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2010 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2010 tax return.

To save you time, selected information from your 2009 tax return has been entered in this organizer. Please line through any information that does not apply to your 2010 tax return.

In some cases, 2009 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2010 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

Primary Email Address	Home Phone	Fax Number
Secondary Email Address	Work Phone	Cell Phone
Preferred Method of Contact (i.e., cell phone, e-mail, etc.)		

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ".
 TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.



For any question answered Yes, please attach supporting detail or documents.

Personal Information:

- Did your marital status change during 2010? Yes No
- If married, do you and your spouse want to file separate returns? Yes No
- Did your address change during 2010? Yes No
- Can you or your spouse be claimed as a dependent by another taxpayer? Yes No

Dependents:

- Were there any changes in dependents from the prior year? Yes No
Note: Including non-child dependents for whom you provided more than half the support
- Did you pay for child care while you worked or looked for work? Yes No
- Do you have any children under age 18 with unearned income more than \$950? Yes No
- Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$950? Yes No
- Did you adopt a child or begin adoption proceedings during 2010? Yes No

Purchases, Sales and Debt:

- Did you have any debts canceled, forgiven or refinanced during 2010? Yes No
- Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2010? Yes No
- Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2010? Yes No
- Did you sell, exchange or purchase any real estate in 2010? If so, please attach closing statements. Yes No
- Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? Yes No
- Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? Yes No
- Did you pay any student loan interest in 2010? Yes No
- Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year. Yes No
- Did you have an outstanding home equity loan at the end of 2010? If so, please provide the principal balance and interest rate at the beginning and end of the year. Yes No
- Did you take out a home equity loan in 2010? Yes No
- Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? Yes No
- Did you engage in any put or call transactions? If Yes, please provide details. Yes No
- Did you close any open short sales during 2010? Yes No
- Did you sell any securities not reported on your Form 1099-B? Yes No



Itemized Deductions:

- Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?
- Did you incur any casualty or theft losses during the year?
- Did you make any large purchases, such as motor vehicles and boats?
- Did you incur any casualty or loss attributable to a federally declared disaster?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous:

- Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2010?
- If you received a distribution from an MSA, please include Form 1099-SA.
- Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2010?
- If you received a distribution from an HSA, please include Form 1099-SA.
- Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?
- Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?
- Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?
- Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q.
- Did you or your dependents incur any post-secondary education expenses, such as tuition?

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

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered?

Months

- Did you move to a different home because of a change in the location of your job?
- Did you pay in excess of \$1,000 in any quarter, or \$1,700 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

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

Did you receive unreported tip income of \$20 or more in any month of 2010?

<input type="checkbox"/>	<input type="checkbox"/>
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Did you or your spouse receive distributions from long-term care insurance contracts? If Yes, please include Form 1099-LTC.

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

Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country?

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

Did you create or transfer money or property to a foreign trust?

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

Did you purchase a new "hybrid", or alternative technology vehicle, including a qualified plug-in electric drive motor vehicle in 2010?

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

Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?

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

Have you received a punitive damage award or an award for damages other than for physical injuries or illness?

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

Were you notified by the IRS or other taxing authority of any changes in prior year returns?

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

Did you lose your job during 2010 because of foreign competition and pay for your own health insurance?

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

Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?

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

Did you install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?

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

Have you been an identity theft victim and have you contacted the IRS?

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

If Yes, please furnish the 6-digit identity protection personal identification number issued to you by the IRS _____



Miscellaneous: (continued)

- Did you engage in any bartering transaction? Yes No
- Did you make gifts of more than \$13,000 to any individual? Yes No
- Did you have any foreign income or pay any foreign taxes during 2010? Yes No

Severance/Retirement:

- Did you retire or change jobs in 2010? Yes No
- Did you receive deferred, retirement or severance compensation? Yes No

Date

If Yes, enter the date received (Mo/Da/Yr).

- Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account while not taking a distribution? Yes No

Sale of Your Home:

- Did you sell your home in 2010? Yes No
- If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? Yes No
- Did you ever rent out this property? Yes No
- Did you ever use any portion of the home for business purposes? Yes No
- Have you or your spouse sold a principal residence within the last two years? Yes No
- At the time of the sale, the residence was owned by the: Taxpayer Spouse Both

Additional Information:

- For any trust you created or that you are trustee, have any beneficiaries died during 2010? Yes No
- Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2010? Yes No

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2010 Amount Contributed



Personal Information, Dependent(s) and Wages

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Daytime/Work Telephone Number _____ Evening/Home Telephone Number _____ Cell Phone Number _____ Fax Number _____

Primary Email Address _____ Secondary Email Address _____

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Present Mailing Address:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP code _____

Foreign Country _____

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>		
Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Did dependent have income over \$3,650?

Dependent Information:

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return _____

Please list the years that a release of claim to exemption is given for a dependent child not living with you

Wages and Salaries: Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local



Electronic Filing

Electronic Filing: Please enclose all copies of your current year Forms W-2

Electronic filing is the means by which your return is transmitted directly to the IRS. The IRS has implemented an electronic filing mandate requiring certain preparers to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do you want to elect not to electronically file your federal return?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to elect not to electronically file your state return?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes and filing more than one state return, does election apply to all states?	<input type="checkbox"/>	<input type="checkbox"/>

The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?	<input type="checkbox"/>	<input type="checkbox"/>
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>

If No, please enter a 5-digit self-selected PIN:

Taxpayer PIN	
Spouse PIN	



Direct Deposit and Electronic Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns to be filed electronically, the IRS and many states allow the entire amount due to be paid using electronic withdrawal. If you would like to have your refund deposited directly into your account or pay a balance due by using an electronic withdrawal, please complete the following information.

(To properly file your return, please attach a voided check or a copy of a monthly statement for your account.)

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings

Name of financial institution

Financial Institution Routing Transit Number (if known)
(Use the routing number from a check, NOT a deposit slip. They can be different.
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account? Yes No

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount do you want withdrawn if not the entire balance due?

What date do you want the withdrawal done? (Mo/Da/Yr)

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings

Name of financial institution

Financial Institution Routing Transit Number (if known)
(Use the routing number from a check, NOT a deposit slip. They can be different.
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account? Yes No

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount do you want withdrawn if not the entire balance due?

What date do you want the withdrawal done? (Mo/Da/Yr)



Foreign Bank and Financial Accounts

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ _____
 Title of filer _____
 Enter all countries where you have foreign bank accounts _____

Foreign Identification:

Passport _____ Yes No
 If not passport, enter description _____
 Number _____
 Country of issue _____

Information on Foreign Financial Accounts:

Select Account Type	
1	Bank Account
2	Securities Account
3	Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City	State	ZIP/Postal Code	Country
A				
B				

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Last Name or Organization Name	First Name	Middle Initial	Taxpayer ID Number	# of Joint Owners
A				
B				

1 - No financial interest 2A - Joint ownership - spouse is joint owner 2B - Joint ownership - other joint owner

Street Address	City	State	ZIP/Postal Code	Country	Ownership Code
A					
B					

Foreign Bank Accounts and Trusts:

At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2010, whether or not you had any beneficial interest in it? Yes No



Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state and ZIP code _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2010:

Did you dispose of this business? _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

 If Yes, what was the disposition date? _____ (Mo/Da/Yr) _____
 Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____

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

 Were you involved in the operations of this business on a regular, continuous and substantial basis? _____

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

	2010 Amount	2009 Amount
Health insurance premiums paid for yourself and your dependents _____		

Income:

	2010 Amount	2009 Amount
Gross receipts or sales _____		
Less returns and allowances _____		

Cost of Goods Sold:

	2010 Amount	2009 Amount
Beginning inventory _____		
Purchases less cost of items withdrawn for personal use _____		
Cost of labor (do not include amounts paid to yourself) _____		
Materials and supplies _____		

Other Costs of Cost of Goods Sold:

Description	2010 Amount	2009 Amount
Ending inventory _____		

Other Income:

Description	2010 Amount	2009 Amount



Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2010:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? Yes No

Was your vehicle available for use during off-duty hours? Yes No

Mileage:

Total miles

Total business miles

Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases

Vehicle 1		Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2010 Miles	2009 Miles	2010 Miles	2009 Miles
2010 Amount	2009 Amount	2010 Amount	2009 Amount



Business Expenses

Name of Business: _____

Principal Business or Profession: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

	2010 Amount	2009 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		

Other Business Expenses:

Description	2010 Amount	2009 Amount
.....		
.....		
.....		

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2010 Amount	2009 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2010	2009
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2010 Amount	2009 Amount
.....		
.....		
.....		



Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

	2010	2009
Square footage of home used exclusively for business		
Total square footage of home		
Total hours home was used for day care during the year		

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Sale or Exchange of Your Home:

Please attach the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ
Date acquired (Mo/Da/Yr)
Date sold (Mo/Da/Yr)
Selling price

Original Cost and Cost of Improvements:

Table with 2 columns: Description, Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Table with 2 columns: Description, Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?
If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?
If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated

Moving Expenses:

TSJ
Were the moving expenses reimbursed by your employer?
Enter reimbursements not included in wages on your Form W-2

Mileage:

Number of miles from old home to new workplace
Number of miles from old home to old workplace
Number of automobile miles in move

Transportation Expenses:

Costs of transportation of household goods and personal effects
Costs of travel and lodging (do not include meals or automobile expenses)
Automobile expenses (gasoline, oil, etc.)
Meals (Pennsylvania only)



Individual Retirement Account (IRA):

TS _____
Name of payer _____

IRA Questions for 2010:

- Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you receive distributions in 2010 from a traditional IRA, Roth IRA or Qualified Education Account?
Did you convert a traditional IRA to a Roth IRA in 2010?
Did you use your IRA as security for a loan this year?
Did you have any transactions with your IRA during the year?
If Yes, please explain.

Table with 2 columns: Yes, No. Rows for each question.

IRA Values, Rollovers, and Distributions:

Please enclose copies of all Forms 1099-R

Total value of all traditional IRAs on December 31, 2010
Outstanding rollovers on December 31, 2010
IRA distributions received during 2010
Total distributions converted to Roth IRAs
Total retirement plans converted to Roth IRAs

Table with 1 column for values, 5 rows.

Contributions:

Please enclose copies of all Forms 5498

IRA:

Contributions in 2010 for the 2010 tax return
Contributions in 2011 for the 2010 tax return
Amount for 2010 you choose to be treated as nondeductible

Table with 1 column for values, 3 rows.

Roth IRA:

Contributions made for the 2010 tax year

Table with 1 column for value, 1 row.

Pensions and Annuities:

Please enclose all Forms 1099-R and any nontaxable distribution details

Table with columns: TSJ, Name of Payer, 2010 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, IRA?, 2009 Gross Distributions.

Self-Employed Retirement Plan:

Please enclose copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
Do you want to contribute the maximum amount allowed?

Table for Taxpayer with Yes/No columns for the two questions.

Table for Spouse with Yes/No columns for the two questions.

Contributions to:

Simplified employee pension
Defined benefit plan
Defined contribution plan
SIMPLE plan

Table for 2010 Amount for each plan type.

Table for 2010 Amount for each plan type.



Rental and Royalty Property and Equipment & Depletion

Location of Property: _____

Property and Equipment: Please attach a list if more space is needed

Acquisitions:

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions:

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Percentage Depletion Information:

Production Type	Royalty Income	
	2010 Amount	2009 Amount



Rental and Royalty Business Expenses

Location of Property: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

	2010 Amount	2009 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2010 Amount	2009 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2010 Amount	2009 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2010	2009
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2010 Amount	2009 Amount



Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

Table with 2 main columns for 2010 and 2009 amounts, and rows for various income types like Taxable pensions, Social security benefits, etc.

State and Local Income Tax Refunds:

Table with columns for TSJ, State, City, Tax Year, and Income Tax Refund (State/Local).

Other Income:

Table with columns for TSJ, Nature and Source, 2010 Amount, and 2009 Amount.

Alimony Paid or Received:

Table with columns for TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2010 Amount, and 2009 Amount.



Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

Prescription medicines and drugs
 Total medical insurance premiums paid (Do not include medicare premiums paid)
 Long-term care expenses
 Total insurance reimbursement
 Number of miles traveled for medical care
 Lodging
 Doctors, dentists, etc.
 Hospitals
 Lab fees
 Eyeglasses and contacts
 Cobra assistance premiums in 2010

TSJ	2010 Amount	2009 Amount

Taxpayer long-term care insurance premiums paid
 Spouse long-term care insurance premiums paid

2010 Amount	2009 Amount

Other Medical Expenses:

TSJ	Description	2010 Amount	2009 Amount

Taxes Paid: Please include copies of your tax bills

Personal property taxes paid (include vehicle taxes)
 General sales taxes paid on specified items

TSJ	2010 Amount	2009 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2010 Amount	2009 Amount

Other Taxes Paid:

TSJ	Description	2010 Amount	2009 Amount

If you purchased or sold your home in 2010, did you include any taxes from your closing statement in the amounts above? Yes No



Mortgage Questions for 2010:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, please enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____		
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2010 Amount	2009 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2010 Amount	2009 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2010 Amount	2009 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2010 Amount	2009 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2010 Amount	2009 Amount



Itemized Deductions - Contributions

Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

TSJ	Organization or Description of Contribution	2010 Amount	2009 Amount

TSJ	Conservation Real Property	2010 Amount	2009 Amount
	100% limit		
	50% limit		

TSJ	Description	2010 Miles	2009 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling Less Than or Equal to \$500:

TSJ	Description of Donated Property	2010 Amount	2009 Amount

Noncash Contributions Totaling More Than \$500:

TSJ
Description of the donated property

Donee organization name

Donee organization address

Date the property was acquired by the taxpayer (Mo/Da/Yr)

Date the property was donated (Mo/Da/Yr)

Cost or basis of the donated property

Fair market value of the donated property

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange



Miscellaneous Itemized Deductions:

Union and professional dues

Tax preparation fee

Professional subscriptions

Hobby expense (To extent of income)

Safe deposit box

Uniforms and protective clothing

Work tools

Gambling losses

Estate taxes

TSJ	2010 Amount	2009 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2010 Amount	2009 Amount

Casualty or Theft Loss:

TSJ

Property description

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use Business use Income producing Employee Use Personal use due to Hurricane Katrina
- Personal use attributable to a federally declared disaster Personal use attributable to Midwestern disaster area Personal use attributable to Kansas disaster area

Date acquired (Mo/Da/Yr) _____

Date damaged or lost (Mo/Da/Yr) _____

Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement



Employee Business Expenses

TS: _____ Occupation: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

Parking fees and tolls

Local transportation

Travel expenses

Meals and entertainment

Other Business Expenses:

2010 Amount	2009 Amount

Description	2010 Amount	2009 Amount

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

Amount received for other expenses

Amount received for meals and entertainment

2010 Amount	2009 Amount

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

Total miles

Total business miles

Average daily commuting miles

Total commuting miles for the year

Gasoline and oil

Repairs

Insurance

Taxes

Value of employer provided vehicle

Temporary vehicle rentals

Fair market value of leased vehicle

Vehicle leases

2010	2009

Other Vehicle Expenses:

Description	2010 Amount	2009 Amount



Employee Business Expenses- Business Use of Home

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2010	2009

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2009 but paid in 2010
Employer-provided dependent care benefits that were forfeited in 2010
2009 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
Street address
City, state and ZIP code
Social security number OR
Employer identification number
Telephone number (California only)

	2010 Amount	2009 Amount
Expenses incurred and paid in 2010		
Expenses incurred and not paid in 2010		

Provider 2:

Name
Street address
City, state and ZIP code
Social security number OR
Employer identification number
Telephone number (California only)

	2010 Amount	2009 Amount
Expenses incurred and paid in 2010		
Expenses incurred and not paid in 2010		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2010 Expenses Incurred	2009 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

Please enclose copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	Grade	2010 Qualified Expenses



Federal Tax Payments

Refund Application:

If you have an overpayment of 2010 taxes, do you want the excess:

Refunded Yes No
 Applied to your 2011 estimated tax liability Yes No

Federal Estimated Tax Payments:

2010 1st Quarter Estimate (Due 04-15-2010)
 2010 2nd Quarter Estimate (Due 06-15-2010)
 2010 3rd Quarter Estimate (Due 09-15-2010)
 2010 4th Quarter Estimate (Due 01-18-2011)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 overpayment applied to 2010 estimate

Tax Planning Information for Tax Year 2011:

Do you expect any of the following to occur in 2011?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, please provide details.



State and City Tax Payments

State and City Estimated Tax Payments:

2010 1st Quarter Estimate

2010 2nd Quarter Estimate

2010 3rd Quarter Estimate

2010 4th Quarter Estimate

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 overpayment applied to 2010 estimate

Balance of prior year(s)' tax paid in 2010 plus
amount paid with 2009 extensions

Estimated tax payments for 2009 paid in 2010

State and City Estimated Tax Payments:

2010 1st Quarter Estimate

2010 2nd Quarter Estimate

2010 3rd Quarter Estimate

2010 4th Quarter Estimate

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 overpayment applied to 2010 estimate

Balance of prior year(s)' tax paid in 2010 plus
amount paid with 2009 extensions

Estimated tax payments for 2009 paid in 2010

State and City Estimated Tax Payments:

2010 1st Quarter Estimate

2010 2nd Quarter Estimate

2010 3rd Quarter Estimate

2010 4th Quarter Estimate

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 overpayment applied to 2010 estimate

Balance of prior year(s)' tax paid in 2010 plus
amount paid with 2009 extensions

Estimated tax payments for 2009 paid in 2010



General Information:

Daytime telephone number (including area code)

Taxpayer
Spouse

Has your address changed from 2009? Yes No

Do you qualify for the blind exemption? Taxpayer Spouse

Are you a noncustodial parent?

Total purchases in 2010 subject to Massachusetts use tax

Sales/use tax paid to other state or jurisdiction

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Massachusetts for all of 2010, enter the dates you did live in Massachusetts

Enter the state names other than Massachusetts where you had income

Voluntary Contributions:

Do you want to contribute \$1.00 to the Massachusetts Election Campaign Fund? Yes No Taxpayer Spouse

Enter the amount you wish to contribute on your 2010 tax return to:

Organ Transplant Fund
Endangered Wildlife Conservation
Massachusetts AIDS Fund
Massachusetts United States Olympic Fund
Massachusetts Military Family Relief Fund

Rental Deduction Information:

Name of landlord
Rent paid

Enter Any Additional Massachusetts Information:

Empty box for additional information



Schedule HC Private Health Insurance

Name of Insurance Company or Administrator

Taxpayer
Spouse

Federal Identification Number of Insurance Company

Taxpayer
Spouse

Subscriber Number

Taxpayer
Spouse

Schedule HC Government - Subsidized Health Insurance

Taxpayer **Spouse**

Commonwealth Care	<input type="checkbox"/>	<input type="checkbox"/>
MassHealth	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Administration Program Enrollment	<input type="checkbox"/>	<input type="checkbox"/>
Tri-Care	<input type="checkbox"/>	<input type="checkbox"/>
Other (see instructions). Enter names(s) of provider(s) below	<input type="checkbox"/>	<input type="checkbox"/>
Applied for MassHealth or Commonwealth Care in 2010 and denied	<input type="checkbox"/>	<input type="checkbox"/>

Name of Other Provider

Taxpayer
Spouse

Months Covered by Health Insurance (if not all of 2010)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Taxpayer	---	---	---	---	---	---	---	---	---	---	---	---
Spouse	---	---	---	---	---	---	---	---	---	---	---	---

Other Information

Taxpayer **Spouse**

Not issued Form MA 1099-HC

Massachusetts Information

Massachusetts Use Tax

A 5% use tax is due on your taxable purchases of tangible personal property purchased for use in Massachusetts on which you did not pay Massachusetts sales or use tax. These include, but are not limited to, purchases made out-of-state, on the Internet, or from mail order sellers, where no Massachusetts sales tax was paid.

You may use the "safe harbor" table below to self-report the amount of use tax based on your Massachusetts adjusted gross income. You may pay this amount in lieu of the actual amount of use tax that would otherwise be due with respect to such purchases.

Individuals taxpayers electing to report use tax under the "safe harbor" method will not be assessed additional use tax on audit, even if the actual amount of use tax due would have been greater than the amount from the schedule.

The use of the "safe harbor" tables applies only to purchases of any individual items each having a total sales price of less than \$1,000. For each taxable item purchased at a price of \$1,000 or greater, the actual use tax liability for each purchase must be added to the amount of use tax liability calculated by the "safe harbor" tables.

Worksheet on Use Tax Due on Out-of-State Purchases

Taxpayer(s) Name(s): _____

Do you have Massachusetts use tax due on out-of-state purchases? *(Please check all that apply)*

_____ No

_____ Yes *(if yes, fill in number 1 below if you do not wish to use the "Safe Harbor Tables")*

_____ I elect to use the "Safe Harbor" tables provided by
The Massachusetts Department of Revenue

_____ I elect to use the "Safe Harbor" tables and also have
Purchases with a sales price greater than \$1,000 *(fill in number 2 below)*

1. Total amount of purchases in 2010 subject to
Massachusetts use tax (to be taxed at 5%) _____

2. Total amount of purchases with a sales price
greater than \$1,000 _____

Safe Harbor Table

<u>Massachusetts Adjusted Gross Income</u>	<u>Use Tax Liability</u>
\$ 0 - \$ 25,000	\$ 0.00
\$ 25,001 - \$ 40,000	\$ 15.00
\$ 40,001 - \$ 60,000	\$ 25.00
\$ 60,001 - \$ 80,000	\$ 35.00
\$ 80,001 - \$100,000	\$ 45.00
Above \$100,000	Multiply Mass. AGI by .05%

Massachusetts Information

Commuter Deduction:

For tax years beginning January 1, 2006, a Massachusetts deduction is allowed to an individual for certain commuting costs paid **in excess** of \$150 for:

- tolls paid through the Massachusetts FastLane account; or
- the cost of weekly or monthly passes for MBTA transit, bus, commuter rail, or commuter boat

Amounts paid must be reduced by any amounts reimbursed or otherwise deductible.

The total amount deducted per individual may not exceed \$750.

Note: Employees whose wages subject to tax are reduced by a payroll deduction for the purchase of MBTA passes are not entitled to the deduction.

If you have expenses which qualify for this deduction, please provide the total amount paid, less any amounts which may have been reimbursed:

	<u>Taxpayer</u>	<u>Spouse</u>
Total Amount Paid	\$ _____	\$ _____
Amount Reimbursed, if any	\$ _____	\$ _____