

2009

1040

US

## Miscellaneous Questions

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.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new motor vehicle in 2009?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a \$250 economic recovery payment in 2009 that was made to social security recipients, railroad retirement recipients and certain veterans?
<input type="checkbox"/>	<input type="checkbox"/>	Did you 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?
<input type="checkbox"/>	<input type="checkbox"/>	Did 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?

<b>2009</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
-------------	-------------	-----------	----------------------

**BAYERKOHLER & GRAFF, LTD.**  
 11132 Zealand Ave N  
 CHAMPLIN, MN 55316  
 Telephone number: (763) 427-2542  
 Fax number: 763-427-4696  
 E-mail address:

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2009 tax return. Please enter all pertinent 2009 information.

**CLIENT INFORMATION**

Taxpayer

Spouse

First name and initial . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . .		
Date of death (m/d/y) . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Social security number . .		
Relationship . . . . .		
Months lived at home . . . .		

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Social security number . .		
Relationship . . . . .		
Months lived at home . . . .		

**2009 1040 US Tax Organizer**

Please enter all pertinent 2009 information. If you have attached a government form for an item, check the box and do not enter a 2009 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2009 Amount	2008 Amount
<b>Attach Forms W-2</b>	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-INT</b>	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-DIV</b>	_____
	_____
	_____
	_____

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-R &amp; W-2G</b>	_____
	_____
	_____
	_____
Winnings not reported on W-2G.....	_____
Total gambling losses.....	_____

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements).....
<input type="checkbox"/>	Form 1099-G - State tax refunds.....

<b>Attach Forms 1099</b>	_____
	_____
	_____
<b>Attach Forms 1099</b>	_____

Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....

<b>Attach Forms 1099</b>	_____
<b>Attach Forms 1099</b>	_____

Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....

<b>Attach Forms 1099</b>	_____
<b>Attach Forms 1099</b>	_____

**MISCELLANEOUS INCOME**

Taxpayer: Alimony received..... \_\_\_\_\_

Spouse: Alimony received..... \_\_\_\_\_

Other: \_\_\_\_\_

_____
_____
_____
_____





<b>2009</b>	<b>1040</b>	<b>US</b>	<b>Direct Deposit &amp; Estimates (Form 1040 ES)</b>	<b>3, 6</b>
-------------	-------------	-----------	--	-------------

Please enter all pertinent 2009 information.

**ECONOMIC RECOVERY PAYMENT / DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

NOTE: You may have received an economic recovery payment if you received social security benefits, supplemental security benefits, railroad retirement benefits, or veterans disability compensation or pension benefits.

1=taxpayer received \$250 economic recovery payment .....		
1=spouse received \$250 economic recovery payment .....		
1=taxpayer received government pension not covered by social security...		
1=spouse received government pension not covered by social security .....		
1=direct deposit of federal tax refund into bank account.....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2009 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008 .....				
1st quarter payment (due 4/15/09) .....				
2nd quarter payment (due 6/15/09) .....				
3rd quarter payment (due 9/15/09) .....				
4th quarter payment (due 1/15/10) .....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/10)				

**State**

	Amount Paid	Date Paid	TS	2009 Voucher Amount
Overpayment applied from 2008 .....				
1st quarter payment (due 4/15/09) .....				
2nd quarter payment (due 6/15/09) .....				
3rd quarter payment (due 9/15/09) .....				
4th quarter payment (due 1/15/10) .....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/15/10)				

**1 Type of Account**

1 = Savings  
2 = Checking

**2 Type of Investment**

1 = Checking or savings (default)      6 = Coverdell savings account (ESA)  
 2 = Taxpayer's IRA (next year limits)      7 = Other  
 3 = Spouse's IRA (next year limits)      8 = Taxpayer's IRA (current year limits)  
 4 = Health savings account (HSA)      9 = Spouse's IRA (current year limits)  
 5 = Archer MSA      10 = Series 1 treasury bonds

	<b>Hash Total</b>	<b>3, 6</b>
--	-------------------	-------------

2009

1040

US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2009 information.

**APPLICATION OF 2009 OVERPAYMENT (7.1)**

If you have an overpayment of 2009 taxes, do you want the excess refunded?  or applied to 2010 estimate? ...

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2010 ESTIMATED TAX INFORMATION**

Do you expect your 2010 taxable income to be different from 2009? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2010 withholding to be different from 2009? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hash Total

7.1

2009

1040

US

Itemized Deductions

25

Please enter all pertinent 2009 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2009 Amount	TS	2008 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			
_____			
_____			
_____			

**TAXES PAID** (State and local withholding and 2009 estimates are automatic.)

State income taxes - 1/09 payment on 2008 state estimate			
State income taxes - paid with 2008 state extension			
State income taxes - paid with 2008 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/09 payment on 2008 city/local estimate			
City/local income taxes - paid with 2008 city/local extension			
City/local income taxes - paid with 2008 city/local return			

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items)			
Use taxes paid on 2009 purchases			
Use taxes paid with 2008 state return			
New passenger auto's, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 *			
Vehicle #1 description			
Vehicle #1 purchase price			
Vehicle #1 sales tax paid			
Vehicle #1 other qualified taxes/fees			
Sales tax on auto's not included above			
Sales tax on boats, aircraft, other special items			

**OTHER TAXES PAID**

Real estate taxes - principal residence:			
_____			
_____			
_____			
Real estate taxes - property held for investment			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)			
Foreign income taxes			
Other taxes:			
_____			
_____			

25

2009

1040

US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2009 Amount

TS

2008 Amount

Table with 3 columns: Description, 2009 Amount, TS, 2008 Amount. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, and amount paid.

Points not reported on Form 1098:

Table for points not reported on Form 1098 with 3 columns: Description, 2009 Amount, TS, 2008 Amount.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . .

Table for mortgage insurance premiums with 3 columns: Description, 2009 Amount, TS, 2008 Amount.

Investment interest (interest on margin accounts):

Table for investment interest with 3 columns: Description, 2009 Amount, TS, 2008 Amount.

Passive interest . . . . .

Table for passive interest with 3 columns: Description, 2009 Amount, TS, 2008 Amount.

Certain home mortgage interest included above (6251) . . . . .

Table for certain home mortgage interest with 3 columns: Description, 2009 Amount, TS, 2008 Amount.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Table for cash contributions to churches, schools, hospitals, and other charitable organizations.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table for volunteer expenses and charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table for cash contributions to veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table for volunteer expenses and charitable miles.

25 p2

2009

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2009 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

Three horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Three rows.

30% limitation (see above):

Three horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Three rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Three horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Three rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Three horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Three rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2009 Amount, TS, 2008 Amount. One row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Five rows.

Investment expense:

Five horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Five rows.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Two rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering 2009 amounts.

Table with 3 columns: 2009 Amount, TS, 2008 Amount. Five rows.

25 p3



**If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.**

1. Total home equity debt exceeded \$100,000 at any time during 2009 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
2. Total home acquisition debt exceeded \$1,000,000 at any time during 2009 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2009 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

	2009 Amount	TS	2008 Amount
Fair market value of the property on the date that the last debt was secured . . . . .			
Home acquisition and grandfather debt on the date that the last debt was secured . . . . .			

**LOAN INFORMATION**

Loan #1

Lender's name . . . . .			
Form (see table) . . . . .			
Number of form . . . . .			
1=taxpayer, 2=spouse, blank=joint . . . . .			
Interest paid . . . . .			
Points paid . . . . .			
Total principal paid . . . . .			
Lump sum principal payment (if paid off) . . . . .			
Months outstanding (if not 12) . . . . .			
Home acquisition debt balance - beginning of year . . . . .			
Home acquisition debt borrowed in 2009 . . . . .			
Home equity debt balance - beginning of year . . . . .			
Home equity debt borrowed in 2009 . . . . .			
Grandfather debt balance - beginning of year . . . . .			

Loan #2

Lender's name . . . . .			
Form (see table) . . . . .			
Number of form . . . . .			
1=taxpayer, 2=spouse, blank=joint . . . . .			
Interest paid . . . . .			
Points paid . . . . .			
Total principal paid . . . . .			
Lump sum principal payment (if paid off) . . . . .			
Months outstanding (if not 12) . . . . .			
Home acquisition debt balance - beginning of year . . . . .			
Home acquisition debt borrowed in 2009 . . . . .			
Home equity debt balance - beginning of year . . . . .			
Home equity debt borrowed in 2009 . . . . .			
Grandfather debt balance - beginning of year . . . . .			

**Form**

1 = Schedule A (default)  
 2 = Business use of home  
 3 = Schedule E

Please enter all pertinent 2009 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

	2009 Amount		2008 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2009 . . . . .				
Employer-provided benefits forfeited in 2009 . . . . .				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2009 . . . . .		<b>2008 amt:</b>
	1=disabled . . . . . 1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2009 . . . . .		<b>2008 amt:</b>
	1=disabled . . . . . 1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2009 . . . . .		<b>2008 amt:</b>
	1=disabled . . . . . 1=spouse, 2=joint . . . . .		

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .		
	Street address . . . . .		
	City, state, ZIP code . . . . .		
	Identification number (SSN or EIN) . . . . .		
	Amount paid to care provider in 2009 . . . . .		<b>2008 amt:</b>
	1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .		
	Street address . . . . .		
	City, state, ZIP code . . . . .		
	Identification number (SSN or EIN) . . . . .		
	Amount paid to care provider in 2009 . . . . .		<b>2008 amt:</b>
	1=spouse, 2=joint . . . . .		

2009

1040

US

Education Credits / Tuition Deduction

38

Please complete the information below if you paid qualified education expenses in 2009 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

**PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.**

		2009 Amount	2008 Amount
No. <input type="text"/>	Student Info. 1=taxpayer, 2=spouse. .... First name. .... Last name. .... Social security number. ....		
		1=American opportunity/hope credit, 2=lifetime learning credit ...	
		Number of years hope credit claimed. ....	
		Student completed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no. ...	
	1=student attended educational institution in midwest disaster area. ....		
	Qualified tuition and fees paid in 2009 (net of refund or assistance and not entered elsewhere) .....		
	Course related materials required to be purchased from institution. ....		
	Course related materials not entered above. ....		
	Reasonable cost of room and board (midwestern disaster only). ..		
	Expenses of a special needs student (midwestern disaster only). ..		
	Amount of prior year refund or assistance* .....		

No. <input type="text"/>	Student Info. 1=taxpayer, 2=spouse. .... First name. .... Last name. .... Social security number. ....		
		1=American opportunity/hope credit, 2=lifetime learning credit ...	
		Number of years hope credit claimed. ....	
		Student completed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no. ...	
	1=student attended educational institution in midwest disaster area. ....		
	Qualified tuition and fees paid in 2009 (net of refund or assistance and not entered elsewhere) .....		
	Course related materials required to be purchased from institution. ....		
	Course related materials not entered above. ....		
	Reasonable cost of room and board (midwestern disaster only). ..		
	Expenses of a special needs student (midwestern disaster only). ..		
	Amount of prior year refund or assistance* .....		

No. <input type="text"/>	Student Info. 1=taxpayer, 2=spouse. .... First name. .... Last name. .... Social security number. ....		
		1=American opportunity/hope credit, 2=lifetime learning credit ...	
		Number of years hope credit claimed. ....	
		Student completed 1st 4 years of post-secondary edu. before 2009: 1=yes, 2=no. ...	
	1=student attended educational institution in midwest disaster area. ....		
	Qualified tuition and fees paid in 2009 (net of refund or assistance and not entered elsewhere) .....		
	Course related materials required to be purchased from institution. ....		
	Course related materials not entered above. ....		
	Reasonable cost of room and board (midwestern disaster only). ..		
	Expenses of a special needs student (midwestern disaster only). ..		
	Amount of prior year refund or assistance* .....		

\*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.