

<b>2008</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**KENDALL FINANCIAL SERVICES**  
**1508 SAN PABLO AVE**  
**PINOLE, CA 94564-2452**  
**Telephone number: (510) 964-1500**  
**Fax number: (510) 964-1501**  
**E-mail address: KENDALLTAX@SBCGLOBAL.NET**

**Tax Return Appointment**

**Date:**  
**Time:**  
**Location:**

**This tax organizer will assist you in gathering information necessary for the preparation of your 2008 tax return. Please enter all pertinent 2008 information.**

**CLIENT INFORMATION**

**Taxpayer**

**Spouse**

First name and initial . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . .		
Date of death (m/d/y) . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Social security number . .		
Relationship . . . . .		
Months lived at home . . .		

**Dependent No.**

**Dependent No.**

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Social security number . .		
Relationship . . . . .		
Months lived at home . . .		

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**Please enter all pertinent 2008 information. If you have attached a government form for an item, check the box and do not enter a 2008 amount.**

**WAGES, SALARIES AND TIPS**

Employer name:

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

2008 Amount	2007 Amount
<b>Attach Forms W-2</b>	

**INTEREST INCOME**

Payer name:

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

<b>Attach Forms 1099-INT</b>	

**DIVIDEND INCOME**

Payer name:

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

<b>Attach Forms 1099-DIV</b>	

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

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

<b>Attach Forms 1099-R &amp; W-2G</b>	

Winnings not reported on W-2G. ....

Total gambling losses. ....

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements).....
<input type="checkbox"/>	Form 1099-G - State tax refunds.....

<b>Attach Forms 1099</b>	
<b>Attach Forms 1099</b>	

Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....

<b>Attach Forms 1099</b>	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....

<b>Attach Forms 1099</b>	
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**MISCELLANEOUS INCOME**

Taxpayer: Alimony received .....

Spouse: Alimony received.....

Other: \_\_\_\_\_




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**TAXES PAID (continued)**

City/local income taxes - 1/08 payment on 2007 city/local estimate . . . . .

City/local income taxes - paid with 2007 city/local extension . . . . .

City/local income taxes - paid with 2007 city/local return . . . . .

State and local sales taxes . . . . .

Sales taxes paid on vehicles, boats, and aircraft . . . . .

Use taxes paid on 2008 purchases . . . . .

Use taxes paid on 2007 state return . . . . .

Real estate taxes - principal residence . . . . .

Real estate taxes - property held for investment . . . . .

Foreign income taxes . . . . .

2008 Amount	2007 Amount

Personal property taxes (including automobile fees in some states) . . .

<b>Attach Tax Notice</b>	
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**INTEREST PAID**

Home mortgage interest and points paid:

\_\_\_\_\_

\_\_\_\_\_

<b>Attach Forms 1098</b>	

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

\_\_\_\_\_

\_\_\_\_\_


Points not reported on Form 1098:

\_\_\_\_\_

\_\_\_\_\_


Mortgage insurance premiums on post 12/31/06 contracts . . . . .

Investment interest (interest on margin accounts):

\_\_\_\_\_

\_\_\_\_\_


Passive interest . . . . .


**CASH CONTRIBUTIONS**

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

\_\_\_\_\_

\_\_\_\_\_


Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .


**NONCASH CONTRIBUTIONS**

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

\_\_\_\_\_

\_\_\_\_\_


**MISCELLANEOUS DEDUCTIONS**

Union and professional dues . . . . .

Tax return preparation fee . . . . .

Safe deposit box rental . . . . .

Investment expenses . . . . .

Estate tax, section 691(c) . . . . .

Unreimbursed employee expenses:

\_\_\_\_\_

\_\_\_\_\_


Other: \_\_\_\_\_


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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2008, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new hybrid vehicle in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive the Economic Stimulus Payment (rebate) in 2008?

<b>2008</b>	<b>1040</b>	<b>US</b>	<b>Direct Deposit &amp; Estimates (Form 1040 ES)</b>	<b>3, 6</b>
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Please enter all pertinent 2008 information.

**STIMULUS PAYMENT / DIRECT DEPOSIT OF REFUND / ELECTRONIC PAYMENT (3)**

Stimulus payment received from IRS .....		
1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2008 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2008 Voucher Amount
Overpayment applied from 2007 .....				
1st quarter payment (due 4/15/08) .....				
2nd quarter payment (due 6/16/08) .....				
3rd quarter payment (due 9/15/08) .....				
4th quarter payment (due 1/15/09) .....				

Additional Estimated Tax Payments				

Paid with extension (not later than 4/15/09) .....				
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**State**

	Amount Paid	Date Paid	TS	2008 Voucher Amount
Overpayment applied from 2007 .....				
1st quarter payment (due 4/15/08) .....				
2nd quarter payment (due 6/16/08) .....				
3rd quarter payment (due 9/15/08) .....				
4th quarter payment (due 1/15/09) .....				

Additional Estimated Tax Payments				

Paid with extension (not later than 4/15/09) .....				
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**1 Type of Account**

1 = Savings  
2 = Checking

**2 Type of Investment**

1 = Checking or savings (default)      6 = Coverdell savings account (ESA)  
 2 = Taxpayer's IRA (next year limits)      7 = Other  
 3 = Spouse's IRA (next year limits)      8 = Taxpayer's IRA (current year limits)  
 4 = Health savings account (HSA)      9 = Spouse's IRA (current year limits)  
 5 = Archer MSA

	<b>Hash Total</b>	<b>3, 6</b>
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2008	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2008 information.

**APPLICATION OF 2008 OVERPAYMENT (7.1)**

If you have an overpayment of 2008 taxes, do you want the excess refunded?  or applied to 2009 estimate?

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2009 ESTIMATED TAX INFORMATION**

Do you expect your 2009 taxable income to be different from 2008? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2009 withholding to be different from 2008? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Hash Total		7.1
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Business Income (Schedule C)

No.

16

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession .....	
Principal business code .....	
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 .....	
Other accounting method .....	

Accounting method: 1=cash, 2=accrual .....		
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 .....		
1=W-2 earnings as statutory employee .....		
1=not subject to self-employment tax .....		
1=did not "materially participate" .....		
1=personal services is not a material income producing factor .....		
1=investment .....		
1=minister's Schedule C .....		
1=single member limited liability company .....		

INCOME

	2008 Amount	2007 Amount
Gross receipts or sales (Form 1099-MISC, box 7) .....		
Returns and allowances .....		
Other income:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

COST OF GOODS SOLD

Inventory at beginning of the year .....		
Purchases .....		
Cost of items for personal use .....		
Cost of labor .....		
Materials and supplies .....		
Other costs:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
Inventory at end of the year .....		

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US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2008 Amount	2007 Amount
Accounting .....		
Advertising .....		
Answering service .....		
Bad debts from sales or service .....		
Bank charges .....		
Car and truck expenses (not entered elsewhere) .....		
Commissions .....		
Contract labor .....		
Delivery and freight .....		
Dues and subscriptions .....		
Employee benefit programs .....		
Insurance (other than health) .....		
Mortgage interest (paid to banks, etc.) .....		
Other interest (not entered elsewhere) .....		
Janitorial .....		
Laundry and cleaning .....		
Legal and professional .....		
Miscellaneous .....		
Office expense .....		
Outside services .....		
Parking and tolls .....		
Pension and profit sharing plans - contributions .....		
Pension and profit sharing plans - admin. and education costs .....		
Postage .....		
Printing .....		
Rent - vehicles, machinery, & equipment (not entered elsewhere) .....		
Rent - other .....		
Repairs .....		
Security .....		
Supplies .....		
Taxes - real estate .....		
Taxes - payroll .....		
Taxes - sales tax included in gross receipts .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Tools .....		
Travel .....		
Total meals and entertainment in full (50%) .....		
Department of Transportation meals in full (75%) .....		
Uniforms .....		
Utilities .....		
Wages .....		

Other expenses:

_____		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property .....	<input type="text"/>
Location of property .....	<input type="text"/>

Percentage of ownership if not 100% (.xxxx) .....	<input type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx) .....	<input type="text"/>	
1=spouse, 2=joint .....	<input type="text"/>	
1=nonpassive activity, 2=passive royalty .....	<input type="text"/>	
1=did not actively participate .....	<input type="text"/>	
1=real estate professional .....	<input type="text"/>	
1=rental other than real estate .....	<input type="text"/>	
1=investment .....	<input type="text"/>	
1=single member limited liability company .....	<input type="text"/>	

INCOME

	2008 Amount	2007 Amount
Rents received (Form 1099-MISC, box 1) .....	<input type="text"/>	<input type="text"/>
Royalties received (Form 1099-MISC, box 2) .....	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising .....	<input type="text"/>	<input type="text"/>
Association dues .....	<input type="text"/>	<input type="text"/>
Auto and travel (not entered elsewhere) .....	<input type="text"/>	<input type="text"/>
Cleaning and maintenance .....	<input type="text"/>	<input type="text"/>
Commissions .....	<input type="text"/>	<input type="text"/>
Gardening .....	<input type="text"/>	<input type="text"/>
Insurance .....	<input type="text"/>	<input type="text"/>
Legal and professional fees .....	<input type="text"/>	<input type="text"/>
Licenses and permits .....	<input type="text"/>	<input type="text"/>
Management fees .....	<input type="text"/>	<input type="text"/>
Miscellaneous .....	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.) .....	<input type="text"/>	<input type="text"/>
Qualified mortgage insurance premiums .....	<input type="text"/>	<input type="text"/>
Excess mortgage interest .....	<input type="text"/>	<input type="text"/>
Other interest (not entered elsewhere) .....	<input type="text"/>	<input type="text"/>
Painting and decorating .....	<input type="text"/>	<input type="text"/>
Pest control .....	<input type="text"/>	<input type="text"/>
Plumbing and electrical .....	<input type="text"/>	<input type="text"/>
Repairs .....	<input type="text"/>	<input type="text"/>
Supplies .....	<input type="text"/>	<input type="text"/>
Taxes - real estate .....	<input type="text"/>	<input type="text"/>
Taxes - other (not entered elsewhere) .....	<input type="text"/>	<input type="text"/>
Telephone .....	<input type="text"/>	<input type="text"/>
Utilities .....	<input type="text"/>	<input type="text"/>
Wages and salaries .....	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**OIL AND GAS**

	2008 Amount	2007 Amount
Production type (preparer use only) .....		
Cost depletion .....		
Percentage depletion rate or amount .....		
State cost depletion, if different (-1 if none) .....		
State % depletion rate or amount, if different (-1 if none) .....		

**VACATION HOME**

Number of days rented at fair market value .....		
Number of days personal use .....		
Number of days owned (if optional method elected) .....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising .....		
Association dues .....		
Auto and travel (not entered elsewhere) .....		
Cleaning and maintenance .....		
Commissions .....		
Gardening .....		
Insurance .....		
Legal and professional fees .....		
Licenses and permits .....		
Management fees .....		
Miscellaneous .....		
Mortgage interest (paid to banks, etc.) .....		
Qualified mortgage insurance premiums .....		
Excess mortgage interest .....		
Other interest (not entered elsewhere) .....		
Painting and decorating .....		
Pest control .....		
Plumbing and electrical .....		
Repairs .....		
Supplies .....		
Taxes - real estate .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Utilities .....		
Wages and salaries .....		

Other:

_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

<b>2008</b>	<b>1040</b>	<b>US</b>	<b>Partnership and S corporation Information</b>	<b>20.1,20.2</b>
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Please add, change or delete 2008 information as appropriate. Be sure to attach all Schedule K-1s.

**PARTNERSHIP INFORMATION (20.1)**

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

**S CORPORATION INFORMATION (20.2)**

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

**20.1,20.2**

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Vehicle Expenses

No.

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Please enter all pertinent 2008 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2008 Amount	2007 Amount
Description of vehicle .....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use .....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner .....		
Number of months your job required a vehicle (if not 12 months).....		

**AUTOMOBILE MILEAGE**

Total mileage .....		
Business mileage (1/1/08 - 6/30/08) .....		
Business mileage (7/1/08 - 12/31/08) .....		
Commuting mileage.....		
Average daily round-trip commute.....		

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only) .....		
Gasoline, lube, oil .....		
Repairs .....		
Tires .....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes) .....		
Personal property taxes (based on car's value) .....		
Interest (car loan) (for Schedule C, E & F) .....		
Vehicle rent or lease payments .....		
Inclusion amount (enter as positive) .....		
Value of employer-provided vehicle on Form W-2 (2106).....		

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Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2008 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

	2008 Amount		2007 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2008 . . .				
Employer-provided benefits forfeited in 2008 . . . . .				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input type="text"/>	First name . . . . .	
	Last name . . . . .	
	Date of birth (m/d/y) . . . . .	
	Social security number . . . . .	
	Qualified dependent care expenses incurred and paid in 2008 . . . . .	2007 amt:
	1=disabled . . . . . 1=spouse, 2=joint . . . . .	

No. <input type="text"/>	First name . . . . .	
	Last name . . . . .	
	Date of birth (m/d/y) . . . . .	
	Social security number . . . . .	
	Qualified dependent care expenses incurred and paid in 2008 . . . . .	2007 amt:
	1=disabled . . . . . 1=spouse, 2=joint . . . . .	

No. <input type="text"/>	First name . . . . .	
	Last name . . . . .	
	Date of birth (m/d/y) . . . . .	
	Social security number . . . . .	
	Qualified dependent care expenses incurred and paid in 2008 . . . . .	2007 amt:
	1=disabled . . . . . 1=spouse, 2=joint . . . . .	

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input type="text"/>	Name of provider . . . . .	
	Street address . . . . .	
	City, state, ZIP code . . . . .	
	Identification number (SSN or EIN) . . . . .	
	Amount paid to care provider in 2008 . . . . .	2007 amt:
	1=spouse, 2=joint . . . . .	

No. <input type="text"/>	Name of provider . . . . .	
	Street address . . . . .	
	City, state, ZIP code . . . . .	
	Identification number (SSN or EIN) . . . . .	
	Amount paid to care provider in 2008 . . . . .	2007 amt:
	1=spouse, 2=joint . . . . .	

33.1,33.2