



TAX ORGANIZER

FOR 2008 TAX RETURNS

EEE Business Services, CPAs

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Name: _____

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Tel (W): _____

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Thank you for entrusting us with your tax preparation. We are pleased that our expertise and experience will be used for your benefit. Our goal is to make your tax preparation a satisfying experience. **Please provide a copy of your 2007 Federal and State tax returns.**

BY FAX

BY MAIL

BY APPOINTMENT: Appointment Date: _____ Time: _____

Name: Taxpayer _____ SS No. _____

Birthdate/Age _____ Check if blind:

Spouse _____ SS No. _____

Birthdate/Age _____ Check if blind:

Address: _____

Occupation: Taxpayer _____ Spouse _____

Check One: Single Married Filing Joint Surviving Widow/Widower

Married Filing Separately (enter spouse's name/SS No. Above)

Unmarried Head of Household

DEPENDENTS

Dependent's Name (First, Middle, Last)	Birthdate/Age	Social Security # (Required)	Relationship	Months in Home
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYEE WAGES

Attach all Forms W-2. Number of Forms W-2 received by Taxpayer _____ and by Spouse _____

DIVIDEND INCOME

Attach copies of all Forms 1099-DIV and other year-end statements reporting dividend income. Number attached _____

INTEREST INCOME

Attach all Forms 1099-INT or other year-end statements reporting interest income from Banks, Credit Unions, S & L's, Corporate Bonds, U. S. Government, States and municipalities. Number attached _____

Do you or your spouse have signature control of a foreign bank, brokerage or trust account? Yes No

Seller Financed Mortgages <i>(Name address & Social Security # required)</i>	<u>Interest Received</u>	<u>Principal Received</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Personal Loans <i>(Name, address & Social Security # required):</i>		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

MISCELLANEOUS INCOME

NATURE AND SOURCE Attach supporting forms and documents when applicable.

State Income Tax Refunds <i>(report only if deducted in a prior year as an itemized deduction)</i>	\$ _____
Alimony/Separate Maintenance Received <i>(not child support)</i>	\$ _____
Alimony/Separate Maintenance Received FROM <i>(Name/SSN _____)</i>	\$ _____
Unemployment Compensation Received	\$ _____
Unemployment Compensation Repaid For 2008	\$ _____
Unemployment Compensation Repaid For Prior Year(s)	\$ _____
Jury Duty Pay <i>(not including reimbursement for commuting)</i>	\$ _____
Lottery/Gambling Winnings	\$ _____
Lottery/Gambling Losses <i>(up to the amount of winnings only)</i>	\$ _____
Prizes and Awards <i>(Identify: _____)</i> <i>(Federal tax withheld: \$ _____)</i>	\$ _____
Other <i>(Identify):</i> _____	\$ _____

ADJUSTMENTS TO INCOME

Penalty on Early Withdrawal of Savings.....	\$ _____
Alimony/Separate Maintenance Paid <i>(not child support)</i>	\$ _____
Alimony/Separate Maintenance Paid to <i>(Name & SSN: _____)</i>	\$ _____
Jury Duty Pay Given to Employer.....	\$ _____
<i>(if claimed as miscellaneous income above)</i>	
Education loan interest	\$ _____

SELF EMPLOYMENT INCOME/EXPENSES

Attach copies of all related Forms 1099-MISC. Number attached _____
Attach worksheets showing gross receipts and expenses. Number attached _____

SALE/EXCHANGE OF MUTUAL FUNDS, STOCKS, BONDS, ETC.

Attach Form 1099-B and other documents reporting sales, acquisitions and holding periods.

DATE SOLD	DATE ACQUIRED	SALES PRICE	*BASIS (COST) (REQUIRED)	COST OF SALE (IF NOT EDUCTED ALREADY FROM SALES PRICE)	FEDERAL TAX WITHHELD
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

SALE OF HOME (PERSONAL RESIDENCE)

Attach escrow settlement statement for potential deductions.

Home sale might not be taxable if gain on sale is less than \$250,000 for single individuals or \$500,000 if married!

SALE OF REAL ESTATE OTHER THAN HOME

Attach escrow settlement statement for sale and purchase. Attach depreciation schedule, if available.

DATE SOLD	DATE ACQUIRED	SALES PRICE	*BASIS (COST) (REQUIRED)	COST OF CAPITAL IMPROVEMENT	DEPRECIATION ALLOWED OR ALLOWABLE
		\$	\$	\$	\$
		\$	\$	\$	\$

*Basis is usually your cost but may be an adjusted amount due to deferred gains, improvements and depreciation. Special rules apply when assets are received by gift, inheritance, exchange, bargain transaction, repossession, satisfaction of debt, options, original issue discount, etc. **The cost of mutual funds includes dividends used to purchase new shares.**

RENTAL AND ROYALTY INCOME

Attach copies of all related Forms 1099-MISC.

Number attached _____

Attach worksheets showing gross receipts and expenses.

Number attached _____

PARTNERSHIP, ESTATE, TRUST & S-CORPORATION INCOME

Attach Schedules K-1 from Partnership, Estate, Trust and/or S-Corporation tax returns.

Number attached _____

RETIREMENT, DISABILITY, SOCIAL SECURITY INCOME

Attach all Forms 1099-R or other year-end statements reporting distributions.

Number attached _____

Attach copies of Form SSA-1099 showing Social Security benefits received.

Number attached _____

If you received disability income, check here if you (not your employer) previously paid the insurance policy premiums:

If you received disability income, check here if the insurance company considers you "totally & permanently" disabled:

RETIREMENT PLAN ROLLOVERS, TRANSFERS, AND CONVERSIONS

Attach all Forms 1099-R or other year-end statements for rollovers, transfers and/or conversions. Number attached _____

RETIREMENT PLAN CONTRIBUTIONS

	<u>Taxpayer</u>	<u>Spouse</u>
Did your employer contribute funds to a retirement plan for you in 2008?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did your employer withhold and contribute funds to a voluntary TSA for you in 2008?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Report below any contributions that you personally made into retirement accounts.
Do NOT include any contributions made by your employer to an employee retirement plan or TSA (403(b)) annuity.

INDIVIDUAL RETIREMENT ACCOUNT (IRA) :

Do not include IRA contributions made in 2008 for 2007.

	<u>Taxpayer</u>	<u>Spouse</u>
Would you like to contribute the maximum IRA amount that can be deducted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you make "non-deductible" IRA contributions in prior years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you converted a regular IRA into a Roth IRA in 2008, what was the amount?	\$ _____	\$ _____
IRA contributions made in 2008 for 2008 Type?		
Regular _____ Roth _____	\$ _____	\$ _____
IRA contributions already made in 2009 for 2008 Type?		
Regular _____ Roth _____	\$ _____	\$ _____
IRA contributions plan to make by 4/15/09 for 2008 Type?		
Regular _____ Roth _____	\$ _____	\$ _____

SELF-EMPLOYED SEP, SIMPLE and QUALIFIED PLANS (KEOGH) :

Would you like to contribute the maximum allowable amount?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(Type of plan: _____; Plan contribution rate: _____)		
Enter the amount contributed to your plan for 2008.		
(Date paid: _____)	\$ _____	\$ _____
Enter the additional amount you will contribute for 2008 by 4-15-09	\$ _____	\$ _____

CHILD & DEPENDENT CARE EXPENSES

Amounts paid by you for each child:

First name of each child cared for			
Total amount paid by you for that child	\$	\$	\$

Amounts paid to each provider:

	Provider #1	Provider #2	Provider #3
Provider's Name			
Address			
Social Security No. or EIN (required)			
Amount paid each provider by employer	\$	\$	\$
Amount paid each provider by you	\$	\$	\$

CASUALTY AND THEFT LOSS

CASUALTY OR THEFT LOSS: A deduction is allowed for loss from fire, storm, flood, accident and theft if your loss exceeds: (a) insurance payments, (b) \$100 per incident, and (c) 10% of adjusted gross income. If you have such losses **check box that begins this section** and describe the casualty or loss event, the property (type, location and date acquired), cost or basis, fair market values **before** and **after** the casualty or loss, and whether the property was used in business.

UNREIMBURSED MOVING EXPENSES

Date of move from old location: _____ Old address: _____
City/State moved from: _____
Date employment began in new location: _____

If you moved because of a change in job location, list expenses you paid that were not reimbursed by your employer:

Transportation and storage (any 30 day period after moving) of household goods and personal effects. \$ _____
Travel (other than meals) and lodging when moving from old home to new home (one trip per person). \$ _____
*Note: You may **not** deduct expenses for pre-move house hunting, meals, temporary living, sale of home, or refitting drapes.*

If you claimed any moving expenses above, complete the rest of this section.

Distance Test:
Enter number of miles from your **old home** to your **new workplace**. _____
Enter number of miles from your **old home** to your **old workplace**. _____
Enter the difference, but not less than zero. If 50 miles or more, continue to the Time test. _____

Time Test:
If you are an employee, did you or will you work full time at least 39 weeks during the first 12 months? Yes
If you are self-employed, did you or will you work full time at least 39 weeks during the first 12 months and a total of 78 weeks during the first 24 months following the move? Yes
If neither of these two time tests apply, was the move due to death, disability, employer transfer, lay Off or discharge for reasons other than willful misconduct? Yes

Members of Armed Forces do not have to meet the distance and time test for a PCS move, retirement or separation.

EDUCATION CREDITS

For tuition and academic fees only. Does not include books, room, board, student activities, insurance, equipment, transportation, other personal expenses, or athletic fees (unless these are required as part of the student's degree program.) Does not include tuition or fees paid by scholarships and grants.

Hope Credit: Tuition expenses paid during 2008 for first and second years of higher education for self, spouse and dependents enrolled at least half time. Limited to first \$2,400 of tuition/fees per student.

Student Name: _____ Tuition paid in 2008: \$ _____

Student Name: _____ Tuition paid in 2008: \$ _____

Lifetime Learning Credit: Expenses paid during 2008 for higher education for self, spouse and dependents enrolled for at least one course. Limited to first \$10,000 of tuition/fees for all students.

Student Name: _____ Tuition paid in 2008: \$ _____

Student Name: _____ Tuition paid in 2008: \$ _____

ITEMIZED DEDUCTIONS

Itemize deductions if you can exceed the Standard Deduction or if you file Married Separately and must itemize.

MEDICAL EXPENSES

List Medical Costs in Excess of Insurance:

Prescription medications..... \$ _____
 Doctors, dentists, nurses..... \$ _____
 Hospitals, clinics, and nursing homes\$ _____
 Health Insurance Premiums that YOU
 paid..... \$ _____
 Long-term Care ("Nursing Home")
 Insurance..... \$ _____
 Medical supplies & equipment..... \$ _____
 Lab tests, X-rays, glasses, hearing
 aids, etc..... \$ _____
 Lodging & transportation(19¢/mile 1/1-6/30/08,
 27¢/mile 7/1-12/31/08) \$ _____
 Other: _____ \$ _____

TAXES (Not sales tax or rental property)

State/local withholding taxes on W-2 \$ _____
 Real Estate: Principal residence/2nd
 Home..... \$ _____
 Real Estate: Property held for
 investment..... \$ _____
 Vehicle: Ownership or county tax.. \$ _____
 Vehicle(CA only): DMV fee(# of cars_) \$ _____
 Foreign income tax paid/withheld.. \$ _____
 Other (Identify: _____) \$ _____

INTEREST & MORTGAGE POINTS

Mortgage Interest/Points reported on Form 1098:
 Paid to: _____ \$ _____
 Paid to: _____ \$ _____
 Paid to: _____ \$ _____
*Interest/Points not reported on
 Form 1098:.....\$ _____*
 Home Mortgage: **Name, Address, SSN required**

 Investment Interest: _____ \$ _____

CHARITABLE CONTRIBUTIONS

Volunteer driving:
 Miles _____ x 14¢.....\$ _____
 Volunteer supplies, fees, meals,
 Etc.....\$ _____
 Contributions carried over
 from 2007.....\$ _____

Contributions by cash or check must be supported by a dated bank record, a dated receipt, or payroll deduction records. Acknowledgment must be attained for each contribution of \$250 or more.

Org: _____ \$ _____
 Org: _____ \$ _____
 Org: _____ \$ _____
 Various Church/Charity....\$ _____

Cash and check contribution

total.....\$ _____

Contributions of goods and

Property.....\$ _____

** If NONCASH contributions (property and goods) total \$250 or more, you must complete the required info in the table below.*

MISCELLANEOUS DEDUCTIONS

Tax preparation fee paid
 in 2008.....\$ _____
 Safe deposit box rental....\$ _____
 IRA/SEP/Keogh management fee
 paid by you rather than
 withheld from account.....\$ _____
 Investment & Tax Planning
 Fees.....\$ _____
 Investment Subscriptions...\$ _____
 Other (Identify: _____) \$ _____

*** If noncash contributions (property & goods) total \$500 or more, you must show:**
 (1)organization(s)' name and address, (2) description of donated items, (3)dates donated, (4)dates acquired, (5)how acquired, (6)cost or basis, (7)fair market value when given, (8)how fair market value was determined (appraisal, thrift shop value, comparable sales, etc.). No deduction allowed for most contributions of clothing and household items unless they are in good used condition or better.

Name/Address	Description	Date Donated	Date Acquired *	How Acquired *	Cost *	Fair Mkt Value When Donated *	How Value Determined

* Required for each contribution of \$500 or more.

2008 ESTIMATED TAX PAYMENTS

FEDERAL		TAX PAYMENTS	STATE #1:		STATE #2:	
DATE PAID	AMOUNT		DATE PAID	AMOUNT	DATE PAID	AMOUNT
	\$	'07 refund applied to 1st Quarter '08		\$		\$
	\$	1st Quarter 2008 due 4/15/08		\$		\$
	\$	2nd Quarter 2008 due 6/15/08		\$		\$
	\$	3rd Quarter 2008 due 9/15/08		\$		\$
	\$	4th Quarter 2008 due 1/15/2009		\$		\$
	\$	Extension Payment due 4/15/09		\$		\$
	\$	TOTAL 2008 ESTIMATED TAX		\$		\$

The following information comes from your prior year(s) Federal/State income tax returns. A Federal tax deduction is allowed for state taxes in the year paid. Some states require adjustments for Federal taxes paid.

FEDERAL		TAX PAYMENTS	STATE #1:		STATE #2:	
DATE PAID	AMOUNT		DATE PAID	AMOUNT	DATE PAID	AMOUNT
	\$	4th Quarter 2007 est. paid in 2008		\$		\$
	\$	2007 Tax Return taxes due 4/15/08		\$		\$
	\$	2007 Tax Return refund received in 2008		\$		\$
	\$	Prior Year taxes paid in 2008		\$		\$
	\$	Prior Year refund received in 2008		\$		\$

TAX PLANNING FOR 2008

1. If I have an overpayment of 2008 tax, I want the overpayment:

- Applied to 1st quarter 2009 estimated tax.
 Directly deposited to my bank accounts.

A voided check for each account is attached.

Account Amount

_____ _____
 _____ _____
 _____ _____

Refunded by IRS check.

2. I expect the following changes from 2008 in employment status, employment location, number of exemptions, marital status, etc. (or enter "None"):

3. I estimate the following changes from 2008 to 2009 income, expenses, and tax withholdings. These may require an increase or decrease in estimated tax payments for 2009. Enter zero if no change expected. _____

4. I plan to contribute the following amount to a TSA, IRA, SEP or Keogh (circle which) retirement plan for 2009.....\$ _____

COMMENTS/QUESTIONS:

MISCELLANEOUS QUESTIONS ABOUT THE YEAR 2008

Please check the appropriate box for each question. **Please provide all pertinent details.**

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Are you (____) or your spouse (____) exempt from Social Security self-employment tax on ministry income with an APPROVED Form 4361? If so, provide a copy of approved Form 4361 (unless you already have done so).
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents or your marital status during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you move during 2008? Enter date of move: _____ and old address: _____ . If you moved at least 50 miles and had unreimbursed moving expenses, please provide details.
<input type="checkbox"/>	<input type="checkbox"/>	Did you SELL stock, bonds, or other investment property? If yes, please list the description, date bought, date sold, sales price, cost or basis, and expense of sale. For all sales/redemptions, we need Form 1099B and cost basis statement. We cannot complete your tax return without this information.
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any salary reduction contributions through your employer to a 403(b) Tax Sheltered Annuity(TSA)? If so, how much? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 18, or at age 18 and whose earned income is not more than half of the child's support, or under age 24 and whose earned income is not more than half of the child's support on January 1, 2008 with interest and/or dividend income in excess of \$900, or total investment income over \$1800?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any adoption expenses? Please provide details.
<input type="checkbox"/>	<input type="checkbox"/>	Do you/spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your home or second home, or did you take a home equity loan? Please provide a copy of the settlement statements.
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone owe you money which has become uncollectible? (To be tax deductible you must have documents to prove the debt and that you have exhausted all reasonable means to collect.) If so, how much? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent attend a college, or vocational school? If yes, please send tuition and scholarship information for the Education Credits.
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any expenses working as a teacher, counselor, or principal for classes K through grade 12 at an accredited school? If so, how much? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur job-related child care expenses? Please provide details.
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy a vehicle, boat, aircraft or home building supplies, or lease a vehicle? If so, how much sales tax did you pay? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Were you located in Midwestern disaster areas?

PLEASE PROVIDE FOR US:

1. A copy of your 2007 tax return for new clients.
2. All W-2 and 1099 Forms reporting salary, wages, and other compensation.
3. All 1099 Forms reporting interest and dividend income.
4. 1099-B Forms and cost basis statements for all stock, mutual fund, and other investment sales.
5. All 1098 Forms reporting mortgage interest, student loan interest, tuition statement.
6. Schedule(s) K-1 (income/loss from partnerships, trusts, S-Corporations, estates).
7. Settlement statement for each real estate purchase, sale, or refinance.

SELF EMPLOYMENT INCOME/EXPENSES WORKSHEET

Business Name _____ Federal ID No. _____

Principal Business Activity _____ Principal Product _____

Method Used to Value Inventory _____

Accounting Method: Cash Accrual

	Amount
Gross Income	
Gross Income.....	\$ _____
Less Returns/Allowances	_____

Cost of Sales	
Beginning Inventory	\$ _____
Purchases	_____
Cost of Labor	_____
Materials and Supplies	_____
Freight In	_____
Other _____	_____
_____	_____

Ending Inventory _____

Deductions	
Advertising	\$ _____
Auto-Truck Expense	\$ _____
Bad Debts	\$ _____
Collection Expense	\$ _____
Commissions	\$ _____
Professional Dues & Subscriptions	\$ _____
Employee Benefit Programs.....	\$ _____
Freight & Express	\$ _____
Utilities.....	\$ _____
Insurance	\$ _____
Interest-Mortgage.....	\$ _____
Interest-Other	\$ _____
Janitorial & Cleaning.....	\$ _____
Laundry	\$ _____
Legal & Accounting Fees	\$ _____
Office Expense	\$ _____
Postage	\$ _____
Rent	\$ _____
Repairs	\$ _____
Salaries	\$ _____
Supplies	\$ _____
Telephone	\$ _____
Travel	\$ _____
Total Meals & Entertainment	\$ _____
Other _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Business Use of Home

Total Area of Home: _____sq. ft. Total area Used for Business: _____sq. ft.

Nature of Business Activity Performed in Home: _____

Was Another Office Available to You Outside the Home? Yes No

The smaller of your home's adjusted basis or its fair market value (building and land):
\$_____; Value of the land: \$_____

Please check the box if I elect to ignore filing Business Use of Home due to insignificant tax savings.

Non-Exclusive Use by Day Care Providers Only: Hours/Day Used for Day Care: _____
Days/Year Used for Day Care: _____

Asset Listing

	Description	Date Acquired	Cost	Date Sold	Sales Price
1			\$		\$
2			\$		\$
3			\$		\$
4			\$		\$
5			\$		\$
6			\$		\$
7			\$		\$
8			\$		\$
9			\$		\$
10			\$		\$

RENTAL AND ROYALTY WORKSHEET

Rental Real Estate and Oil & Gas Royalties (Do not include royalties from writing and publishing.)

DESCRIPTION AND LOCATION OF PROPERTY

Property 1 _____
 Property 2 _____
 Property 3 _____

	Property/ Royalty 1	Property/ Royalty 2	Property/ Royalty 3
RENTAL INCOME	\$ _____	\$ _____	\$ _____
ROYALTY INCOME	\$ _____	\$ _____	\$ _____
EXPENSES:			
Advertising	\$ _____	\$ _____	\$ _____
Travel: Fares or Transportation (50.5¢/mile 1/1-6/30/08, 58.5¢/mile 7/1-12/31/08)	\$ _____	\$ _____	\$ _____
Travel: Lodging (100%) and Meals (50%)	\$ _____	\$ _____	\$ _____
Cleaning and Maintenance	\$ _____	\$ _____	\$ _____
Management Fees/Commissions	\$ _____	\$ _____	\$ _____
Gardening/Landscaping/Tree Removal Insurance	\$ _____	\$ _____	\$ _____
Legal and Professional Fees	\$ _____	\$ _____	\$ _____
Interest to Financial Institutions (Name: _____)	\$ _____	\$ _____	\$ _____
Interest to Individuals (Name, address, SSN: _____)	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Taxes -- Real Estate/Property/Severance	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Association Dues	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____
Other:			
Was the rental property rented to a relative?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was rental property rented below fair rental value?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you actively participate in rental management?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you or a family member occupy the rental property for personal use for either 14 days or 10% of the total days it was rented at fair rental value?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was property acquired or sold, capital improvement made or furnishings either acquired or disposed of during the year? If so, provide details below.			

2008 IMPROVEMENTS AND PROPERTY ACQUIRED OR DISPOSED OF DURING THE YEAR

Property #	Description	Date Acquired	Date Sold	Sales Price	Cost or Basis
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

TAX ORGANIZER SUPPLEMENT - CALIFORNIA QUESTIONS

	<u>Yes</u>	<u>No</u>
Did you live in a state - or receive income from a state - other than California during 2008? <i>If yes, provide details.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Did you buy and install a solar or wind energy system on your property in California in 2008? <i>If yes, provide detail including cost of purchase & installation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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Did you sell any California real estate on which State Income was withheld at the sale?	<input type="checkbox"/>	<input type="checkbox"/>
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Long-Term Care Credit: Was long-term care provided for you, your spouse, child or dependent, a member of your household, or anyone else for whom you supply substantial financial support? <i>If yes, indicate the name of the person(s) and their relationship to you:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Renter's Credit: If your adjusted gross income is under \$69,872 (under \$34,936 if Single or filing separately),

Did you live in rented property or church-owned parsonage in California for at least ½ of 2008? If NO , stop here. You do not qualify for the renter's credit.	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Was the property that you rented exempt from property tax in 2008? If YES , stop here. If the property was exempt from property tax, you do not qualify for the renter's credit, unless your landlord paid possessory interest taxes for the property you lived in. Exempt property includes most church-owned buildings & parsonages, government-owned buildings, college dormitories, and military barracks.	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Did you or your spouse claim the homeowner's property tax exemption in 2008? If YES , you do not qualify unless you and your spouse maintained separate residences for all of 2008. If you think you may qualify for the Renter's Credit, please provide the following information for each rental location for the year 2008: Complete rental address; Dates rented; Landlord name, address, and telephone number.	<input type="checkbox"/>	<input type="checkbox"/>
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Do you meet these four tests for the Joint Custody Head of Household Credit (\$393 tax credit)?

1. You are (A) single or (B) married filing separately and lived apart from your spouse for all of 2008,
2. You paid more than $\frac{1}{2}$ the household expenses for your home that also served as the home of your child, stepchild, or grandchild for at least 146 days but not more than 219 days of 2008,
3. The custody arrangement for the child is part of a decree of dissolution or separate maintenance (or part of a written agreement between the parents where the proceedings have been initiated, but a decree has not yet been issued), **and**
4. You do not claim the head of household or qualifying widow(er) filing status.

Did you adopt a child in 2008?

If so, for the year in which an order of adoption is entered, you may claim a credit if the child is a U.S. citizen or legal resident and was in the custody of a California agency or political subdivision. Qualifying costs include adoption-related (1) Fees of the Department of Social Services or a licensed adoption agency, (2) Medical expenses not reimbursed by insurance, and (3) Travel expenses for the adoptive family. Enter the amount of qualifying adoption costs that you incurred: \$_____