

| | | | | |
|------|------|----|--------------------|---|
| 2009 | 1040 | US | Client Information | 1 |
|------|------|----|--------------------|---|

SWC BUSINESS ENTERPRISES PC
5743 E THOMAS RD STE 6
SCOTTSDALE, AZ 85251-7571
 Telephone number: **(602) 357-3275**
 Fax number: **(480) 946-1051**
 E-mail address: **info@swcbe.com**

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)..... | 1 | <p style="text-align: center;">Filing Status</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 | Region..... | | |
| | Postal code..... | | |
| | Country..... | | |

2009

1040

US

Client Information (continued)

1 p2

Please add, change or delete information for 2009.

CLIENT INFORMATION

| | | | |
|------------------------------|----------------------------|---|---|
| Taxpayer Contact Information | Home phone. | | Daytime Phone 1 = Work 2 = Home 3 = Mobile |
| | Work phone. | | |
| | Work extension. | | |
| | Daytime phone (table) | 1 | |
| | 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. | | |

1 p2

| | | | | | |
|------|------|----|------------------------------|--|----|
| 2009 | 1040 | US | Business Income (Schedule C) | No. <input style="width:30px;" type="text"/> | 16 |
|------|------|----|------------------------------|--|----|

Please enter all pertinent 2009 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 cost/market, 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

| | 2009 Amount | 2008 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 | | |

2009

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

EXPENSES

| | 2009 Amount | 2008 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 (80%) | | |
| Uniforms | | |
| Utilities | | |
| Wages | | |

Other expenses:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

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

16 p2

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | |
|----------------------------|---|
| Kind of property | <input style="width:90%;" type="text"/> |
| Location of property | <input style="width:90%;" type="text"/> |

| | | |
|--|---|--|
| Percentage of ownership if not 100% (.xxxx) | <input style="width:90%;" type="text"/> | |
| Percentage of tenant occupancy if not 100% (.xxxx) | <input style="width:90%;" type="text"/> | |
| 1=spouse, 2=joint | <input style="width:90%;" type="text"/> | |
| 1=nonpassive activity, 2=passive royalty | <input style="width:90%;" type="text"/> | |
| 1=did not actively participate | <input style="width:90%;" type="text"/> | |
| 1=real estate professional | <input style="width:90%;" type="text"/> | |
| 1=rental other than real estate | <input style="width:90%;" type="text"/> | |
| 1=investment | <input style="width:90%;" type="text"/> | |
| 1=single member limited liability company | <input style="width:90%;" type="text"/> | |

INCOME

| | 2009 Amount | 2008 Amount |
|--|---|---|
| Rents received (Form 1099-MISC, box 1) | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Royalties received (Form 1099-MISC, box 2) | <input style="width:90%;" type="text"/> | <input style="width:90%;" 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 style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
|---|---|---|
| Association dues | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Auto and travel (not entered elsewhere) | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Cleaning and maintenance | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Commissions | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Gardening | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Insurance | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Legal and professional fees | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Licenses and permits | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Management fees | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Miscellaneous | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Mortgage interest (paid to banks, etc.) | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Qualified mortgage insurance premiums | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Excess mortgage interest | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Other interest (not entered elsewhere) | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Painting and decorating | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Pest control | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Plumbing and electrical | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Repairs | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Supplies | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Taxes - real estate | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Taxes - other (not entered elsewhere) | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Telephone | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Utilities | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Wages and salaries | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Other: | | |
| <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |

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

2009

1040

US

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

No.

18 p2

Please enter all pertinent 2009 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

| | 2009 Amount | 2008 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:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

| | | | | |
|------|------|----|---|-----------|
| 2009 | 1040 | US | Partnership and S corporation Information | 20.1,20.2 |
|------|------|----|---|-----------|

Please add, change or delete 2009 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 |
|-----|-----------------------|--------------------------------|---------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | | | | |
|------|------|----|------------------|--|-------|
| 2009 | 1040 | US | Vehicle Expenses | No. <input style="width:30px;" type="text"/> | 22 p3 |
|------|------|----|------------------|--|-------|

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | 2009 Amount | 2008 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 (for the tax year) | | |
| Business mileage | | |
| Commuting mileage (for the tax year) | | |
| 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) | | |

Please enter 2009 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

| | 2009 Amount | 2008 Amount |
|---|-------------|-------------|
| Form..... | | |
| Number of form (e.g., enter 2 for Schedule C number 2)..... | | |
| Business use area (square footage)..... | | |
| Total area of home (square footage)..... | | |
| Total hours facility used (for daycare facilities only)..... | | |
| Total hours available (if not 8,760)..... | | |
| % (.xx) or amount of gross income from home if not 100% (-1 if none)..... | | |
| % (.xx) or amount of expenses from home if not 100% (-1 if none)..... | | |

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

| | | |
|--|--|--|
| Mortgage interest..... | | |
| Real estate taxes..... | | |
| Qualified mortgage insurance premiums..... | | |
| Casualty losses..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Rent..... | | |
| Repairs and maintenance..... | | |
| Utilities..... | | |
| Excess mortgage interest..... | | |
| Other indirect expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

| | | |
|--|--|--|
| Mortgage interest..... | | |
| Real estate taxes..... | | |
| Qualified mortgage insurance premiums..... | | |
| Casualty losses..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Rent..... | | |
| Repairs and maintenance..... | | |
| Utilities..... | | |
| Excess mortgage interest..... | | |
| Excess casualty losses..... | | |
| Allowable casualty losses..... | | |
| Other direct expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |