

<b>2009</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
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**BEAIRD HARRIS & CO. P.C.**  
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**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2009 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table) .....		<p align="center"><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse. ....		
	Year spouse died, if qualifying widow(er) (2007 or 2008).....		
Taxpayer	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.....			
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.....			
Address	In care of.....		
	Street address .....		
	Apartment number.....		
	City.....		
	State.....		
Foreign Address	ZIP code .....		
	Region.....		
	Postal code.....		
	Country.....		

Please add, change or delete information for 2009.

**CLIENT INFORMATION**

Taxpayer Contact Information	Home phone. ....		<p><b>Daytime Phone</b></p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone. ....		
	Work extension. ....		
	Daytime phone (table) ....		
	Mobile phone. ....		
	Pager number. ....		
	Fax number. ....		
	E-mail address. ....		
Spouse Contact Information	Home phone. ....		
	Work phone. ....		
	Work extension. ....		
	Daytime phone (table) ....		
	Mobile phone. ....		
	Pager number. ....		
	Fax number. ....		
	E-mail address. ....		

Please add, change or delete information for 2009.

**DEPENDENTS**

	Dependent	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Social security number .....		
Relationship .....		
Months lived at home .....		
Type of dependent (see table) .....		
Earned income credit (see table) .....		
Claimed by: 1=taxpayer, 2=spouse .....		

**Type of Dependent**

- 1 = Child living w/taxpayer
- 2 = Child not living w/taxpayer
- 3 = Dependent other than child
- 4 = Head of household only, not a dependent
- 5 = Earned income credit only, not a dependent

	Dependent	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Social security number .....		
Relationship .....		
Months lived at home .....		
Type of dependent (see table) .....		
Earned income credit (see table) .....		
Claimed by: 1=taxpayer, 2=spouse .....		

**Earned Income Credit**

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled
- 4 = Force
- 5 = Suppress

	Dependent	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Social security number .....		
Relationship .....		
Months lived at home .....		
Type of dependent (see table) .....		
Earned income credit (see table) .....		
Claimed by: 1=taxpayer, 2=spouse .....		

	Dependent	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Social security number .....		
Relationship .....		
Months lived at home .....		
Type of dependent (see table) .....		
Earned income credit (see table) .....		
Claimed by: 1=taxpayer, 2=spouse .....		

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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES	NO	
<b>PERSONAL INFORMATION</b>		
<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 for 2009?
<b>DEPENDENTS</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 or full-time students under age 24 at the end of 2009, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?
<b>INCOME</b>		
<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 cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
<b>PURCHASES, SALES AND DEBT</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2009?
<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 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?
<input type="checkbox"/>	<input type="checkbox"/>	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 this latest purchase?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new motor vehicle in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone owe you money which had become uncollectible?

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## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>RETIREMENT PLANS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	<b>EDUCATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<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"/>	<b>ITEMIZED DEDUCTIONS</b>
<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 work out of town for part of the year?
<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"/>	<b>ESTIMATED TAXES</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2008 taxes to your 2009 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2009 taxes, do you want the excess applied to your 2010 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2010 taxable income and withholdings to be different from 2009?
<input type="checkbox"/>	<input type="checkbox"/>	<b>MISCELLANEOUS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	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?

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## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Were you or was any of your property located in a federally declared disaster area?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did you 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?
<input type="checkbox"/>	<input type="checkbox"/>	Did 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?
<input type="checkbox"/>	<input type="checkbox"/>	Did you 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?
<input type="checkbox"/>	<input type="checkbox"/>	Did 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?