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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

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2011 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, such as gift and/or property, please inform us by noting so just below your signature at the end of the returned copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Accepted By: _____

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.



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

Personal Information:

- Did your marital status change during 2011?
If married, do you and your spouse want to file separate returns?
Did your address change during 2011?
Can you or your spouse be claimed as a dependent by another taxpayer?

Dependents:

- Were there any changes in dependents from the prior year?
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?
Do you have any children under age 18 with unearned income more than \$950?
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?
Did you adopt a child or begin adoption proceedings during 2011?

Purchases, Sales and Debt:

- Did you have any debts canceled, forgiven or refinanced during 2011?
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?
Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2011?
Did you sell, exchange or purchase any real estate in 2011? If so, please attach closing statements.
Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?
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?
Did you pay any student loan interest in 2011?
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.
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.
Did you take out a home equity loan in 2011?
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?
Did you or your mortgagee receive any mortgage assistance payments? If Yes, enclose and Forms 1098-MA.



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 have any work outside of the U.S. or pay any foreign taxes? | <input type="checkbox"/> | <input type="checkbox"/> |

Gifts:

- | | | |
|--|--------------------------|--------------------------|
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$13,000 to any individual during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts to a trust for any amount during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or your spouse have a life insurance trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you assist in the purchase of any asset (auto, home) for any individual during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you forgive any indebtedness to any individual, trust or entity during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above gift questions, please complete Form 34 and/or 35 in the back of the Organizer.

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="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">Date</td></tr><tr><td> </td></tr></table> | Date | | | |
| Date | | | | |
| | | | | |
| 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 any distribution? | <input type="checkbox"/> | <input type="checkbox"/> | | |



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="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center;">Date</td></tr><tr><td> </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?

Are you considered legally blind per IRS regulations?

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

Yes	No

Taxpayer		Spouse	
Yes	No	Yes	No



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



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?

Yes	No

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?

Yes	No

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

Is this a business account?

Yes	No

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?

Yes	No

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

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



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? _____ If Yes, what was the disposition date? _____ (Mo/Da/Yr)	<input type="checkbox"/>	<input type="checkbox"/>
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?

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2011 Miles	2010 Miles
2011 Amount	2010 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2011 Miles	2010 Miles
2011 Amount	2010 Amount

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



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 _____ %

	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

Amount received for other expenses

Amount received for meals and entertainment

2011 Amount	2010 Amount

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

Yes No
 Yes No

Do you (or your spouse) have another vehicle available for personal purposes?

Was your vehicle available for personal use during off-duty hours?

	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		
Interest		
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



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

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:

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

Number of moving miles after June 30

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 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



Location of Property: _____

TSJ _____
Type of property _____

Yes	No
-----	----

Have you prepared or will you prepare all required Forms 1099?

Ownership percentage if not 100%
How many days was this property rented at fair market value?
How many days was this property used personally (including use by family members)?

2011	2010

Income:

Rents received
Royalties received
Other Income:

2011 Amount	2010 Amount

Description	2011 Amount	2010 Amount

Expenses:

Advertising
Auto and travel
Cleaning and maintenance
Commissions
Insurance
Legal and other professional fees
Management fees
Mortgage interest paid to banks, etc.
Mortgage interest paid to individuals
Other interest
Repairs
Supplies
Taxes
Utilities
Dependent care benefits
Employee benefits
Other Expenses:

2011 Amount	2010 Amount

Description	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

13A

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		

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? _____	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="padding: 2px;">Yes</td><td style="padding: 2px;">No</td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> </table>	Yes	No				
Yes	No						

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

TSJ	Nature and Source	2011 Amount	2010 Amount



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
 Number of miles traveled for medical care after June 30
 Lodging
 Doctors, dentists, etc.
 Hospitals
 Lab fees
 Eyeglasses and contacts
 Cobra assistance premiums in 2011

TSJ	2011 Amount	2010 Amount

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

2011 Amount	2010 Amount

Other Medical Expenses:

TSJ	Description	2011 Amount	2010 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	2011 Amount	2010 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2011 Amount	2010 Amount

Other Taxes Paid:

TSJ	Description	2011 Amount	2010 Amount

If you purchased or sold your home in 2011, did you include any taxes from your closing statement in the amounts above? Yes No



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?, 2011 Amount, 2010 Amount.

Other Home Mortgage Interest Paid:

Table with columns: TSJ, Name, Address, ID Number, 2011 Amount, 2010 Amount.

Deductible Points:

Table with columns: TSJ, Paid To, Did You Receive Form 1098?, 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. Includes 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

Table with 3 columns: TSJ, 2011 Amount, 2010 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, 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



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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Applied to your 2012 estimated tax liability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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 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? Yes No

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:

Two empty lines 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 columns for Taxpayer and Spouse, and rows for Commonwealth Care, MassHealth, Medicare, Veterans Administration Program Enrollment, Tri-Care, Other, and Applied for MassHealth or Commonwealth Care in 2011 and denied.

Name of Other Provider

Taxpayer
Spouse

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

Table with columns for months (Jan-Dec) and rows for Taxpayer and Spouse.

Other Information

Table with columns for Taxpayer and Spouse, and row for Not issued Form MA 1099-HC.