BEATHAM, BERNIER, SEEKINS AND COLPRITT

CERTIFIED PUBLIC ACCOUNTANTS
38 PARKWAY SOUTH
BREWER, MAINE 04412
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INDIVIDUAL INCOME TAX DATA QUESTIONNAIRE

TAX YEAR 2009

TAXPAYER & SPOUSE INFORMATION (Note changes from prior year only)

Taxpayer Name (T)________________________Soc. Security #________________

Occupation_________________________Date of Birth__________________

Spouses Name (S)________________________Soc. Security #________________

Occupation_________________________Date of Birth__________________

Street Address____

City, State, Zip Code____

Telephone Number: Home____

Business#(T)_____________________________Mobile #(T)___________________

E-mail Address(T)_________________________Fax #(T)______________________

Business#(S)_____________________________Mobile #(S)___________________

E-mail Address(S)_________________________Fax #(S)______________________

DEPENDENTS (Note changes from prior year)

NAME	SS#	DATE OF BIRTH	RELATIONSHIP

If any of the following items pertain to you or your spouse for 2009, please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION

Yes	No	
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year?
☐	☐	Could you be claimed as a dependent on another person's tax return for 2009?

DEPENDENTS

Yes	No	
☐	☐	Were there any changes in dependents?
☐	☐	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2009?
☐	☐	Did you have any children under age 19 or full-time students under age 24 at the end of 2009, with interest and dividend income in excess of $950, or total investment income in excess of $1,900?

INCOME

Yes	No	
☐	☐	Did you receive unreported tip income of $20 or more in any month?
☐	☐	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
☐	☐	Did you receive any disability income?
☐	☐	Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Yes	No	
☐	☐	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
☐	☐	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

PERSONAL INFORMATION (continued)

Yes	No	
☐	☐	Did you buy or sell any stocks, bonds or other investment property in 2009?
☐	☐	Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2010?
☐	☐	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
☐	☐	Did you buy a main home before May 1, 2010 and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase or did you own and use your home as a principle residence for at least 5 consecutive years of the 8 year period ending on the date you purchased your new home? If yes please attach HUD-1
☐	☐	Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements?
☐	☐	Did you purchase a **new** motor vehicle after February 16, 2009?
☐	☐	Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
☐	☐	Did you have any debts cancelled or forgiven?
☐	☐	Did anyone owe you money which had become uncollectible?

RETIREMENT PLANS

☐	☐	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
☐	☐	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?

EDUCATION

☐	☐	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

PERSONAL INFORMATION (continued)

Yes	No	
☐	☐	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

☐	☐	Did you incur a loss because of damaged or stolen property?
☐	☐	Did you work out of town for part of the year?
☐	☐	Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

☐	☐	Did you apply an overpayment of 2008 taxes to your 2009 estimated tax (instead of being refunded)?
☐	☐	If you have an overpayment of 2009 taxes, do you want the excess applied to your 2010 estimated tax (instead of being refunded)?
☐	☐	Do you expect your 2010 taxable income and withholdings to be different from 2009?

MISCELLANEOUS

☐	☐	Do you want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
☐	☐	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
☐	☐	Was your home rented out or used for business?
☐	☐	Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

PERSONAL INFORMATION (continued)

Yes	No	
☐	☐	Did you incur moving expenses due to a change of employment?
☐	☐	Did you engage the services of any household employees?
☐	☐	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
☐	☐	Did you or your spouse make any gifts to an individual that total more than $13,000, or any gifts to a trust?
☐	☐	Did you or your spouse receive a $250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
☐	☐	Did you or your spouse receive a pension or annuity in 2009 for services performed as an employee of the U.S., state or local government from work not covered by social security?
☐	☐	Did you or your spouse elect to receive COBRA continuation health coverage (35% of premium) between February 17, 2009 and December 31, 2009 as a result of an involuntary termination?

ELECTRONIC FILING & DIRECT DEPOSIT

Your return will be prepared for electronic filing, unless it does not meet the electronic filing qualifications. Electronic filing reduces processing errors, provides proof of filing and expedites the receipt of income tax refunds. A refund from an e-filed return with direct deposit will be received on average 3 to 6 weeks faster than standard paper filing without direct deposit. If you owe money with your return, you may mail a voucher with payment on April 15, 2010, or you may elect to have it automatically withdrawn from your checking or savings account.

DIRECT DEPOSIT INFORMATION / AUTOMATIC WITHDRAWAL

- For direct deposit, please attach a cancelled check or deposit slip with account information and the type of account.

- For automatic withdrawal, please attach a cancelled check or deposit slip with account information and the type of account. If you do not opt for automatic withdrawal, a voucher will be prepared for you mail with check payment.
  - ✓ _____ I wish to have the 2009 balance(s) due automatically withdrawn from the attached account on April 15, 2010.
  - ✓ _____ I wish to have 2010 estimated tax payments automatically withdrawn from the attached account per the instruction letter prescribed IRS/Maine due dates.

ESTIMATED TAX PAYMENTS FOR 2009

DUE DATES:	April 15, 2009	June 15, 2009	Sept 15, 2009	Jan 15, 2010
FEDERAL				
AMOUNT	$ __________	$ __________	$ __________	$ __________
DATE PAID	__________	__________	__________	__________
STATE				
AMOUNT	$ __________	$ __________	$ __________	$ __________
DATE PAID	__________	__________	__________	__________

INCOME

- Please include all forms W-2 received.
- Please include all 1099 forms received as follows:

  -Interest Income (1099-INT)

  -Dividend Income (1099-DIV)

  -Miscellaneous Income (1099-MISC)

  -Unemployment Compensation (1099-G)

  -Retirement Benefits (1099-R)

  -Social Security Benefits (1099-SSA)

  -Sale of Securities/Real Estate (1099-B or 1099-S)

  -State Tax Refunds (1099-G)

  -Gambling Winnings (W-2G)

  -Health Savings Account (1099-HSA)

  -Education Distributions (1099-Q)

- Please include amounts for any Tax Exempt interest received and not reported on form 1099.

INCOME (continued)

- Please include amounts of Alimony received or paid during the year. If paid, please include recipient's social security number.

- Please include a business and/or farm income and expense summary for each business operated during the year.

- Please include capital gain/loss information on the sale of capital assets as follows:
  - -Date of original purchase and original cost basis.
  - -Date of sale and selling price. Please include closing statement for real estate sales.

- Please include a rental income and expense summary for each property owned.

- Please include all K-1 forms for all partnerships, estates and trusts, and small business corporations including basis schedules.

ADJUSTMENTS TO GROSS INCOME

- Please include the following:

  -Self Employed health insurance premiums paid for owner/operator.

  -Moving expenses incurred resulting from a change in job location.

  -Student Loan Interest (1098-E)

  -Alimony Paid – please include recipient's name and social security number.

  -Educator(s) Classroom expenses up to $250 (kindergarten to grade 12) Amounts greater than $250 will be carried to Schedule A as a miscellaneous itemized deduction.

DEDUCTIONS

MEDICAL AND DENTAL EXPENSES PAID

Please include amounts paid for the following:

- Drugs and Medicines
  -prescriptions and insulin $__________

- Medical and Dental Insurance Premiums
  -exclude premiums solely for life and disability $__________

- Transportation to obtain medical care
  -mileage in connection with medical care $__________
  -taxi, tolls, parking, bus fares, air fares, lodging $__________

DEDUCTIONS (continued)

- Attach list of expenses for:
  -doctors, dentists, medical supplies, ambulance, artificial limbs and teeth, glasses and eye examinations, hearing aids and batteries, x-rays, therapy, hospitals and sanitariums, lab tests, and nurses. Rental or purchase of medical, healing or convalescent equipment. $__________

- Insurance reimbursements received – include medicare reimbursements $__________

- Long-term care premiums (please specify taxpayer and/or spouse) $__________

TAXES

Please include amounts paid for the following:

- Real Estate
  -personal residence (even if you don't itemize) $__________
  -other $__________

- Other State income taxes $__________

- Personal property
  -excise tax, boats, auto, etc. $__________

- Sales Tax Paid on Large Purchases $__________

INTEREST EXPENSE

Please include amounts paid for the following:

- Home mortgage interest, points paid and qualified mortgage insurance premiums– please include all forms 1098. $__________

- Home mortgage interest paid to an individual – please include name, address, and social security number for the recipient. $__________

- Investment interest paid to banks or brokerage firms. $__________

CONTRIBUTIONS

Please include amounts paid for the following:

- List for which you have cancelled checks or receipts $__________
  (All contributions must be evidenced by written acknowledgement by the donee and/or a bank record. We recommend obtaining receipts for all contributions in order for them to be deductible.)

- Final paystub documenting payroll withdrawals for charitable organizations $__________

DEDUCTIONS (continued)

- Mileage in connection with work for charitable organizations $__________

- Fair market value of merchandise, clothing, stocks, property, etc. given to charity: List date, description, and fair market value. Attach schedule and receipts showing original cost and fair market value if $250 or greater. $__________

  No deduction is allowed for contributions of clothing or household items that are not in good used condition or better. In addition, a deduction for any items with minimal monetary value may be denied.

MISCELLANEOUS DEDUCTIONS

Please include amounts paid for the following:

- Non-Business Bad Debt $__________
- Tax Preparation Fees and/or Estate Planning Fees, tax portion $__________
- Professional or Work Related Publications $__________
- Professional Dues and Union Dues $__________
- Safe Deposit Box $__________
- Professional Licenses and Fees $__________
- Uniforms, Special Tools, Safety Equipment $__________
- Casualty Losses (Non-reimbursed – explain) $__________
- Job Seeking Expenses (in same field) $__________
- Investment Publications and Journals $__________
- Investment Counsel Fees and/or Custodian Fees $__________
- Educational and Professional Development $__________
- Unreimbursed Employee Expenses – list separately $__________
- Moving Expenses due to change in employment $__________

CHILD AND DEPENDENT CARE EXPENSES

Please include care providers name, address, social security number/federal ID number and amounts paid on behalf of each child during 2009.

EDUCATION EXPENSES

Please include qualified tuition, fees and course materials (books, supplies and equipment) required for enrollment at an accredited post-secondary educational institution paid for you, your spouse and dependents during 2009. Please note year in college for each qualifying student.

HOUSEHOLD EMPLOYMENT TAXES

Please include employee's name, address, social security number and amounts paid.

ELECTIONS AND CONTRIBUTIONS

Do you wish to designate $3.00 of your taxes to the Presidential Election?
(T)____ (S)______

Do you wish to donate to any of the following political parties/charities on your ***State of Maine*** return?:

Democratic Party	$ ________	Green Independent Party	$ ________
Republican Party	$ ________	Endangered/Wildlife Fund	$ ________
Maine Children's Trust	$ ________	Bone Marrow Donor Registry	$ ________
Companion Animal Sterilization	$ ________	Maine Military Family Relief	$ ________
Maine Veteran's Memorial Cemetary Maintenance	$ ________	Maine Asthma & Lung Disease	$ ________

Park Passes:

Individual ($30 each) ________ Indicate quantity
Vehicle ($60 each) ________ Indicate quantity

MISCELLANEOUS INFORMATION

- **State of Maine Use/Sales Tax**:
  Items purchased for use in Maine from retailers who do not collect the Maine sales tax are subject to Maine Use tax. The state will allow you to multiply your Maine adjusted gross income by .08% if you do not know the exact amount you owe. Items that cost $1,000 or more are added to the percentage amount. Please write **NONE** in the amount column if there have been no purchases during the year.

	AMOUNT	**SALES TAX PAID**
-Out of state/Mail orders	$__________	$__________