THE RYLAN GROUP LLC
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2009 Information Checklist

This is a list of the most common items you should provide. We'll call you if we need anything else. If you believe you are missing any documents, please provide details.

(You don't need to return this to us, unless you make notes we should be aware of.)

_____ Completed Client Questionnaire and Personal Information form

_____ All forms sent to you by the various taxing agencies

_____ All W-2's

_____ All 1099 forms confirming income from interest, dividends, retirement, social security, disability, unemployment, gambling winnings, etc.

_____ All LLC, Partnership or S-Corporation K-1's (send separately later if everything else is ready; let us know they're coming)

_____ If you sold any shares of mutual funds or other capital assets and basis information is not provided by the broker, please provide basis and acquisition date (year-end summary statements are ideal, or complete the Capital Gain & Loss form)

_____ If you bought, sold or refinanced real estate, a closing statement for each transaction

_____ Year-end statement of mortgage interest (Form 1098) and balance on mortgage or home equity loans; receipts for all real estate taxes paid

_____ Receipts for non-cash contributions totaling $250 or more

_____ All legal documents for formation, sale or purchase of a business during the year

_____ All legal documents for divorce decrees

_____ Copies of any federal, state or local tax correspondence

_____ All information for children if you want us to prepare their required returns

_____ New clients: copies of prior year federal, state and local returns and depreciation schedules, if applicable (at least one year)

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2009 CLIENT QUESTIONNAIRE

Please check the appropriate box. If yes, include all necessary details and complete the designated form.
(use attached Notes page if more space is required)

Yes	No	
		Personal Information
☐	☐	Did your marital status change during the year?
☐	☐	Can you be claimed as a dependent by another taxpayer?
☐	☐	Were there any changes in dependents from the prior year?
☐	☐	Do you have any children (under age 19 or college students under age 24) with unearned income in excess of $1,800?
☐	☐	Did you maintain a home for someone not claimed as a dependent?
		Self-employment or Rental Information
☐	☐	Did you start or dispose of a business during the year?
☐	☐	Did you have income or expenses related to self-employment and/or operation of a business? If yes and Miller Dixon Drake does **not** do your accounting, complete the Business Income and Expenses form.
☐	☐	Did you use a portion of your home exclusively for business? If yes, complete the Office in the Home form.
☐	☐	Did you have income or expenses related to a rental property? If yes, complete the Rental Real Estate form.
☐	☐	Do you own or invest in a business that would be considered manufacturing?
		Other Income Information
☐	☐	Did you receive refunds of state or local income tax? If yes, state amount $____________ and local amount $________________.
☐	☐	Did you receive miscellaneous income? If yes, income amount $___________________ and related expenses amount $__________________
☐	☐	Did you have any foreign income or pay any foreign taxes?
☐	☐	Did you receive any income from property sold prior to this year?
☐	☐	Did you receive any lump-sum payment from a pension or profit-sharing plan?
☐	☐	Did you make any rollovers or withdrawals from any retirement account?
☐	☐	Did you cash in any U.S. Savings bonds?
☐	☐	Did you receive employer-provided educational assistance?
☐	☐	Did your college student receive educational benefits?
☐	☐	Did you receive a 1099-Q for a distribution from a 529 plan? If yes, attach form.
☐	☐	Did you receive a damage award for personal injury, sickness or discrimination?
☐	☐	Did you receive executor fees or jury duty fees? If yes, amount $_________________
☐	☐	Did you receive alimony (not child support)? If yes, amount $_______________
☐	☐	Did you dispose of any stock during the year? (send original cost and sale prices and dates)
		Deduction Information
☐	☐	Did medical expenses exceed 7.5% of your income? If yes, complete the Itemized Deductions form.
☐	☐	Did you pay sales tax on a car, boat, motor home, manufactured home, truck, motorcycle, or plane purchased for personal use? If yes, amount $__________________

2009 CLIENT QUESTIONNAIRE (continued)

Yes	No	**Deduction Information (continued)**
		Did you take out a home equity loan or line of credit this year or refinance any property? (send closing statement)
		Did you make any charitable contributions? If yes, complete the Itemized Deduction form.
		Did you have unreimbursed employee expenses or an allowance? If yes, complete Employee Business Expenses form.
		Did you use your car on the job, for other than commuting? If yes, complete Employee Business Expenses form.
		Did you work out of town during the year? If yes, complete Employee Business Expenses form.
		Did you have any gambling losses? If yes, amount $_______________.
		Did you incur an unreimbursed casualty or theft loss greater than 10% of your income?
		Did you have any moving or job-seeking expenses?
		Are you a teacher or school administrator who provided school supplies in your job? If yes, amount $______________
		Did you pay any student loan interest this year? If yes, complete Other Adjustments/Deductions/Credits form
		Did you, or will you, contribute to a Coverdell Education Savings Account this year?
		Do you have a Health Savings Account (HSA) or a Medical Savings Account (MSA)? If yes, provide the contribution $________________, qualified withdrawals $______________ and if single ____ or married ______coverage
		If you worked for yourself, did you pay health insurance premiums for yourself and your family? If yes, amount $_______________
		Did you have educational expenses for you or your dependent(s)? If yes, complete Other Adjustments/Deductions/Credit form.
		Are you covered by a pension plan?
		Did you make any contribution to an IRA, ROTH, SEP, Keough or Simple retirement plan? If yes, complete Other Adjustments/Deductions/Credits form.
		Have you ever made a non-deductible IRA contribution?
		Do you have extra cash to contribute more into retirement?
		Did you purchase a new car between Feb 16, 2009 and Jan 01, 2010?
		Credit Information
		Have you started any adoption process or paid any adoption expenses?
		Did you start a new pension plan this year?
		Did you make energy efficient improvements to your home in 2009?
		Did you pay for dependent care? If yes, complete Other Adjustments/Deductions/Credits form
		Did you purchase a hybrid (gas/electric) auto? If yes, what is make _________________ model ___________________ and year_________?

2009 CLIENT QUESTIONNAIRE (continued)

Yes	No	**Miscellaneous Information**
		Do you want to allocate $3 to the Presidential Election Campaign Fund?
		Did you sell, exchange, or purchase any real estate during the year? (send closing stmts)
		Did you acquire a new or additional interest in an LLC, partnership or corporation?
		Do you have stock options?
		Did you engage in any bartering transactions?
		Did you make 2009 gifts of more than $13,000 to any individual?
		Are you in the military?
		Do you have a household employee?
		Did you receive correspondence from federal, state, or local taxing authorities? If yes, explain:____
		Did you receive a rebate check during 2009? If yes, amount $______________
		Do you expect significant changes in income, expenses or dependents for 2009? If yes, explain:____
		Did you make estimated payments of federal, state or local income taxes? If yes, complete Estimated Tax Payments form.
		If you have an overpayment on your federal or state return, would you like to have the overpayment applied to 2009? (If you answer no, the overpayment will be refunded.)
		State Information
		Did you contribute to a 529 Plan? If yes, what state plan? _________________ amount $______________

PERSONAL INFORMATION
2009 TAX RETURNS

Taxpayer Full Name ______________________ Spouse Full Name ______________________

Email Address ______________________ Daytime Phone Number ______________________

Have you moved or changed jobs since last year? If so, please complete this section. If not, you may leave this section blank.

Date of Move ______________________ New School District ______________________

New Street Address ______________________ New Municipality ______________________

New City, State, Zip Code ______________________ Old Municipality ______________________

New Taxpayer Occupation ______________________ New Spouse Occupation ______________________

Dependents/Nondependents Qualifying for Child Care and/or EIC

Full Name	Date of Birth	Social Security No.	Relationship	Mo. in home

REFUNDS AND PAYMENTS:

You can elect to have your refunds on federal and state returns directly deposited into your bank account. However, if you elect this option, please include a voided check below.

You can also elect to have your payments due on federal and state returns automatically deducted from your bank account. Your deduction will be scheduled for April 15th. Please attach a voided check if you elect this option.

ATTACH VOIDED CHECK HERE

ITEMIZED DEDUCTIONS
2009 TAX RETURNS

Medical and Dental Expenses (Please retain documents)

	Amount
Medical Insurance Premiums	
Doctors/Dentists/Hospitals	
Prescription Drugs	
Non-prescription Medical Supplies	
Other: ________________	
________________	

Number of Medical Miles ($0.24/mile) _______________

Do not list amounts that were reimbursed or paid with pre-tax dollars.

TAXES PAID (Please complete <u>OR</u> enclose documents)

	Municipal	School	Total
Real Estate Taxes			

Quarterly Estimated Tax Payments (Federal / State)	Taxpayer (FED / ST)	Spouse (FED / ST)
First Quarter (Apr 15)		
Second Quarter (Jun 15)		
Third Quarter (Sep 15)		
Fourth Quarter (Jan 15)		

INTEREST PAID (Please complete <u>OR</u> enclose documents)

	Payee	Amount
Primary Residence - Payee:		
Second Residence - Payee:		

ITEMIZED DEDUCTIONS (continued)

CONTRIBUTIONS (Please retain documents)

(You must have receipts or a cancelled check for all contributions and an acknowledgement from the charity for contributions of $250 or more)

Cash / Check / Credit Card

Payee	Amount

Non-cash - Please attach documents only if annual total is $250 or more ______

Number of Charity Miles ($0.14/mile) __________________

NOTES
2009 TAX RETURNS