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2011 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2011 tax return.

To save you time, selected information from your 2010 tax return has been entered in this organizer. Please line through any information that does not apply to your 2011 tax return.

In some cases, 2010 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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2011 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

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:		Partnership/S Corporation	11A
Throughout the tax organizer, you will find columns with the heading "TSJ".		Wages and Salaries	3A
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:

Yes No

Did your marital status change during 2011?

Yes No checkboxes

If married, do you and your spouse want to file separate returns?

Yes No checkboxes

Did your address change during 2011?

Yes No checkboxes

Can you or your spouse be claimed as a dependent by another taxpayer?

Yes No checkboxes

Dependents:

Were there any changes in dependents from the prior year?

Yes No checkboxes

Note: Include 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 checkboxes

Do you have any children under age 18 with unearned income more than \$950?

Yes No checkboxes

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 checkboxes

Did you adopt a child or begin adoption proceedings during 2011?

Yes No checkboxes

Purchases, Sales and Debt:

Did you have any debts canceled, forgiven or refinanced during 2011?

Yes No checkboxes

Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2011?

Yes No checkboxes

Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2011?

Yes No checkboxes

Did you sell, exchange or purchase any real estate in 2011? If so, please attach closing statements.

Yes No checkboxes

Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?

Yes No checkboxes

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 checkboxes

Did you pay any student loan interest in 2011?

Yes No checkboxes

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 checkboxes

Did you have an outstanding home equity loan at the end of 2011? If so, please provide the principal balance and interest rate at the beginning and end of the year.

Yes No checkboxes

Did you take out a home equity loan in 2011?

Yes No checkboxes

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?

Yes No checkboxes

Did you or your mortgagee receive any mortgage assistance payments? If Yes, enclose and Forms 1098-MA.

Yes No checkboxes



Purchases, Sales and Debt (continued):

- Did you engage in any put or call transactions? If Yes, please provide details. Yes No
- Did you close any open short sales during 2011? 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? Yes No
- Did you incur any casualty or theft losses during the year? Yes No
- Did you make any large purchases, such as motor vehicles and boats? Yes No
- Did you incur any casualty or loss attributable to a federally declared disaster? Yes No

Miscellaneous:

- Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2011? Yes No
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 2011? Yes No
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? Yes No
- 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? Yes No
- In 2010 did you or your spouse convert an IRA into a Roth IRA and not elect to include the taxable amount in your 2010 taxable income? Yes No
- Did you rollover any amounts from a qualified retirement plan to a Roth IRA or Designated Roth Account and not elect to include the taxable distribution in your 2010 taxable income? Yes No
- Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? Yes No
- Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q. Yes No
- Did you or your dependents incur any post-secondary education expenses, such as tuition? Yes No
- 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

 Yes No
- Did you move to a different home because of a change in the location of your job? Yes No
- 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? Yes No
- Did you receive unreported tip income of \$20 or more in any month of 2011? Yes No
- Did you or your spouse receive distributions from long-term care insurance contracts? Yes No
If Yes, please include Form 1099-LTC.
- 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? Yes No
- Did you or your spouse own any foreign financial assets? Yes No
- Did you create or transfer money or property to a foreign trust? Yes No
- Did you purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle in 2011? Yes No



Miscellaneous: (continued)

	Yes	No
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 2011 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 PIN issued to you by the IRS		_____
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$13,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during 2011?	<input type="checkbox"/>	<input type="checkbox"/>

Severance/Retirement:

Did you retire or change jobs in 2011?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you receive deferred, retirement or severance compensation?	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, enter the date received (Mo/Da/Yr).	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="text-align: center;">Date</td></tr> <tr><td style="height: 20px;"> </td></tr> </table>	Date		
Date				
Did you or your spouse turn 70 1/2 during the year and have money in an IRA or other retirement account while not taking a distribution?	<input type="checkbox"/>	<input type="checkbox"/>		



Sale of Your Home:

Did you sell your home in 2011?

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?

Did you ever rent out this property?

Did you ever use any portion of the home for business purposes?

Have you or your spouse sold a principal residence within the last two years?

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 2011?

Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2011?

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2011 Amount Contributed



Personal Information

Taxpayer:

_____ First Name and Initial	_____ Last Name	_____ Social Security Number
_____ Occupation	_____ Date of Birth (Mo/Da/Yr)	_____ Date of Death (Mo/Da/Yr)

Spouse:

_____ First Name and Initial	_____ Last Name	_____ Social Security Number
_____ Occupation	_____ Date of Birth (Mo/Da/Yr)	_____ Date of Death (Mo/Da/Yr)

Contact Information:

_____ Street Address		_____ Apartment Number
_____ City	_____ State	_____ ZIP or Postal Code
_____ Province or County		
_____ Foreign Country		
_____ Taxpayer Daytime/Work Phone	_____ Spouse Daytime/Work Phone	
_____ Taxpayer Evening/Home Phone	_____ Spouse Evening/Home Phone	
_____ Taxpayer Cell Phone	_____ Spouse Cell Phone	
_____ Taxpayer Fax Number	_____ Spouse Fax Number	
_____ Taxpayer Email Address		
_____ Spouse Email Address		
_____ Preferred Method of Contact		

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"/>
<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?

Taxpayer		Spouse	
Yes	No	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"/>



Dependents and Wages

Dependent Information:

Did dependent have income over \$3,700?

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. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

Opt-Out Statement:

_____ has informed me (us) that my (our) 2011 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) do not want to file my (our) return electronically and will personally file the paper return. My (our) signature(s) below represent(s) my (our) agreement that I (we) was (were) not influenced by my (our) preparer or any other member of the firm to sign this statement.

Taxpayer signature: _____ Date: _____

Spouse signature: _____ Date: _____

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?

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

Taxpayer

Spouse

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

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

Taxpayer PIN

Spouse PIN



Direct Deposit and Withdrawal

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

Is this a business account?

Do you want your refund deposited directly into your financial institution account?

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)

Yes	No

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

Is this a business account?

Do you want your refund deposited directly into your financial institution account?

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)

Yes	No



Foreign Assets

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:

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					

1 - Deposit 2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							

Foreign Bank Accounts and Trusts:

At any time during 2011, 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 2011, 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 2011:

	Yes	No
Did you dispose of this business? _____	<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"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

	2011 Amount	2010 Amount
Health insurance premiums paid for yourself and your dependents _____		

Income:

	2011 Amount	2010 Amount
Other gross receipts or sales _____		
Less returns and allowances _____		

Cost of Goods Sold:

	2011 Amount	2010 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	2011 Amount	2010 Amount
Ending inventory _____		

Other Income:

Description	2011 Amount	2010 Amount



Business Expenses - Vehicle and Other Listed Property

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2011:

	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 business miles after June 30

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	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2011 Miles	2010 Miles
2011 Amount	2010 Amount

Vehicle 2	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2011 Miles	2010 Miles
2011 Amount	2010 Amount



Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

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

2011	2010

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

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	
	2011 Amount	2010 Amount	2011 Amount	2010 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	
	2011 Amount	2010 Amount	2011 Amount	2010 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
Number of moving miles after June 30

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 2011:

- 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 2011 from a traditional IRA, Roth IRA or Qualified Education Account?
Did you convert a traditional IRA to a Roth IRA in 2011?
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, 2011
Outstanding rollovers on December 31, 2011
IRA distributions received during 2011
Total distributions converted to Roth IRAs
Total retirement plans converted to Roth IRAs

Contributions: Please enclose copies of all Forms 5498

IRA:
Contributions in 2011 for the 2011 tax return
Contributions in 2012 for the 2011 tax return
Amount for 2011 you choose to be treated as nondeductible
Roth IRA:
Contributions made for the 2011 tax year

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

Table with columns: TSJ, Name of Payer, 2011 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, IRA?, 2010 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?
Contributions to:
Simplified employee pension plan
Defined benefit plan
Defined contribution plan
SIMPLE plan

Table for Self-Employed Retirement Plan with columns: Taxpayer, Spouse, 2011 Amount



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	
	2011 Amount	2010 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:

	TSJ _____		TSJ _____	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2011				
Social security benefits received				
Social security benefits repaid in 2011				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2011				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2011 Amount	2010 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2011 Amount	2010 Amount



Miscellaneous Adjustments

Educator Expenses: **Deduction for amounts paid by educators of kindergarten through Grade 12**

TS	2011 Amount	2010 Amount

Health Savings Accounts (HSAs)

TS	Description	2011 Amount	2010 Amount
	Contributions made for 2011		
	Distributions received from all HSAs in 2011		

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

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If yes, what month did you enroll?

What month did your spouse enroll?

Other Adjustments to Income: **Please enclose all Forms 1098-E for Student Loan Interest Paid**

T SJ	Nature and Source	2011 Amount	2010 Amount



Mortgage Questions for 2011:

Form with questions about mortgage interest, refinancing, and home ownership for 2011, with Yes/No checkboxes.

Home Mortgage Interest Paid To Financial Institutions:

Table with columns: TSJ, Paid To, Did You Receive Form 1098? (Yes/No), 2011 Amount, 2010 Amount.

Other Home Mortgage Interest Paid:

Table with columns: TSJ, Paid To (Name, Address), ID Number, 2011 Amount, 2010 Amount.

Deductible Points:

Table with columns: TSJ, Paid To, Did You Receive Form 1098? (Yes/No), 2011 Amount, 2010 Amount.

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

Table with columns: TSJ, 2011 Amount, 2010 Amount.

Investment Interest Expense:

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

Table with columns: TSJ, Paid To, 2011 Amount, 2010 Amount.



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.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2011 Amount, 2010 Amount. Multiple empty rows for data entry.

Table with 4 columns: TSJ, Conservation Real Property, 2011 Amount, 2010 Amount. Sub-rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2011 Miles, 2010 Miles. Row for Number of miles traveled performing volunteer work for qualified charitable organizations.

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

Table with 4 columns: TSJ, Description of Donated Property, 2011 Amount, 2010 Amount. Multiple empty rows for data entry.

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	2011 Amount	2010 Amount

Other Itemized Deductions:

Examples:

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

TSJ	Description	2011 Amount	2010 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 declared prior to 2010
- Personal use attributable to Midwestern disaster area
- Personal use attributable to Kansas disaster area
- Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired (Mo/Da/Yr)

Date damaged or lost (Mo/Da/Yr)

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 _____ %

	2011 Amount	2010 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2011 Amount	2010 Amount

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

	2011 Amount	2010 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

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

	2011	2010
Total miles		
Total business miles		
Total business miles after June 30		
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		

Other Vehicle Expenses:

Description	2011 Amount	2010 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

2011	2010

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	
	2011 Amount	2010 Amount	2011 Amount	2010 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	
	2011 Amount	2010 Amount	2011 Amount	2010 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 2010 but paid in 2011
 Employer-provided dependent care benefits that were forfeited in 2011
 2010 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)

	2011 Amount	2010 Amount
Expenses incurred and paid in 2011		
Expenses incurred and not paid in 2011		

Provider 2:

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

	2011 Amount	2010 Amount
Expenses incurred and paid in 2011		
Expenses incurred and not paid in 2011		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2011 Expenses Incurred	2010 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	2011 Qualified Expenses



Refund Application:

If you have an overpayment of 2011 taxes, do you want the excess:

Refunded Yes No
 Applied to your 2012 estimated tax liability Yes No

Federal Estimated Tax Payments:

2011 1st Quarter Estimate (Due 04-18-2011)
 2011 2nd Quarter Estimate (Due 06-15-2011)
 2011 3rd Quarter Estimate (Due 09-15-2011)
 2011 4th Quarter Estimate (Due 01-17-2012)

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

2010 overpayment applied to 2011 estimate

Tax Planning Information for Tax Year 2012:

Do you expect any of the following to occur in 2012?

	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:

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

2011 1st Quarter Estimate

2011 2nd Quarter Estimate

2011 3rd Quarter Estimate

2011 4th Quarter Estimate

2010 overpayment applied to 2011 estimate

Balance of prior year(s)' tax paid in 2011 plus
amount paid with 2010 extensions

Estimated tax payments for 2010 paid in 2011

State and City Estimated Tax Payments:

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

2011 1st Quarter Estimate

2011 2nd Quarter Estimate

2011 3rd Quarter Estimate

2011 4th Quarter Estimate

2010 overpayment applied to 2011 estimate

Balance of prior year(s)' tax paid in 2011 plus
amount paid with 2010 extensions

Estimated tax payments for 2010 paid in 2011

State and City Estimated Tax Payments:

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

2011 1st Quarter Estimate

2011 2nd Quarter Estimate

2011 3rd Quarter Estimate

2011 4th Quarter Estimate

2010 overpayment applied to 2011 estimate

Balance of prior year(s)' tax paid in 2011 plus
amount paid with 2010 extensions

Estimated tax payments for 2010 paid in 2011



General Information:

Daytime telephone number (including area code)

Taxpayer
Spouse

Has your address changed from 2010? Yes No

Do you qualify for the blind exemption? Taxpayer Spouse

Are you a noncustodial parent?

Total purchases in 2011 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 2011, 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 2011 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 text 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 2011 and denied	<input type="checkbox"/>	<input type="checkbox"/>

Name of Other Provider

Taxpayer _____
Spouse _____

Months Covered by Health Insurance (if not all of 2011)

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

Other Information

	Taxpayer	Spouse
Not issued Form MA 1099-HC	<input type="checkbox"/>	<input type="checkbox"/>

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 2011 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:

Massachusetts allows a deduction 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	\$ _____	\$ _____