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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.)		

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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:

	Yes	No
Did your marital status change during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
If married, do you and your spouse want to file separate returns? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer? .....	<input type="checkbox"/>	<input type="checkbox"/>

Dependents:

Were there any changes in dependents from the prior year? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$950? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>

Purchases, Sales and Debt:

Did you have any debts canceled, forgiven or refinanced during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange or purchase any real estate in 2010? If so, please attach closing statements. ....	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest in 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
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. ....	<input type="checkbox"/>	<input type="checkbox"/>
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. ....	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan in 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any put or call transactions? If Yes, please provide details. ....	<input type="checkbox"/>	<input type="checkbox"/>
Did you close any open short sales during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell any securities not reported on your Form 1099-B? .....	<input type="checkbox"/>	<input type="checkbox"/>



Itemized Deductions:

	Yes	No
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? .....		

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? .....		

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? .....		
--	--	--

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

Did you or your spouse receive distributions from long-term care insurance contracts? 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? .....		
---	--	--

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

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

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

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

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

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

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

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? .....		
--	--	--

Have you been an identity theft victim and have you contacted the IRS? If Yes, please furnish the 6-digit identity protection personal identification number issued to you by the IRS _____		
--	--	--



# 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"/>		
		<b>Taxpayer</b>	<b>Spouse</b>
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? .....

**Dependent Information:**

Did dependent have income over \$3,650?

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/TIER 1	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? .....	<b>Yes</b>	<b>No</b>
	<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?	<b>Yes</b>	<b>No</b>
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 .....



# 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.

Please note that not all returns qualify for electronic filing under IRS rules.

	<b>Yes</b>	<b>No</b>
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?	<b>Yes</b>	<b>No</b>
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 .....

**Refund Anticipation Loan:**

Refunds take from 10-21 days for normal electronic processing. You may receive your refund sooner by electing a Refund Anticipation Loan. There is an additional charge for this service.

If you are to receive a refund, do you want to receive a Refund Anticipation Loan?

	<b>Yes</b>	<b>No</b>
Federal .....	<input type="checkbox"/>	<input type="checkbox"/>
State .....	<input type="checkbox"/>	<input type="checkbox"/>







# Interest Income and Foreign Information

5A

Please enclose all Forms 1099-INT or other documents for interest received

(List all items sold during the year on Form 7.)

### Interest Income:

Special Interest Code: 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment  
 1 - Qualified Educational Series EE Bonds

TSJ	Source	Savings/Loans, Bank, and Other	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

	Social Security No. of Home Buyer	Code	Tax-Exempt Interest	Investment Expenses
A				
B				
C				
D				
E				

	Federal Withholding	State Withholding	2009 Interest Amount
A			
B			
C			
D			
E			

### Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

### Additional State Information:

Payer ID	New Hampshire Reason Interest is Nontaxable
A	
B	
C	
D	
E	

### 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



# Dividend Income and Foreign Information

5B

Please enclose all Forms 1099-DIV or other documents for dividends received  
(List all items sold during the year on Form 7.)

**Dividend Income:**

TSJ	Source	Form 1099-DIV			Tax-Exempt Interest	2009 Gross Dividends Amount
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a		
A						
B						
C						
D						
E						

Box 2a Total Capital Gain Distribution	Form 1099-DIV						
	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A							
B							
C							
D							
E							

**Foreign Taxes Paid or Accrued:**

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

**Additional State Information:**

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

**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?



# 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  
 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?  Yes  No  
 Were you involved in the operations of this business on a regular, continuous and substantial basis?  Yes  No

	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:

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:

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	
Description of vehicle		Description of vehicle	
Date placed in service (Mo/Da/Yr)		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		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		Was your vehicle available for use during off-duty hours? <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 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 of Your Home and Moving Expenses

## 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:

Description	Amount

### Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

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?  Yes  No

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?  Yes  No

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 .....

Miles

### 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) .....

Amount



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

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
Roth IRA:
Contributions made for the 2010 tax year

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?
Taxpayer: Yes No
Spouse: Yes No

Contributions to:
Simplified employee pension plan
Defined benefit plan
Defined contribution plan
SIMPLE plan
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 _____	
	2010 Amount	2009 Amount	2010 Amount	2009 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 2010				
Social security benefits received				
Social security benefits repaid in 2010				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2010				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				
Economic recovery payment received in 2010				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2010 Amount	2009 Amount

Alimony Paid or Received:

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



# 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

Table with 3 columns: TSJ, 2010 Amount, 2009 Amount

Other Itemized Deductions:

Examples:

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

Table with 4 columns: 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
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 \_\_\_\_\_ %

	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 .....		

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

	2010	2009
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 .....		

Other Vehicle Expenses:

Description	2010 Amount	2009 Amount



# 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

20A

## State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2010 1st Quarter Estimate .....		
2010 2nd Quarter Estimate .....		
2010 3rd Quarter Estimate .....		
2010 4th Quarter Estimate .....		

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:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2010 1st Quarter Estimate .....		
2010 2nd Quarter Estimate .....		
2010 3rd Quarter Estimate .....		
2010 4th Quarter Estimate .....		

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:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2010 1st Quarter Estimate .....		
2010 2nd Quarter Estimate .....		
2010 3rd Quarter Estimate .....		
2010 4th Quarter Estimate .....		

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

Table with 2 columns: Taxpayer, Spouse. Rows include Commonwealth Care, MassHealth, Medicare, Veterans Administration Program Enrollment, Tri-Care, Other (see instructions), and Applied for MassHealth or Commonwealth Care in 2010 and denied.

Name of Other Provider

Taxpayer
Spouse

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

Table with 12 columns (Jan-Dec) and 2 rows (Taxpayer, Spouse) for reporting months covered.

Other Information

Table with 2 columns: Taxpayer, Spouse. Row: Not issued Form MA 1099-HC