

Moving Expenses

Name:

SSN:

						2009	2008
TSJ	<input type="checkbox"/>	Military move	<input type="checkbox"/>		Enter the number of miles from your OLD home to your NEW workplace		
					Enter the number of miles from your OLD home to your OLD workplace		
					Transportation and storage of household goods and personal effects		
					Travel and lodging incurred during move (do NOT include cost of meals)		
					Amount of moving expenses reimbursed by your employer		

Foreign Moving Expenses

						2009	2008
					If you moved to a foreign country:		
					City and country in which your old workplace was located		
					City and country in which your new workplace is located		

Self-Employed Health Insurance and SE Pensions

						2009	2008
TSJ	<input type="checkbox"/>				Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents		
					Qualified long term care amount		
					Enter your wages from an S corporation		
					Plan contribution rate as a decimal		
					Enter your net profit from line 31, Schedule C; line 36, Schedule F; or box 14, code A, Schedule K-1		
					Enter your allowable elective deferrals made during 2009		
					Enter your catch-up contributions		

Noncash Charitable Contributions

TSJ	<input type="checkbox"/>	Donee I.D.			Name of donee organization		
					Address of donee organization		
					City, State, & ZIP of donee organization		
					Description of donated property	PROPERTY TYPE (if over \$5,000)	
					Physical condition of donated property		Art valued more than \$20,000
					Valuation method used		Art valued less than \$20,000
					How was it acquired?		Collectibles
					Date acquired		Qualified Conservation Contribution
					Date contributed		Other Real Estate
					Donor's cost or adjusted basis		Intellectual Property
					Fair market value		Equipment
					Bargain sale price		Securities
					Average security price		Other