

Uncle Sam will soon be looking for your tax return. To be sure you pay no more tax than you are legally required, we have enclosed a "Tax Guide and Organizer" to assist you in accumulating the information necessary to prepare your 2009 income tax returns.

If we will be preparing your income tax returns, please provide us with your completed tax organizer as soon as possible along with any other information, as listed on the back page of the organizer. The organizer is designed to help you gather all of your information in an easy and efficient manner as well as help you identify tax saving opportunities.

Once your tax organizer is complete, call us to arrange an appointment or, if you prefer, return your organizer to us by mail. In any case, an early reply will expedite the preparation of your returns and will allow you sufficient time for an adequate review.

In order to provide all our clients with the best possible service, we request that your tax information be received by March 15, 2010. Tax information received after March 15th may require an extension of time to file - which may result in penalties and interest from the taxing authorities. Please call us as early as possible if this deadline presents a problem for you.

Most taxpayers are now required to file their returns electronically. We will handle this for you, upon return of signed e-file authorizations that will be included with your completed return. These forms MUST be received by April 13, 2010, in order for your return to be submitted by the tax-filing deadline.

Also enclosed is an Engagement Letter (Tax Preparation Agreement) outlining the guidelines for preparing your tax returns. As always, payment is expected when the work is completed. For your convenience, we accept Visa, Master Card and American Express. Please see the back of the organizer to complete a payment form if you wish to use your credit card.

*There is a \$10.00 discount for taxpayers who accept their copy of the return electronically. The copies of your completed returns and accompanying documents will be sent to you utilizing our password-protected system. Thank you, in advance, for supporting our efforts to conserve trees and other resources.

If you have any questions or concerns, please do not hesitate to call (607) 275-1275, fax (607) 275-1276 or e-mail results@strebelcpa.com

Sincerely,



Engagement Letter

January 2010

We appreciate the opportunity to work with you. In order to fully describe our relationship, we are setting forth pertinent information about the services we will perform for you.

We will prepare your 2009 federal and the necessary state individual income tax returns – and any future individual income tax returns – from information you furnish us. We will not audit or otherwise verify the data you submit, although we may ask you to clarify some of the information. We will furnish you with an organizer to help you gather and organize the necessary information for us, in order to keep our fee to a minimum.

We must receive all information to prepare your return by March 15, 2010 to ensure that your return will be completed by April 15, 2010. If we have not received all of your information by March 15, 2010, and your return is not completed by April 15, 2010, we will prepare an extension. Any tax due must be paid by April 15, 2010 in order to avoid additional penalties and interest for late filing and late fees. We are not responsible for such fees.

It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support all charitable contributions, as well as the 1099s and any other earnings reports provided by all entities that handle your investments, savings, IRAs, etc. If you have any questions as to the type of records required, please ask us for advice in that regard. It is also your responsibility to carefully examine and approve your completed tax returns before signing and mailing them to the tax authorities. We are not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest.

The IRS has provided that an individual taxpayer and his or hers spouse, if applicable, may authorize the IRS to discuss the taxpayer's tax return with the CPA who signed the taxpayer's return as the return preparer. The authorization is granted by checking the "yes" box in the signature area of the tax return. By checking the "yes" box, you are granting the IRS permission to contact our firm with questions that may arise during the processing of your return. Please note that our firm will not receive separate copies of IRS notices; therefore, you must provide our firm with copies of any notices you receive from the IRS. Once elected, the authorization cannot be revoked. The authorization is valid for one year after the due date for filing the tax return.

Our fee does not include responding to inquires or examination by taxing authorities. However, we are available to represent you and our fees for such services are at our standard rates and would be covered under a separate engagement letter.

We will use our judgment to resolve questions in your favor where a tax law is unclear if there is a reasonable justification for doing so. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your return. We will follow whatever position you request, so long as it is consistent with the codes and regulations and interpretations that have been promulgated. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments.

Federal law has extended the attorney-client privilege to some, but not all, communications between a client and the client's CPA. The privilege applies only to non-criminal tax matters that are before the IRS or brought by or against the U.S. Government in a federal court. The communications must be made in connection with tax advice. Communications solely concerning the preparation of a tax return will not be privileged.

In addition, your confidentiality privilege can be inadvertently waived if you discuss the contents of any privileged communication with a third party, such as a lending institution, a friend, or a business associate. We recommend that you contact us before releasing any privileged information to a third party.

If we are asked to disclose any privileged communication, unless we are required to disclose the communication by law, we will not provide such disclosure until you have had an opportunity to argue that the communication is privileged. You agree to pay any and all reasonable expenses that we incur, including legal fees, that are a result of attempts to protect any communication as privileged.

It is our firm's policy to retain copies of your tax returns for seven years, after which they will be destroyed.

Fees for our services will be at our standard rates plus out-of-pocket expenses. Payment for service is due when rendered and interim billings may be submitted as work progresses and expenses are incurred. We reserve the right to stop work on any account that is 30 days past due, in accordance with our firm's stated collection policy.

Unless you indicate otherwise, our firm may transmit confidential information that you provided us to third parties in order to facilitate delivering our services to you. For example, such transmissions might include, but not be limited to, transmitting returns via e-mail, uploading to portals or other vaults for clients, use of an outside tax processing service, either within or outside the U.S to assist in preparing the tax return(s) etc.

We have secured confidentiality agreements with all our service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have the appropriate procedures in place to prevent the unauthorized release of confidential information to others. We will remain responsible for the work provided by any third-party service providers used under this agreement. By your signature below, you consent to having confidential information transmitted to entities outside the firm. Please feel free to inquire if you would like additional information regarding the transmission of confidential information to entities outside the firm.

If any dispute arises among the parties, they agree to try first in good faith to settle the dispute by mediation administered by the American Arbitration Association (AAA) under its Rules for Professional Accounting and Related Services Disputes. All unresolved disputes shall then be decided by final and binding arbitration in accordance with the Rules for Professional Accounting and Related Services Disputes of the AAA. Fees charged by any mediators, arbitrators, or the AAA shall be shared equally by all parties. In agreeing to arbitration, we both acknowledge that in the event of a dispute over fees charged by the accountant, each of us is giving up the right to have the dispute in a court of law before a judge or jury and instead we are accepting the use of arbitration for resolution.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover fraud, defalcations, or other irregularities, should any exist. It is also your responsibility to carefully examine and approve your completed tax returns before signing and mailing them to the tax authorities.

If the above fairly sets forth your understanding, please sign the enclosed copy of this letter and return it to us.

Submission of information to have us complete your return without a signed engagement letter is deemed to be signature of engagement letter.

Also, please indicate, by circling the appropriate response in the following sentence: I hereby **grant / do not grant** (circle one) limited authorization for your firm to contact the IRS on our/my behalf as discussed in the above letter. If you fail to indicate a response, it is our firm's policy to mark the box that grants authorization.

We are pleased to have you as a client and look forward to a long and mutually satisfying relationship.

Sincerely,



Evelyn F. Westbrook
Client Fulfillment Manager
Strebel & Strebel CPAs

Approved: _____ Client Name _____ Date
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Please sign and return this page with your tax information.

2009 TAX GUIDE AND ORGANIZER

Use this organizer to assist you in compiling your income tax data for preparation of your income tax return. This information will assure that all income, credits and allowable deductions are accounted for and assist us in keeping your fee as low as possible. Please provide all supporting documentation requested.

Attention New Clients - If we did not prepare your income tax return last year, please provide us with a copy. The information will be used to prepare your current year return and, at no cost to you, be reviewed for accuracy.

TAXPAYER INFORMATION

Name _____ Social Security # _____ / _____ / _____
 Occupation _____ Date of Birth _____ / _____ / _____ Blind? Y N
 Home Address _____
 Home Phone _____ Work Phone _____ E-Mail _____

SPOUSE INFORMATION

Name _____ Social Security # _____ / _____ / _____
 Occupation _____ Date of Birth _____ / _____ / _____ Blind? Y N
 Home Address _____
 Home Phone _____ Work Phone _____ E-Mail _____

If married but filing separately, list name of spouse _____ and SS# _____ / _____ / _____

If filing Head of Household and qualifying person is your child but not your dependent listed below, enter your child's name here _____

Did your name, address, or marital status change during the year? Yes No
 Are you being claimed as a dependent on another tax return? Yes No
 Did you carry forward or incur any adoption expenses during the year Yes No

DEPENDENT INFORMATION

* Place an asterisk by any dependent attending college or post-secondary school.

Full Name	Date of Birth	Social Security #	Relationship	# of Months In Home
_____	____ / ____ / ____	____ / ____ / ____	_____	_____
_____	____ / ____ / ____	____ / ____ / ____	_____	_____
_____	____ / ____ / ____	____ / ____ / ____	_____	_____
_____	____ / ____ / ____	____ / ____ / ____	_____	_____
_____	____ / ____ / ____	____ / ____ / ____	_____	_____

WAGES - Please provide all W-2's

of W-2's provided by Taxpayer _____ by Spouse _____

Are there any W-2's missing or inaccurate? _____
 Explain _____

MISCELLANEOUS INCOME - Please provide all 1099's and W-2's

	T	S	J*	Amount
Alimony Received (not child support)	_____	_____	_____	_____
If you pay alimony - list on page 7				
Jury Duty (or other public service)	_____	_____	_____	_____
Tips, Gratuities (not reported on W-2)	_____	_____	_____	_____
Prizes, Awards, Gambling Winnings	_____	_____	_____	_____
Commissions, Bonuses (not reported on W-2)	_____	_____	_____	_____
Pensions, Annuities	_____	_____	_____	_____
IRA / Keogh / 401k Withdrawals	_____	_____	_____	_____
Retirement Plan Distributions rolled over	_____	_____	_____	_____
Unemployment Compensation	_____	_____	_____	_____
Forgiven Debt	_____	_____	_____	_____
Disability Income	_____	_____	_____	_____
Social Security (attach SSA-1099)	_____	T	_____	_____
Social Security (attach SSA-1099)	_____	S	_____	_____

The following are generally non-taxable, but may be required to justify deductions, etc.

Cash Gifts, Inheritance	_____	_____
Insurance or Court Settlements	_____	_____
Child Support	_____	_____
Veteran's Benefits	_____	_____
Worker's Compensation	_____	_____

Partnerships, Estates, Trusts (please provide all K-1's)
 Sub Chapter S Corporations (please provide all K-1's)
 Self-Employed Business (see page 8)
 Rental Income (see page 9)

NEW YORK STATE INFORMATION

County of Residence _____

School District Name _____

FEDERAL, STATE AND LOCAL INCOME TAXES PAID (not including withholding from W-2's)

		<u>Federal</u>		<u>State</u>		<u>Local</u>	
	Due	Date paid	Amount	Date paid	Amount	Date paid	Amount
1st qtr.	(4/15/09)	____/____/____	_____	____/____/____	_____	____/____/____	_____
2nd qtr.	(6/15/09)	____/____/____	_____	____/____/____	_____	____/____/____	_____
3rd qtr.	(9/15/09)	____/____/____	_____	____/____/____	_____	____/____/____	_____
4th qtr.	(1/15/10)	____/____/____	_____	____/____/____	_____	____/____/____	_____
Other		____/____/____	_____	____/____/____	_____	____/____/____	_____

* T - taxpayer, S - spouse, J - joint

ITEMIZED DEDUCTIONS

Medical Expenses:

Medical expenses are deductible only to the extent they exceed 7 1/2% of adjusted gross income.

Doctor and dental fees	_____	Nursing home, nursing care	_____
Prescribed drugs and medicine	_____	Medical equipment and supplies	_____
Hospital, medical and dental insurance premiums paid by you (after tax)	_____	Physical therapy	_____
Long term care insurance premiums	T _____	Ambulance	_____
	S _____	Lab and x-ray fees	_____
HSA	_____	Glasses, hearing aids, batteries	_____
		Parking fees, taxi, bus	_____
		Smoking Cessation Program	_____
Lodging while away from home (\$50 per day per person maximum)	_____		
Total number of miles driven for medical reasons	_____		
Above amounts reimbursed by insurance	_____		

Comments: _____

Taxes Paid:

Real estate - primary residence (include whether itemizing or not) _____

Real estate - other (not including rental property) _____

State and local income taxes paid in 2009 (other than on Page 2) _____

Personal Property Tax (if any) _____

State Sales tax paid on vehicles and boats _____

Middle class Star Rebate received (if any) _____

Interest Paid:

	Primary Residence	Second Residence
Mortgage interest - 1st mortgage (1098)	_____	_____
Mortgage interest - 2nd mortgage (1098)	_____	_____
Home equity loan (1098)	_____	_____
Points (1098)	_____	_____
Interest paid to an individual	_____	_____

Name _____ SS# ____ / ____ / ____

Address _____

Mortgage insurance premiums paid (new policies issued after 2006) _____

Investment Interest (Interest paid for investments, such as land, stocks, etc.) _____

Paid to	Reason for loan	Amount
_____	_____	_____
_____	_____	_____

Interest you or your spouse paid on Student Loans _____

Charitable Contributions:

Do not include political or legislative action contributions, raffle or lottery tickets, or amounts paid for bingo or similar games.

Deductions for all charitable contributions have to be substantiated in writing by the charity. You must obtain the substantiation by the time you file your tax return or, if earlier, the due date of your return.

A cancelled check is not considered sufficient substantiation.

If you make a charitable contribution of more than \$75 that is partly a donation and partly an exchange for goods or services, the recipient charity must inform you of the value of the nondeductible portion of the contribution (generally, the value of the goods or services furnished).

Total Cash Contributions (Church, Red Cross, United Way, Payroll Deduction) _____

Total Non-Cash Contributions (Clothing, Furniture, Food) _____

If above non-cash donations have a total value of \$500 or more, please provide a detailed list of items. The list must include: cost, fair market value, date acquired, date contributed, and name and address of organization. Donated clothing and household items must be in good condition. Items valued over \$5,000 require an appraisal.

Expenses as a Volunteer

Miles _____
Parking, tolls _____
Phone _____
Supplies _____
Uniforms _____

Travel: Meals _____
Lodging _____
Transportation _____
Miscellaneous _____
Other: _____

Casualty and Theft Losses:

Generally, the total amount of all the losses are deductible only to the extent they exceed 10% of adjusted gross income. If more than one loss, provide similar detail for each.

Kind of property or item _____ Date acquired ___/___/___ Date of loss ___/___/___ Fair
market value before loss _____ Cost or basis _____
Fair market value after loss _____ Insurance reimbursement _____
Describe how or what happened _____

Moving Expenses:

Must be business related and new job location must be 50 miles further from old home than old job location.

Miles from old home to old job _____ Miles from old home to new job _____

Date hired for new job ___/___/___ Date of move ___/___/___

Qualifying moving expenses that aren't employer-paid may be deducted as an "above-the-line" deduction, thus lowering your AGI. If you move due to a job change, you may deduct the reasonable costs of (1) moving household goods and personal effects from the old to the new residence and (2) traveling (including lodging, but not meals) from the old residence to the new residence.

Actual Move Auto travel (miles) _____
Transportation other than auto _____
Lodging during move _____
Cost to pack and ship household goods _____

Amount reimbursed by employer _____ Included in Form W-2? Y N

Miscellaneous Deductions:

List only those expenses related to your employment. For self-employed business expenses see page 8.

All automobile expenses should be listed under the Business Mileage section on Page 10. Do not enter expenses listed elsewhere in this organizer.

	Taxpayer	Spouse
Attorney fees (to protect taxable income)	_____	_____
Business gifts	_____	_____
Dues: union and professional	_____	_____
Employment related education and seminars		
Tuition and fees	_____	_____
Books and supplies	_____	_____
Travel (other than auto)	_____	_____
Meals and entertainment	_____	_____
Gambling losses (limited to winnings)	_____	_____
Business insurance (malpractice, E & O, etc.)	_____	_____
Job seeking expenses in same field		
Employment and resume fees	_____	_____
Other: _____	_____	_____
Licenses and fees	_____	_____
Publications, books, etc., used in business	_____	_____
Telephone (itemized business calls only)	_____	_____
Tools, supplies, equipment	_____	_____
Uniforms - purchase and cleaning	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

Investment related expenses:

IRA and Keogh fees paid by you	_____	_____
Investment counsel fees	_____	_____
Publications and journals	_____	_____
Safe deposit box	_____	_____
Tax preparation fees	_____	_____
Travel (other than auto)	_____	_____
Telephone (itemized investment use)	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

Alimony Paid

Recipient's SSN _____ - _____ - _____

OFFICE IN THE HOME EXPENSE

If you own your home and this is your first year for home office expenses, please provide information to determine the adjusted basis of your home. (closing statements, capital improvements, etc.)

Date acquired home _____	Cost of home not including land _____
Cost of land _____	Cost of improvements thru 2009 _____
Total square footage of entire living area _____	Rent _____
Total square footage of office space & storage _____	Utilities _____
	Homeowners Insurance _____
	Home Repair & Maintenance _____
Capital improvements made in 2009 _____	Other _____

Day care providers - If the use of part of your home as a day care facility is regular, but not exclusive, please provide the number of days during the year the rooms were used and the amount of time spent daily in each room.

Number of days used: _____ Amount of time spent daily in each room: _____

SELF EMPLOYED BUSINESS INCOME AND EXPENSES

Please provide the following information for each separate business. Please feel free to copy this page or call our office to obtain additional copies.

All automobile information should be listed under the Business Mileage section on Page 10.

Name of proprietor _____ Business or activity _____
 Business name _____ Product or service _____
 Business address _____ Federal I.D. number _____

Do you use any part of your home for business? Y N (If yes, please complete Office in the Home section)

How many months in business during year? _____

Have you filed all required Forms 1099? Y N

Gross receipts/sales (net of sales tax) _____

Returns and allowances _____

Other: _____

Beginning of year inventory _____

Purchases _____

Withdrawn for personal use _____

Cost of labor _____

Materials, supplies _____

End of year inventory _____

Advertising _____

Bad debts _____

Commissions paid _____

Employee benefit programs _____

Insurance (other than health) _____

Interest (other than mortgage) _____

Legal and professional fees _____

Office expense _____

Pension / profit sharing plans _____

Rent or lease:

Vehicles / equipment _____

Other business property _____

Repairs and maintenance _____

Supplies (other) _____

Taxes:

Payroll (provide all reports) _____

Other: _____

Travel See Page 11

Meals and entertainment (100%) _____

Utilities _____

Wages _____

Other expenses:

Bank charges _____

Dues and publications _____

Postage and freight _____

Laundry and cleaning _____

Telephone _____

Other: _____

Other: _____

If during the year you purchased or disposed of equipment, furniture, capital improvements, please list below.

(List vehicle information under Business Mileage section on Page 10)

Description	Date Acquired	Cost	Date Disposed	Amount Received
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____

Comments: _____

RENTAL INCOME AND EXPENSES

Please provide the following information for each separate rental property. Please feel free to copy this page or call our office to obtain additional copies.

All automobile information should be listed under the Business Mileage section on Page 10. List all travel expenses on Page 11.

Property description _____ Number of days used personally _____ Ownership percentage _____ %

Property address _____

Was the property purchased during the current year? Y N If yes, please provide closing statements.

Was the property disposed of during the current year? Y N If yes, please provide closing statements for both the purchase and sale of the property along with other documents needed to determine the adjusted tax basis.

Rents received	_____	Supplies	_____
Other income: _____	_____	Real estate taxes	_____
		Utilities	_____
Advertising	_____	Wages and salaries	_____
Travel	See Page 11	Other expenses:	
Cleaning and maintenance	_____	Bank charges	_____
Commissions	_____	Gardening and landscaping	_____
Insurance	_____	Dues and fees	_____
Legal and professional fees	_____	Licenses and permits	_____
Mortgage interest paid to banks, etc.	_____	Management fees	_____
Other interest	_____	Office expenses	_____
Repairs:		Pest control	_____
Carpentry, hardware	_____	Telephone	_____
Electrical	_____	Other: _____	_____
Painting and decorating	_____	Other: _____	_____
Plumbing	_____	Other: _____	_____
Appliances	_____	Other: _____	_____
Miscellaneous	_____	Other: _____	_____

If during the year you purchased or disposed of equipment, furniture, appliances, capital improvements (carpets, fence, roof, driveway, etc.), please list below.

Description	Date Acquired or Completed	Cost	Date Disposed	Amount Received
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____
_____	____/____/____	_____	____/____/____	_____

Comments: _____

BUSINESS MILEAGE

This section must be completed for every vehicle that is used in business.

Vehicle description:	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Year	_____	_____	_____	_____
Make	_____	_____	_____	_____
Model	_____	_____	_____	_____
Driver (taxpayer, spouse)	_____	_____	_____	_____
Date purchased / placed in service	____/____/____	____/____/____	____/____/____	____/____/____
Cost of vehicle	_____	_____	_____	_____
Total miles driven during year	_____	_____	_____	_____
Business miles driven during year:				
For your employer (not commuting)	_____	_____	_____	_____
To professional meetings	_____	_____	_____	_____
Between 1st and 2nd job	_____	_____	_____	_____
From job to school	_____	_____	_____	_____
Job seeking	_____	_____	_____	_____
For investment / tax preparation	_____	_____	_____	_____
Self employed business #1	_____	_____	_____	_____
Self employed business #2	_____	_____	_____	_____
Rental property activity #1	_____	_____	_____	_____
Rental property activity #2	_____	_____	_____	_____
Medical treatment	_____	_____	_____	_____
Charitable / volunteer work	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Average daily round trip commuting distance	_____	_____	_____	_____
Number of days vehicle was driven to work	_____	_____	_____	_____
If disposed, date of disposition	____/____/____	____/____/____	____/____/____	____/____/____

ACTUAL AUTOMOBILE EXPENSES

This section is not required if you are using the governments "standard mileage rate" of 55¢ per mile. However, this section must be completed if you are using the actual expense method, or if you ever depreciated your vehicle under the ACRS / MACRS method. If this is the first year of business use for your vehicle, please provide a copy of the purchase or lease contract. Amounts included in this section should not be included anywhere else in this organizer.

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Gasoline, oil, lubrication	_____	_____	_____	_____
Repairs and maintenance	_____	_____	_____	_____
Tires, batteries, etc.	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
License and taxes	_____	_____	_____	_____
Auto loan interest	_____	_____	_____	_____
Wash and wax	_____	_____	_____	_____
Lease payments	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

Comments: _____

AWAY FROM HOME TRAVEL EXPENSES

Amounts included in this section should not be included anywhere else in this organizer.

	Self Employed Business Taxpayer	Spouse	Rental Property	Other	Other
Airfare, train, bus	_____	_____	_____	_____	_____
Auto rental, taxi, etc.	_____	_____	_____	_____	_____
Meals	_____	_____	_____	_____	_____
Lodging	_____	_____	_____	_____	_____
Laundry	_____	_____	_____	_____	_____
Tips	_____	_____	_____	_____	_____

HIGHER EDUCATION EXPENSES

Note: Many of your higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax deferred savings accounts. Please provide information individually for each student enrolled at least half time in a qualified post-secondary institution.

*Please provide 1098-T

	1 st Student	2 nd Student	3 rd Student
Code (T=Taxpayer, S=Spouse, D1=Dependent 1, D2=Dependent 2)	_____	_____	_____
Tuition (Tuition paid during the year for at least half-time enrollment)			
Post-Secondary Years 1 thru 4	_____	_____	_____
Post-Secondary Years after Year 4	_____	_____	_____
Graduate School	Y N	Y N	Y N
Other Expenses			
Tuition Fees	_____	_____	_____
Room and Board	_____	_____	_____
Books and Supplies	_____	_____	_____
Amount of any Grants, Scholarships or tax-free educational Funds	_____	_____	_____
2009 Contributions to NYS Savings Plans (529 Plans)	_____	_____	_____

JOB RELATED EDUCATION

(Enter amounts only if job/career-related and only for you and your spouse)

	Taxpayer	Spouse
Tuition	_____	_____
Room and Board	_____	_____
Books and Supplies	_____	_____
Travel	_____	_____

MISCELLANEOUS INFORMATION

- | | Circle one | |
|--|------------|----|
| 1. Were you notified by the IRS or STATE of any changes to a prior year tax return in the past three years (Please provide copy of notices)? | Yes | No |
| 2. Are any of your claimed dependents not residents or citizens of the U.S.? | Yes | No |
| 3. Do you have any foreign income or a foreign bank account? | Yes | No |
| 4. Do you have any worthless stocks or uncollectible bad debts? | Yes | No |
| 5. Did you or your spouse receive any distribution from an IRA, Profit Sharing or Pension Plan? | Yes | No |
| 6. Do you expect to start a new business this coming year? | Yes | No |
| 7. Did you receive any reimbursement from a prior year casualty, theft loss or medical deduction? | Yes | No |
| 8. Did you or your spouse receive any income not otherwise detailed in this organizer? | Yes | No |
| 9. Do you have any children under age 19 (age 24 if a dependent student) with investment income of more than \$1,900? | Yes | No |
| 10. If you (or your spouse) reached the age of 70 ½ do you have a plan for your mandatory retirement saving withdrawals | Yes | No |
| 11. Did you buy a qualified clean fuel vehicle or a hybrid car during the year? (If yes, provide details) | Yes | No |
| 12. Do you anticipate a substantial change in your income, deductions, or withholding for next year? | Yes | No |
| 13. Do you wish to designate \$3.00 to the Presidential Campaign Fund? | Yes | No |

- 14. Does your spouse wish to designate \$3.00 to the Presidential Campaign Fund? Yes No
 - 15. Did you have a Medical or Health Savings Account during the year? Yes No
 - 16. Did you or your spouse receive employer provided educational assistance? Yes No
 - 17. Did you or your spouse pay long-term healthcare insurance premiums or receive benefits during the year? Yes No
 - 18. Are you a teacher (K-12) who paid for classroom materials without reimbursement? Please provide recap of expenses. Yes No
 - 19. Did you purchase any qualifying energy efficient equipment/home improvements for your principal residence in 2009 (solar, furnace, windows, doors, insulation, water heater, biomass stove)? Please provide description and costs. Yes No
 - 20. Have you or your dependents taken a distribution from a qualified tuition program of an educational institution during the year? Yes No
 - 21. If over age 701/2, did you make a direct contribution to a charity from an IRA? Yes No
 - 22. Did you have any out of state purchases on which New York State sales tax is owed? Yes No
- * Please use the space below to comment on any of the above questions or on any other issue you wish.
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FINAL REMINDERS CHECKLIST

Please be sure you have included the following items with your organizer.

- All W-2 and W-2P forms for wages, salaries, and pensions.
- All 1099 forms for interest and dividend income.
- All 1099-R forms for pension and retirement income.
- All 1099-S and 1099-B forms for sales of securities and real property.
- Social security and railroad retirement forms SSA-1099, RRB-1099, and RRB-W-2P.
- Purchase and sales statements for stock sales.
- Purchase and sales statements for real estate purchases and sales.
- All K-1 forms and instructions for partnerships, trusts, estates, S corporations, and joint ventures.
- Submit other supportive documents that may be requested or necessary to help justify or clarify a deduction, transaction, sale, etc.
- Copy of prior year's tax return, if you are a new client.

DIRECT DEPOSIT

Please complete the section below and attach a voided check or deposit ticket if you would like your refund direct deposited into your bank account.

Bank Name _____ Name on Account _____

Bank Routing # _____ Taxpayer Account # _____

Type of account: Checking or Savings

To pay using a credit card, please complete the following:

Name on card: _____ Card number: _____

Expiration date: _____ Type of card: (circle one) Visa Master Card American Express

Signature: _____

* Billing will appear on your statement as "Strebel Planning Group"

Strebel & Strebel, CPAs

We provide income tax preparation for individuals, partnerships, corporations, trusts and estates. Additionally, we provide a wide range of advisory services including:

- Comprehensive Financial Planning
- Investment Strategies
- IRA Rollover Strategies
- Education Planning

- Projections, Budgets, Goals
- Business Problem Solving
- Real Estate Investment Advice
- Lease versus Buy Decisions

- Estate Planning
- Sales Tax Reporting
- Payroll Tax Reporting
- Charitable Donation Strategies