

## 2009 PERSONAL INCOME TAX DATA

The information requested on this form is for the preparation of your personal income tax return and relates to you and your family personally, not to your business operations. Please complete and return this form to us at Gift & Associates, LLC, PO Box 567, Mechanicsburg, PA 17055 or 930 Red Rose Court, Suite 209, Lancaster, PA 17601 as soon as possible but no later than February 15, 2010.

**WE MUST HAVE THIS SIGNED DATA SHEET TO PREPARE YOUR INCOME TAX RETURN.**

If you need help in preparing this form, please telephone us at (717) 766-3555 or e-mail us at [info@giftassoc.com](mailto:info@giftassoc.com). This form is available as a PDF document on our website at <http://giftassoc.com>. Click Resources, then click on Personal Income Tax Questionnaire.

You must keep paid bills and cancelled checks supporting the deductions you claim on this form for a period of at least three years to comply with federal and state tax regulations and audit procedures. Do not claim as deductions any bills that have not been paid during the year unless they were charged to your credit card before year-end.

**Declaration:** I have reviewed the information given to you on this form and to the best of my knowledge it is true, correct, and complete. I have maintained the underlying records required by law to support this information. I authorize Gift & Associates, LLC to prepare my personal income tax return based on this information and to retain copies of appropriate documents.

**PLEASE DO NOT FORGET  
YOUR SIGNATURE AND DATE**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### COMMENTS OR QUESTIONS

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### GENERAL INFORMATION

**PERSONAL INFORMATION**

	Full Name	Social Security Number	Date of Birth	Occupation	Legally Blind ✓	Campaign Fund ✓
Taxpayer (T)						
Spouse (S)						

Your marital status as of the end of the year: Single  Married  Married, but I wish to file separately

Mailing Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_ County \_\_\_\_\_ Township/School District \_\_\_\_\_

**DEPENDENTS**

Full Name	Social Security Number (required)	Date of Birth	Relation-ship	Months Lived with You	Months as Full-Time Student	Percent Support by You	Percent Support by Others

If you have a tax refund, do you want it directly deposited into your bank account? Yes  No

If yes, please attach a voided check for the account in which you want the deposit made unless same as last year.

GiftandAssociates  
Certified Public Accountants



## INCOME

### WAGES, TIPS, AND COMMISSIONS

Please attach Forms W-2 from employers and Forms 1099-MISC for nonemployee compensation. Number Attached: \_\_\_\_\_  
Tips Not Included on W-2 \$ \_\_\_\_\_ Any Other Wages or Commissions \$ \_\_\_\_\_ Please explain: \_\_\_\_\_

### INTEREST AND DIVIDENDS

Please attach Forms 1099-INT, Forms 1099-DIV, and Brokerage Statements. Number Attached: \_\_\_\_\_  
Please list any interest or dividends for which you did **NOT** receive a Form 1099-INT, Form 1099-DIV, or Brokerage Statement.

TSJ	Tax Exempt	From Whom Received (and SSN if seller-financed mortgage)	Type (Int/Div)	Amount
	✓			
				\$
				\$

### BUSINESS INCOME AND EXPENSES

Please provide a schedule of income and expenses for proprietorship businesses for which we did not provide bookkeeping services. Please attach Forms K-1 from Partnerships, LLCs, S-Corporations, Estates, or Trusts. Number Attached: \_\_\_\_\_

Did you materially participate in the Partnership, LLC, or S-Corporation? Yes  No

### CAPITAL GAINS AND LOSSES (sales of real estate, stocks, bonds, personal property, etc.)

Please enclose Forms 1099-B, brokerage statements, real estate settlement statements, and original cost of property/investment sold.

TSJ	Item Sold	Date Acquired	Date Sold	Selling Price	Cost	Gain (Loss)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

### RENT AND ROYALTY INCOME

Description and Address of Property	Address #1	Address #2
RENTS RECEIVED	\$	\$
EXPENSES PAID		
Advertising	\$	\$
Auto/Travel Expense	\$	\$
Number of Miles	miles	miles
Cleaning and Maintenance	\$	\$
Commissions	\$	\$
Insurance	\$	\$
Legal and Professional	\$	\$
Mortgage Interest	\$	\$
(attach Forms 1098)		
Other Interest	\$	\$
Repairs	\$	\$
Improvements (list)	\$	\$
Supplies	\$	\$
Taxes	\$	\$
Utilities	\$	\$
Other (describe)	\$	\$

	Address #1	Address #2
What percent of the property did you occupy during the year?	_____ %	_____ %
If vacation home or condo, days occupied by you during the year?	_____ days	_____ days
Days rented during the year?	_____ days	_____ days
Were you active in managing the rental property during the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### SCHEDULE OF IMPROVEMENTS

Did you improve the property or buy furnishings for it during the year?

Date	Description of Asset Purchased	Cost

### PENSION, IRA, SOCIAL SECURITY INCOME

Social Security/Railroad Retirement Income \$ \_\_\_\_\_ Withholding \$ \_\_\_\_\_ (please attach Forms SSA/RRB-1099)  
Pension/Profit Sharing Income \$ \_\_\_\_\_ Withholding \$ \_\_\_\_\_ Rollover \$ \_\_\_\_\_ (please attach Forms 1099-R)  
Traditional/Roth IRA Distributions, Rollovers, or Roth IRA Conversions (please attach Forms 1099-R)  
Distributions \$ \_\_\_\_\_ Withholding \$ \_\_\_\_\_ Amount Rolled Over \$ \_\_\_\_\_  
Did you convert any Traditional IRAs into Roth IRAs? Yes  No  Amount for Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
Did you or your spouse ever make any nondeductible IRA contributions? Yes  No   
If yes, please provide the end of year value of all traditional IRAs for Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
If yes, please also provide a copy of your most recent Form 8606 for you and your spouse if we did not prepare it.

**OTHER INCOME**

State Income Tax Refund \$ \_\_\_\_\_ (please attach Forms 1099-G)
Alimony Income \$ \_\_\_\_\_
Farm Income \$ \_\_\_\_\_ (please attach detail)
Unemployment Compensation \$ \_\_\_\_\_ Withholding \$ \_\_\_\_\_
Installment Sale Income: Total Received This Year \$ \_\_\_\_\_ Interest Included in Total \$ \_\_\_\_\_ Year of Sale \_\_\_\_\_
Please provide a copy of Form 6252 for the year of sale if we did not prepare your return that year.
Lottery, Gambling, or Other Winnings \$ \_\_\_\_\_
Any Other Income Not Included Above \$ \_\_\_\_\_ Please explain \_\_\_\_\_

**ADJUSTMENTS TO INCOME**

**RETIREMENT PLAN CONTRIBUTIONS** (Traditional IRA, Roth IRA, SEP IRA, SIMPLE IRA, Keogh Plan)

Please attach statements from Plan Administrators and Forms 5498.
Are you covered by an employer retirement plan? Taxpayer: Yes [ ] No [ ] Spouse: Yes [ ] No [ ]
Plan Type \_\_\_\_\_ Contributions for Taxpayer \$ \_\_\_\_\_ Contributions for Spouse \$ \_\_\_\_\_
Plan Type \_\_\_\_\_ Contributions for Taxpayer \$ \_\_\_\_\_ Contributions for Spouse \$ \_\_\_\_\_
Will nondeductible IRA contributions be withdrawn? Yes [ ] No [ ]

**EDUCATION ADJUSTMENTS**

College Tuition and Fees Paid \$ \_\_\_\_\_ (taxpayer, spouse, dependents)
Student Loan Interest Paid \$ \_\_\_\_\_ (please attach Forms 1098-E)
Educator Expenses Paid \$ \_\_\_\_\_ (unreimbursed classroom materials expense by K-12 teacher/counselor/principal/aide)

**OTHER ADJUSTMENTS**

Penalty for Early Withdrawal of Savings \$ \_\_\_\_\_
Alimony Paid \$ \_\_\_\_\_ Name and SSN of Recipient \_\_\_\_\_
Moving Expenses \$ \_\_\_\_\_ (please attach list, deductible only if moving to a different home due to a change in job location)
Health/Medical Savings Account Contributions \$ \_\_\_\_\_ HSA [ ] MSA [ ] Individual [ ] Family [ ] Coverage
Please attach Forms 5498-SA. Were all distributions used for eligible medical expenses? Yes [ ] No [ ]
Medical Insurance Premiums Paid by self-employed taxpayers can be deducted as an adjustment if not itemizing. Please fill in below.
Real Estate Taxes Paid can be deducted as an adjustment if not itemizing. Please fill in below.

**BUSINESS USE OF PERSONAL VEHICLE**

Do not include expenses of business-owned vehicles here. Report those expenses with business income and expenses.
Do not complete this part if your expenses were reimbursed by your employer and the reimbursement is not reported in your wages.
Did you use your car for business other than for commuting? Yes [ ] No [ ] Are you an Employee [ ] or Proprietor/Partner [ ]?
Vehicle Description \_\_\_\_\_
Date First Used for Business \_\_\_\_\_ Lower of Cost or Value on that Date? \$ \_\_\_\_\_
Odometer at End of Year \_\_\_\_\_ miles Odometer at Start of Year \_\_\_\_\_ miles
Total Miles Driven \_\_\_\_\_ = Business Miles \_\_\_\_\_ + Commuting Miles \_\_\_\_\_ + Personal Miles \_\_\_\_\_
Do you have evidence to support the business miles claimed? Yes [ ] No [ ] Is the evidence in writing? Yes [ ] No [ ]
Actual Personal and Business Expenses (gas, repair, lease, insurance) \$ \_\_\_\_\_ Business Parking and Tolls \$ \_\_\_\_\_
Interest on Vehicle Loan (if self-employed) \$ \_\_\_\_\_ Personal Property Tax (vehicle registration) \$ \_\_\_\_\_
Expenses Reimbursed by Employer \$ \_\_\_\_\_ Do you have another vehicle available for personal use? Yes [ ] No [ ]

**ITEMIZED DEDUCTIONS** (used only if higher than standard deduction)

**MEDICAL EXPENSES YOU PAID** (deductible only if itemizing and above 7.5% of adjusted gross income)

Medical Insurance Premiums You Paid \$ \_\_\_\_\_ (do not include pretax employee payments)
Are you / spouse self-employed? Yes [ ] No [ ] Are you / spouse eligible for an employer health plan? Yes [ ] No [ ]
For how many months were you covered on an employer health plan? \_\_\_\_\_
Long-Term Care Insurance Premiums: Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_
Medical Expenses You Paid \$ \_\_\_\_\_ (do not include expenses paid by insurance/HSA/MSA, include doctors, dentists,
nurses, prescription medicine, lab fees, hearing aids, eyeglasses, contact lenses, hospitals, medical transportation and lodging)
Insurance Reimbursements and Health/Medical Savings Account Reimbursements Paid To You \$ \_\_\_\_\_
Miles Driven for Medical Care \_\_\_\_\_ miles

**TAXES YOU PAID**

Real Estate Taxes on Personal Residences and Investment Property \$ \_\_\_\_\_ (do not include business property taxes here)
Personal Property Tax on Personal Vehicles (Auto Registration) \$ \_\_\_\_\_
Special Item Sales Tax (i.e. Sales Tax on Car or Boat Purchase) \$ \_\_\_\_\_
Balance Paid with Prior Year State and Local Income Tax Returns \$ \_\_\_\_\_ (include tax only, not any interest or penalties)
Sales Tax on New Vehicle Purchase \$ \_\_\_\_\_

**INTEREST YOU PAID** (do not include rental property interest or student loan interest here)

Home Mortgage Loans and Home Equity Loans Please attach Forms 1098. Number Attached: \_\_\_\_\_

Interest Paid to Financial Institutions \$ \_\_\_\_\_ Mortgage Insurance Premiums \$ \_\_\_\_\_

Interest Paid to an Individual \$ \_\_\_\_\_ Name, Address, SSN: \_\_\_\_\_

Were all mortgage, refinance, and loan proceeds used to buy, build, or improve your main home and one other? Yes  No 

If No, Amount Used for Other Purposes? \$ \_\_\_\_\_ What Other Purposes? \_\_\_\_\_

Closing Points on New Home Purchase or Current Year Refinance \$ \_\_\_\_\_ Please provide a copy of settlement papers.

Investment Interest \$ \_\_\_\_\_ Type of Investment: \_\_\_\_\_

**GIFTS TO CHARITY**

Cash or Check Contributions to Charity \$ \_\_\_\_\_ (monetary gifts to Church and other qualified charities)

Non-Monetary Contributions to Charity \$ \_\_\_\_\_ (items given to Goodwill, Salvation Army and other qualified charities)

If your nonmonetary contributions total over \$500, please describe the contributed items, indicate the date, charity name, and address of the contributions, the date and cost of the original purchases, the value of contributions, and how you determined those values.

For all contributions, you must keep canceled checks or written receipts. For all contributions over \$250, you must keep written acknowledgement from the charity. For nonmonetary contributions over \$5,000, you must keep a written appraisal.

Miles Driven for Qualified Charity: \_\_\_\_\_ miles

**CASUALTY AND THEFT LOSSES**Did any sudden and unexpected event cause loss or damage to any of your property this year? Yes  No 

If yes, please attach details about each event and each item lost or damaged (description, cost, and value before and after damage).

If yes, did you have insurance? Yes  No  Did you file a claim? Yes  No **MISCELLANEOUS EXPENSES YOU PAID** (deductible only if itemizing and above 2% of adjusted gross income)

Unreimbursed Employee Expenses \$ \_\_\_\_\_ (tools, uniforms, protective clothing, union/professional dues, travel, publications)

Job-Related Educational Expenses \$ \_\_\_\_\_ (books, tuition) Miles Driven Directly between Work and School \_\_\_\_\_ miles

Investment Expenses \$ \_\_\_\_\_ Please Describe: \_\_\_\_\_

Job-Related Legal Fees \$ \_\_\_\_\_ Safe Deposit Box Fees \$ \_\_\_\_\_

Tax Preparation Fees \$ \_\_\_\_\_ (if paid personally rather than through your business)

Gambling Losses \$ \_\_\_\_\_ (up to winnings only, but not subject to 2% threshold)

**CREDITS****FIRST TIME HOME BUYER**Did you purchase a home in 2009? Yes  No  If so, please provide settlement sheet.**ENERGY-SAVING HOME IMPROVEMENTS**Did you make any improvements to your home that are considered energy saving (replacement windows, insulation, high efficiency heat pump, etc.)? Yes  No  If so, please provide detail.**ADOPTION EXPENSES YOU PAID**Did you adopt a child or begin adoption proceedings during the year? Yes  No  Adoption Expenses \$ \_\_\_\_\_**CHILD AND DEPENDENT CARE EXPENSES YOU PAID**Did you pay for child care so that you and your spouse could work or go to school? Yes  No  If yes, please give details below.

Qualifying Persons Cared For During the Year: Name, Relationship, and Amount Paid for Each: \_\_\_\_\_

Care Providers: Name, EIN/SSN (Required), Address, and Amount Paid to Each: \_\_\_\_\_

Did your employer pay for childcare? Yes  No  If yes, amount of employer provided child care \$ \_\_\_\_\_

Child Care Expenses Paid in 2009 for 2008 \$ \_\_\_\_\_ For whose care were the 2009 expenses paid? \_\_\_\_\_

**ESTIMATED TAX PAYMENTS YOU MADE**

	Quarter 1 April 15		Quarter 2 June 15		Quarter 3 Sept 15		Quarter 4 Dec/Jan 15		Totals
	Date	Amount	Date	Amount	Date	Amount	Date	Amount	
FEDERAL		\$		\$		\$		\$	\$
STATE		\$		\$		\$		\$	\$
LOCAL		\$		\$		\$		\$	\$

## QUESTIONS

	<u>Yes</u>	<u>No</u>
<b>GENERAL INFORMATION</b>		
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"/>
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under 19, or full-time students 19 – 23, with \$1,900 of unearned income or \$5,700 of earned income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>PURCHASES, SALES, AND DEBTS</b>		
Did you start a new business, purchase a new rental property or farm, or acquire any new interest in any partnership or S Corporation during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental property, farm, or any existing interest in a partnership or S Corporation during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from any property or business sold in a prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive grants of stock options from your employer, exercise any stock options granted to you, or dispose of any stock acquired under a stock option or qualified employee stock purchase plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase, sell, refinance, or exchange your home or any real estate during the year? If yes, please attach closing statements.	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan during the year? If yes, please provide closing statement. What were the funds used for? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled, forgiven, or refinanced during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any interest-free loans of \$10,000 or more to you or from you? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
<b>SALE OF YOUR HOME</b>		
Did you sell your home during the year? If yes, please answer the questions below.	<input type="checkbox"/>	<input type="checkbox"/>
At the time of sale, did the taxpayer, spouse or both own the residence?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, <b>or</b> your spouse if filing jointly, own the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, <b>and</b> your spouse if filing jointly, occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold any other principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
Was the home acquired through a tax-free (1031) exchange?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
<b>SEVERENCE AND RETIREMENT</b>		
Did you change jobs or retire during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive retirement/severance compensation? If yes, amount and date received \$ _____	<input type="checkbox"/>	<input type="checkbox"/>

**QUESTIONS (continued)**

	<b><u>Yes</u></b>	<b><u>No</u></b>
<b>RETIREMENT ACCOUNTS</b>		
Did you or your spouse turn age 70 ½ during the year and have money in an IRA or other retirement account without taking any distributions? If yes, why? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw any amounts from your IRA or Roth IRA to acquire a principal residence?	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw any amounts from any IRA to pay for higher education expenses incurred by you, your spouse, your children or your grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse establish or contribute to any IRA or convert an existing IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
<b>MISCELLANEOUS</b>		
Were you notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an interest in or signature authority over any financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse establish or contribute to a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive distributions from long term care insurance contracts? If yes, please attach Forms 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>
Did you move to a different home because of a change in the location of your job?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
Do you owe your state any Use Tax for out of state purchases? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$13,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse ever filed a Gift Tax return? If yes, please provide a copy of the return.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay someone \$1,700 or more to work in your home during the year? If yes, please provide details and a copy of any W-2s you issued.	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new “clean fuel” vehicle, electric vehicle or hybrid vehicle during the year? If yes, what kind? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you use gasoline or special fuels for farm or off-road business purposes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an award for punitive damages or for damages other than physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>