payment (Due 09/15/09)				
4TH Quarter Payment (Due 01/15/10)				

APPLICATION OF 2009 OVERPAYMENT	YES	NO
If you have an overpayment of 2009 taxes, do you want the excess refunded? <i>Or</i> applied to your 2010 estimates?		

DIRECT DEPOSIT OF REFUND	
Direct Deposit of Federal or State Tax Refund into Bank Account? (YES/NO)	
Name of Bank	
Routing Transit Number (9 digit # beginning with 01 thru 12 or 21 thru 32)	
Depositor Account Number (up to 17 characters)	
Type of account: Savings or Checking	

2010 ESTIMATED TAX INFORMATION	YES	NO
Do you expect your 2010 <i>taxable income</i> to be different from 2009? If "Yes" explain the differences in income, deductions, dependents, etc:		
Do you expect your 2010 <i>withholdings</i> to be different from 2009? If "Yes" explain any differences:		

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MISCELLANEOUS INCOME - Attach ALL 1099-G, 1099-MISC, SSA-	TAXPAYER	SPOUSE
1099-G - State Tax Refunds		
SSA-1099 (box 5) - Social Security Benefits		
SSA-1099 - Medicare Premiums Paid		
RRB-1099 (box 5) - Tier 1 RR retirement benefits		
1099-G - Unemployment Compensation		
1099-B - Sales of Stock (also include transaction history)		
1099-S - Sales of real estate (also include closing statements)		
Alimony Received		
Taxable Scholarships and Fellowships		
Household Employee Income Not on W-2		
Excess minister's allowance		
1099-MISC - Income Subject to S/E Tax:		

1099-MISC (box 3) - Other income:		

ITEMIZED DEDUCTIONS	
MEDICAL AND DENTAL EXPENSES (Subject to 7.5% AGI limit)	AMOUNT
PRESCRIPTION MEDICINES AND DRUGS	
DOCTORS, DENTISTS AND NURSES	
HOSPITALS AND NURSING HOMES	
INSURANCE PREMIUMS (excluding Long-Term Care & amounts paid with pre-tax dollars)	
LONG-TERM CARE PREMIUMS	
INSURANCE REIMBURSEMENT (enter as a positive number)	
LODGING AND TRANSPORTATION:	
OUT-OF-POCKET EXPENSES	
NUMBER OF MEDICAL MILES	
OTHER MEDICAL AND DENTAL EXPENSES:	

TAXES PAID	AMOUNT
STATE AND LOCAL INCOME TAXES - Paid for prior yrs &/or to other states	
REAL ESTATE TAXES - PRINCIPAL RESIDENCE	
REAL ESTATE TAXES - PROPERTY HELD FOR INVESTMENT	
STATE TAXES PAID ON VEHICLES, BOATS, & AIRCRAFT	
SALES TAX PAID ON NEW PASSANGER AUTO'S, LIGHT TRUCKS, MOTORCYCLES, MOTOR HOMES	
PURCHASED 2/17/09-12/31/09	
PERSONAL PROPERTY TAXES (including Automobile/DMV fees)	
FOREIGN INCOME TAXES	
OTHER TAXES:	

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ITEMIZED DEDUCTIONS (CONTINUED)	
INTEREST PAID	AMOUNT
HOME MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098: _____	
HOME MORTGAGE INTEREST NOT REPORTED ON FORM 1098: (If paid to the home seller, enter the seller's name, SSN or EIN, and address): _____ _____ _____	
POINTS NOT REPORTED ON FORM 1098: _____	
HOME MORTGAGE INSURANCE PREMIUMS:	
INVESTMENT INTEREST: _____	
PASSIVE INTEREST: _____	

CASH CONTRIBUTIONS	AMOUNT
VOLUNTEER EXPENSES (Out-of-pocket)	
NUMBER OF CHARITABLE MILES	
CONTRIBUTIONS BY CASH OR CHECK (MUST include ALL receipts for donations) _____ _____ _____	

NON-CASH CONTRIBUTIONS	
Please complete the information below for <i>each</i> donee.	
NAME OF CHARITABLE ORGANIZATION (DONEE)	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
PROPERTY DESCRIPTION	
DATE OF DONATION (MM/DD/YY)	
DATE YOU ACQUIRED PROPERTY (MM/YY)	
HOW YOU ACQUIRED PROPERTY (Purchase, Gift, Inheritance, Exchange)	
YOUR COST OF THE PROPERTY	
Please provide us a detailed list of the donated items	
Provide a copy of the appraisal for non-cash contributions with a value over \$5000	

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)	AMOUNT
UNION AND PROFESSIONAL DUES	
OTHER UNREIMBURSED EMPLOYEE EXPENSES: _____ _____ _____	
INVESTMENT EXPENSE: _____	
TAX RETURN PREPARATION FEE	
SAFE DEPOSIT BOX RENTAL	
OTHER MISCELLANEOUS DEDUCTIONS (2% AGI): _____ _____	

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ITEMIZED DEDUCTIONS (CONTINUED)	
OTHER MISCELLANEOUS DEDUCTIONS	AMOUNT
GAMBLING LOSSES TO EXTENT OF WINNINGS: (Gambling winnings: _____) (Gambling losses: _____)	
OTHER MISCELLANEOUS DEDUCTIONS:	

ADJUSTMENTS TO INCOME		
ADJUSTMENTS TO INCOME	TAXPAYER	SPOUSE
SELF-EMPLOYED HEALTH INSURANCE:		
TOTAL PREMIUMS (Excluding long-term care)		
LONG-TERM CARE PREMIUMS		
STUDENT LOAN INTEREST PAID (1098-E)		
EDUCATOR EXPENSES (Kindergarten thru Grade 12)		
TUITION AND RELATED EXPENSES		
ALIMONY PAID (First & Last Name, Recipient's SSN, and Amount paid):		

RETIREMENT PLANS	TAXPAYER	SPOUSE
KEOGH, SEP, PROFIT-SHARING, MONEY PURCHASE, AND SIMPLE CONTRIBUTIONS		
Would you like to contribute the maximum allowable amount? (YES/NO)		
(Type of plan: _____) (Plan contribution rate or amt: _____)		
Enter the amount already contributed to your plan(s). (Date paid _____)		
Employer matching rate for SIMPLE contributions (if not 3%)		
TRADITIONAL IRA		
Would you like to contribute the maximum allowable amount? (YES/NO)		
(Maximum = \$5000 / \$6000 if 50 or older)		
Enter the amount already contributed to your plan(s). (Date paid _____)		
Did you receive a distribution from a Traditional IRA or convert a Traditional IRA to a Roth IRA?		
ROTH IRA		
Would you like to contribute the maximum allowable amount? (YES/NO)		
(Maximum = \$5000 / \$6000 if 50 or older)		
Enter the amount already contributed to your plan(s). (Date paid _____)		
EDUCATIONAL IRA		
Have you considered contributing to an Educational IRA? (YES/NO)		
Would you like to discuss this issue with us? (YES/NO)		

CHILD AND DEPENDENT CARE EXPENSES	TAXPAYER	SPOUSE
Dependent care expenses incurred but not paid in 2009		
Employer-provided benefits forfeited in 2009		

PERSONS OR ORGANIZATIONS PROVIDING CARE:		
NAME OF PROVIDER #1 STREET ADDRESS CITY, STATE, ZIP CODE IDENTIFICATION NUMBER (SSN or EIN) TELEPHONE NUMBER (including Area Code) AMOUNT PAID TO CARE PROVIDER IN 2009:		
	NAME OF DEPENDENT	AMOUNT
NAME OF PROVIDER #2 STREET ADDRESS CITY, STATE, ZIP CODE IDENTIFICATION NUMBER (SSN or EIN) TELEPHONE NUMBER (including Area Code) AMOUNT PAID TO CARE PROVIDER IN 2009:		
	NAME OF DEPENDENT	AMOUNT
DEPENDENT #1		
DEPENDENT #2		
DEPENDENT #3		
DEPENDENT #4		

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BUSINESS INCOME (SCHEDULE C)	
For each business. please enter all pertinent 2009 amounts and attach all applicable 1099-MISC forms:	
GENERAL INFORMATION	
PRINCIPAL BUSINESS/PROFESSION	
BUSINESS NAME, IF DIFFERENT FROM FORM 1040	
BUSINESS ADDRESS, IF DIFFERENT FROM FORM 1040	
CITY, STATE, ZIP CODE, IF DIFFERENT FROM FORM 1040	
EMPLOYER IDENTIFICATION NUMBER	
ACCOUNTING METHOD: 1=CASH, 2=ACCRUAL, 3=OTHER	
INVENTORY METHOD: 1=COST, 2=LOWER C/M, 3=OTHER	
1=CHANGE OF INVENTORY METHOD	
1=SPOUSE, 2=JOINT	
1=FIRST SCHEDULE C FILED FOR THIS BUSINESS	
INCOME	AMOUNT
GROSS RECEIPTS OR SALES	
RETURNS & ALLOWANCES	
OTHER INCOME:	
COST OF GOODS SOLD	AMOUNT
INVENTORY AT THE BEGINNING OF THE YEAR	
PURCHASES	
DIRECT LABOR	
MATERIALS & SUPPLIES	
OTHER COSTS:	
INVENTORY AT THE END OF THE YEAR	
EXPENSES	AMOUNT
ACCOUNTING	
ADVERTISING	
BAD DEBTS	
BANK CHARGES	
CAR & TRUCK EXPENSES (NOT ENTERED ELSEWHERE)	
COMMISSIONS	
CONTRACT LABOR	
DELIVERY & FREIGHT	
DUES & SUBSCRIPTIONS	
EMPLOYEE BENEFITS	
INSURANCE (OTHER THAN OWNER'S HEALTH)	
MORTGAGE INTEREST (PAID TO BANKS, ETC)	
OTHER INTEREST	
LEGAL & PROFESSIONAL	
OFFICE EXPENSE	
OUTSIDE SERVICES	
PENSION AND PROFIT SHARING PLANS - CONTRIBUTIONS	

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RENTAL & ROYALTY INCOME (SCHEDULE E)	
For each property, please enter all pertinent 2009 amounts and attach all applicable 1099-MISC forms:	
GENERAL INFORMATION	
DESCRIPTION OF PROPERTY	
LOCATION OF PROPERTY	
PERCENTAGE OF OWNERSHIP (IF NOT 100%)	
PERCENTAGE OF TENANT OCCUPANCY (IF NOT 100%)	
1=SPOUSE, 2=JOINT	
1=NONPASSIVE ACTIVITY, 2=PASSIVE ROYALTY	
1=DID NOT ACTIVELY PARTICIPATE	
1=REAL ESTATE PROFESSIONAL	
1=RENTAL OTHER THAN REAL ESTATE	
1=INVESTMENT	
INCOME	AMOUNT
RENTS RECEIVED (FORM 1099-MISC, BOX 1)	
ROYALTIES RECEIVED (FORM 1099-MISC, BOX 2)	
DIRECT EXPENSES	
ADVERTISING	
ASSOCIATION DUES	
AUTO AND TRAVEL	
CLEANING AND MAINTENANCE	
COMMISSIONS	
GARDENING	
INSURANCE	
LEGAL AND PROFESSIONAL FEES	
LICENSES AND PERMITS	
MANAGEMENT FEES	
MISCELLANEOUS	
MORTGAGE INTEREST (PAID TO BANKS, ETC.)	
OTHER INTEREST	
PAINTING AND DECORATING	
PEST CONTROL	
PLUMBING AND ELECTRICAL	
REPAIRS	
SUPPLIES	
TAXES - REAL ESTATE	
TAXES - OTHER	
TELEPHONE	
UTILITIES	
WAGES AND SALARIES	
OTHER (LIST):	