

Prepared By:

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Prepared For:

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2008 Client Organizer

Heaven & Associates, PC
40 Technology Pkwy S Ste 250
Norcross, GA 30092
770-849-0078

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Dear Client:

This Client Organizer is designed to help you gather tax information needed to prepare your 2008 personal income tax return. We have preprinted certain information from your 2007 personal income tax return to help you complete the organizer with minimal time and effort.

Enter 2008 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, miscellaneous income, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest and taxes.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Thank you for the opportunity to serve you.

Sincerely,

Heaven & Associates, PC

Questions

Please check the appropriate box and include all necessary details.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1800?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid or alternative motor vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, or SEP account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals/contributions from/to a retirement plan (including IRA) due to Midwestern Disaster area relief?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a health savings account (HSA), Archer MSA, or Medicare Advantage (MSA) this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Itemized Deduction Information		
Did you incur a casualty or theft loss during the year?	<input type="checkbox"/>	<input type="checkbox"/>

- Do you have evidence to substantiate charitable contributions?
- Did you make any noncash charitable contributions (clothes, furniture, vehicles, etc.)?
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any educational expenses?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$12,000 to any individual?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay long-term health care premiums for yourself or your family?
- Did you engage in any bartering transactions?
- Are you covered by a pension or retirement plan?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you, your spouse, or your dependents attend a post-secondary school during the year?
- Did you make energy efficient improvements to your main home this year?
- Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?
- Did you receive correspondence from the State or the Internal Revenue Service?
- If yes, explain: _____
- Do you want to designate \$3 to the Presidential Election Campaign Fund?
- Checking yes will not change your tax or reduce your refund.
- Did you receive an economic stimulus (tax rebate) payment from the IRS?
- Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Topic	Page	Topic	Page
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Adoption expenses	70	Gambling losses	50
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Alimony paid	43	Household employee taxes	65
Alimony received	17	Installment sales	33, 34
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Automobile information -		Interest paid	49
Business or profession	60	Investment expenses	50
Employee business expense	53	Investment interest expenses	49
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Rent and royalty	60	Like-kind exchange of property	35
Bank account information	2	Long-term care services and contracts (LTC)	42
Business income and expenses	22, 23	Medical and dental expenses	48
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Cancellation of debt	18	Minister earnings and expenses	9, 22, 52, 62
Casualty and theft losses, business	55, 57	Miscellaneous income	17, 17a
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Children's interest and dividend	64	Mortgage interest expense	49, 51
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Dependent care benefits received	9	Payments from Qualified Education Programs (1099-Q)	7, 47
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Depreciable asset acquisitions and dispositions -		Personal property taxes paid	48
Business or profession	78, 79	Railroad retirement benefits	16
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Direct deposit information	2	Residential energy credit	68
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Education Credits and tuition and fees deduction	45	Sale of stock, securities, and other capital assets	14, 14a
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Employee business expenses	52	Seller-financed mortgage interest received	12
Estate income	7, 31	Social security benefits received	16
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Federal estimate payments	5	State & local withholding	9, 15, 19
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Foreign housing deduction	36, 37	Unemployment compensation	17
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Foreign taxes paid	74	U.S. savings bonds educational exclusion	44
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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Form ID: 1040 **Personal Information** 1

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) 2[1]
 Mark if you were married but living apart all year _____[2]

Social security number **Taxpayer** 111-22-3333[3] **Spouse** 222-33-4444[4]
 First name _____[5] _____[6]
 Last name _____[7] _____[8]
 Occupation _____[9] _____[10]
 Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) _____[11] _____[13]
 Mark if legally blind _____[14] _____[15]
 Mark if dependent of another taxpayer _____[16] _____[17]
 Taxpayer between 19 and 23 and full-time student? (1 = Yes, 2 = No) _____[18]
 Mark if member of U.S. Armed Forces in 2008 _____[21] _____[22]
 Date of birth _____[23] _____[24]
 Date of death _____[25] _____[26]
 Work/daytime telephone number/ext number _____[27] _____[28] _____[29] _____[30]
 Home/evening telephone number _____[31] _____[32]
 Do you authorize us to discuss your return with the IRS? (1 = Yes, 2 = No) _____[33]

Present Mailing Address

Address _____[37]
 Apartment number _____[38]
 City, state postal code, zip code _____[39] _____[40] _____[41]
 In care of addressee _____[42]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name [43]	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in your home	Dep Codes * **	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Name of child who lived with you but is not your dependent _____[44]
 Social security number of qualifying person _____[45]

Dependent Codes	
*Basic	**Other
1 = Child who lived with you	1 = Student (Age 19 - 23)
2 = Child who did not live with you	2 = Disabled dependent
3 = Other dependent	3 = Dependent who is both a student and disabled
4 = Claimed under pre-1985 agreement	
5 = Qualifying child for Earned Income Credit only	
6 = Children who lived with you, but do not qualify for Earned Income Credit	
7 = Children who lived with you, but do not qualify for Child Tax Credit	
8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit	
9 = Qualifying child for Child Tax Credit only, who is not a dependent	
10 = Qualifying child for Earned Income Credit and Child Tax Credit only, who is not a dependent	

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T/S/J	Type Code (*See codes below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
	1	List interest 1099's						
		Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

*Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.
Enter percentages in the XXX.XX format. For example, enter 100% as 100 or 75% as 75.

T	S	J	Type Code (*See codes below)	Ordinary [1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202 Exclusion	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations Percent	Tax Exempt Percent	Foreign Taxes Paid	Prior Year Information
			1	Payer	List dividends									
				Amounts	+									
			2	Payer										
				Amounts	+									
			3	Payer										
				Amounts	+									
			4	Payer										
				Amounts	+									
			5	Payer										
				Amounts	+									
			6	Payer										
				Amounts	+									
			7	Payer										
				Amounts	+									
			8	Payer										
				Amounts	+									
			9	Payer										
				Amounts	+									
			10	Payer										
				Amounts	+									

*Dividend Codes	
Blank = Other	3 = Nominee

1 Preparer use only

2008 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Business name _____ [5]
 Principal business/profession Put in your business information [6]
 Business code _____ [10]
 Business address, if different from home address on Organizer Form ID:1040
 Address _____ [13]
 City/State/Zip _____ [14] _____ [15] _____ [16]
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____ [17]
 If other: _____ [19]
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____ [20]
 If other enter explanation: _____ [22]

 Enter an explanation if there was a change in determining your inventory:
 _____ [23]

 Did you "materially participate" in this business? (1 = Yes, 2 = No) _____ [24]
 If not, number of hours you did significantly participate _____ [26]
 Mark if you began or acquired this business in 2008 _____ [28]
 Mark if this business is considered related to qualified services as a minister or religious worker _____ [29]
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____ [31]
 Medical insurance premiums paid by this activity + _____ [33]
 Long-term care premiums paid by this activity + _____ [35]
 Amount of wages received as a statutory employee + _____ [38]

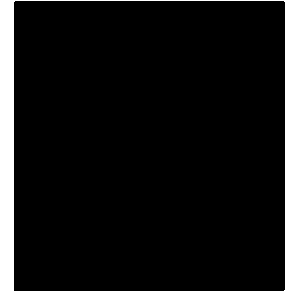


Business Income

2008 Information

Prior Year Information

Gross receipts or sales + _____ [43]
 Returns and allowances + _____ [45]
 Other income:
 _____ + _____ [47]
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____



Cost of Goods Sold

2008 Information

Prior Year Information

Beginning inventory + _____ [49]
 Purchases + _____ [51]
 Labor:
 _____ + _____ [53]
 _____ + _____
 Materials + _____ [55]
 Other costs:
 _____ + _____ [57]
 _____ + _____
 _____ + _____
 _____ + _____
 Ending inventory + _____ [59]



1 Preparer use only

	2008 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Description: RENTAL PROPERTY INFORMATION	_____ [3]	
_____	_____ [4]	
_____	_____ [5]	
State postal code	_____ [6]	
Type of activity (1 = Rental real estate, 2 = Substantially nondepreciable property, 3 = Royalty)	_____ [7]	
Percentage of ownership if not 100%	_____ [9]	
Business use percentage, if not 100% (Not vacation home percentage)	_____ [11]	

Rent and Royalty Income

	2008 Information	Prior Year Information
Gross rents received	+ _____ [18]	
Gross royalties received	+ _____ [20]	

Rent and Royalty Expenses

	2008 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [22]	_____ [23]	
Auto and travel	+ _____ [25]	_____ [26]	
Cleaning and maintenance	+ _____ [28]	_____ [29]	
Commissions:			
_____	+ _____ [31]	_____ [33]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [34]	_____ [36]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [37]	_____ [38]	
Management fees			
_____	+ _____ [40]	_____ [42]	
_____	+ _____	_____	
Mortgage interest	+ _____ [43]	_____ [44]	
Qualified mortgage insurance premiums	+ _____ [46]	_____ [47]	
Other interest:			
_____	+ _____ [49]	_____ [51]	
_____	+ _____	_____	
Repairs	+ _____ [52]	_____ [53]	
Supplies	+ _____ [55]	_____ [56]	
Taxes:			
_____	+ _____ [58]	_____ [60]	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____ [61]	_____ [62]	
Depreciation	+ _____ [64]	_____ [65]	
Depletion	+ _____ [67]	_____ [68]	
Other expenses:			
_____	+ _____ [73]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Refinancing points paid this year:			
Description	_____ [75]		
Total points paid/Current amort (Prep use only)	_____ + _____		
Date of Refinance	Total # Payments	Reported on 1098 in 2008	

Please provide copies of Schedule K-1s showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) [2]
Employer identification number [3]
Name of entity ANY S CORPORATION OR PS K-1'S [4]
State postal code [5]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) [11]
Tax shelter registration number [12]

Table with 4 columns: Preparer use only Carryovers, Regular, AMT. Rows include Operating, Schedule D - Short-term, Schedule D - Long-term, Schedule D - 28% rate, Form 4797 - Part I, Form 4797 - Part II, Other losses - 1040 pg.1, Comm revitalization, Section 179.

Taxpayer/Spouse/Joint (T, S, J) [2]
Employer identification number [3]
Name of entity [4]
State postal code [5]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) [11]
Tax shelter registration number [12]

Table with 4 columns: Preparer use only Carryovers, Regular, AMT. Rows include Operating, Schedule D - Short-term, Schedule D - Long-term, Schedule D - 28% rate, Form 4797 - Part I, Form 4797 - Part II, Other losses - 1040 pg.1, Comm revitalization, Section 179.

Taxpayer/Spouse/Joint (T, S, J) [2]
Employer identification number [3]
Name of entity [4]
State postal code [5]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) [11]
Tax shelter registration number [12]

Table with 4 columns: Preparer use only Carryovers, Regular, AMT. Rows include Operating, Schedule D - Short-term, Schedule D - Long-term, Schedule D - 28% rate, Form 4797 - Part I, Form 4797 - Part II, Other losses - 1040 pg.1, Comm revitalization, Section 179.

Form ID: A1 48
Schedule A - Medical and Dental Expenses

T/S/J	2008 Information	Prior Year Information	
	Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received		
[1]	_____ + _____ [2]		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
	Medical insurance premiums you paid*:		
[4]	_____ + _____ [5]		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
	Long-term care premiums you paid*:		
[7]	_____ + _____ [8]		
—	_____ + _____		
	Prescription medicines and drugs:		
[10]	_____ + _____ [11]		
—	_____ + _____		
—	_____ + _____		
[13]	Miles driven for medical items (1/1/08 to 6/30/08) _____ [14] (7/1/08 to 12/31/08) _____ [17]		
	*Not entered elsewhere		

Schedule A - Tax Expenses

T/S/J	2008 Information	Prior Year Information	
	State/local income taxes paid:		
[18]	_____ + _____ [19]		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
—	_____ + _____		
	2007 state and local income taxes paid in 2008:		
[21]	_____ + _____ [22]		
—	_____ + _____		
—	_____ + _____		
	Real estate taxes paid on:		
[24]	<u>HOME REAL ESTATE TAXES</u> _____ + _____ [25]		
—	_____ + _____		
—	_____ + _____		
	Personal property taxes:		
[27]	<u>AUTO AD VALOREM TAXES</u> _____ + _____ [28]		
—	_____ + _____		
—	_____ + _____		
	Other taxes, such as: Intangible taxes and State disability taxes		
[30]	_____ + _____ [31]		
—	_____ + _____		
—	_____ + _____		
	Sales tax paid on major purchases:		
[36]	_____ + _____ [37]		
—	_____ + _____		
	Sales tax paid on actual expenses:		
[39]	_____ + _____ [40]		
—	_____ + _____		
—	_____ + _____		

T/S/J		Midwest disaster relief **	2008 Information	Prior Year Information
	Contributions made by cash or check			
[1]	ALL CASH CONTRIBUTIONS	— +	_____ [2]	
—	_____	— +	_____	
—	_____	— +	_____	
—	_____	— +	_____	
—	_____	— +	_____	
—	_____	— +	_____	
—	_____	— +	_____	
—	_____	— +	_____	
—	_____	— +	_____	
—	_____	— +	_____	
	** Mark if qualifying Midwestern disaster relief contribution made between 5/2/2008 and 12/31/2008			
	Volunteer miles driven:			
[4]	From 1/1/08 - 12/31/08 (Enter total mileage excluding qualifying Midwestern relief miles entered below)		_____ [5]	
[7]	From 5/2/08 - 6/30/08 (Enter ONLY the miles qualifying for Midwestern-related disaster relief)		_____ [8]	
[9]	From 7/1/08 - 12/31/08 (Enter ONLY the miles qualifying for Midwestern-related disaster relief)		_____ [10]	
	Noncash items, such as: Goodwill, Salvation Army			
[11]	ALL NONCASH CONTRIBUTIONS AND DATE OF CONTRIBUTIONS	+ _____	_____ [12]	
—	_____	+ _____	_____	
—	_____	+ _____	_____	
—	_____	+ _____	_____	
—	_____	+ _____	_____	
—	_____	+ _____	_____	

Miscellaneous Deductions

T/S/J		2008 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[14]	_____	+ _____	_____ [15]
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
	Union dues:		
[17]	_____	+ _____	_____ [18]
—	_____	+ _____	_____
[20]	Tax preparation fees	+ _____	_____ [21]
	Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees		
[23]	_____	+ _____	_____ [24]
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
[26]	Safe deposit box rental	+ _____	_____ [27]
	Investment expenses, other than on K1s:		
[29]	_____	+ _____	_____ [30]
—	_____	+ _____	_____
—	_____	+ _____	_____
	Other expenses, not subject to the 2% AGI limitation:		
[33]	_____	+ _____	_____ [34]
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
	Gambling losses: (Enter only if you have gambling income)		
[36]	_____	+ _____	_____ [37]
—	_____	+ _____	_____