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2010 TAX ORGANIZER

T StowBrook Business Services
O 636 Great Road – P.O. Box 256
Stow, MA 01775-0256

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.)		

StowBrook Business Services, LLC
636 Great Road, P.O. Box 256
Stow, Massachusetts 01775-0256
Phone: 978-897-4632
Fax: 978-897-2488

DECEMBER 2010

SOME TAX HIGHLIGHTS AND REMINDERS

1. Roth IRA conversions continue to be allowed even if Modified Adjusted Gross Income exceeds \$100,000. Talk to your counselor about Roth IRA tax planning for 2011 and future years
2. Foreign financial accounts, including retirement accounts, are being closely tracked by the IRS. Earnings on non-retirement accounts must be reported on your individual tax return, and a Report of Foreign Bank and Financial Accounts may also be required. Your counselor will determine whether the FBAR needs to be filed.
3. A limited nonbusiness energy credit has been extended for one year (2011). Energy credits claimed in 2006 and 2007 must be considered, but let your counselor know if you plan to install new energy efficient improvements such as exterior windows, doors, or a new furnace or boiler in 2011.
4. The First-Time Homebuyer Credit may still apply for home purchases under a binding written contract before May 1, 2010, if the purchase was closed before October 1, 2010. First-time homebuyers could get the maximum credit of \$8,000, so make sure your counselor is aware of any new home purchase.
5. Some of the expiring Bush tax cuts that have been temporarily extended to 2010 and 2011 include the state/local sales tax deduction, the teacher's classroom supply deduction, and the tax-free donation of up to \$100,000 of the required minimum distribution from an IRA.
6. The Massachusetts Circuit Breaker Credit remains available for some taxpayers age 65 or older. This credit could provide you with up to \$970 additional refund if you qualify. For homeowners the assessed value of your personal residence cannot be more than \$764,000. Talk to your counselor about this whether you rent or own.
7. Retirement contribution limits remain the same for 2011. The IRA contribution limit (Roth or Traditional) will be \$5000, with an additional "catch-up" contribution of \$1000 for taxpayers age 50 or over on December 31, 2011. 401(k) contributions stay at \$16,500 with a \$5,500 "catch-up", and SIMPLE limits will be \$11,500 with an extra \$2,500 for those 50 or over.
8. Payments made in the course of your trade or business must be reported to the IRS on Form 1099-MISC. These forms must be provided to each person to whom you have paid \$600 or more during the year. Several recent IRS audits have been harsh, disallowing entire business deductions when Form 1099-MISC was not issued timely. Talk to your counselor in early January so required forms are filed on time.
9. Payroll tax relief for employees and self-employed individuals will take effect in 2011. The employee's share of social security tax for 2011 will drop from 6.2% to 4.2% For self-employed taxpayers the social security rate in 2011 will drop from 12.4% to 10.4% This tax cut is effective for 2011 only.
10. For 2010 only a self-employed individual may deduct the cost of health insurance in calculating net profit from self-employment. This will provide a tax break by lowering the total self-employment tax for 2010.

CHECKLIST FOR QUICK TURNAROUND

If you have scheduled a tax interview appointment with your counselor, be sure you return this package to our office at least 7 days prior to your appointment; so that we can be sure your time is spent effectively.

_____ **IMPORTANT:** Have you signed the attached engagement letter? Due to insurance restrictions, we will be unable to start processing your tax returns unless the letter is signed by you. Please note, if the return is a joint return both spouses must sign the letter.
Tax returns will not be released for filing unless a signed engagement letter has been received by us.

_____ Have you updated your contact information, **in particular do we have your current email address?** We use this information to contact you with any questions we may have. Outdated information may cause further delays in processing your return.

_____ Have you answered all the questions? (If you are not sure of an answer include a sheet of "Issues/Questions" when you return the organizer and mark the question with "See attached".)

_____ Do you want your refund/payment due to be electronically deposited/withdrawn to/from your bank account? This is the fastest way to get your refund. If you have a payment due, the amount withdrawn would not be withdrawn until April 15, 2011, unless you indicate otherwise. If you want this option, you must include a voided check with this organizer.

_____ Have you given us all your correct estimated tax payments? Please provide copies of cancelled checks if possible. This is the number one cause for receiving correspondence from the IRS or State agencies. Follow up to correct any errors could result in additional expense to you.

_____ Have you included all original tax documents?

_____ Have you signed the mailing sheet of the organizer?

Thank you for your help. We look forward to serving you as quickly and accurately as possible.

Stowbrook Business Services, LLC
636 Great Rd. P.O. Box 256
Stow, MA 01775-0256
Tel. 978-897-4632
www.sbstax.com

This letter is to confirm and specify the terms of our engagement with you and 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 2010 federal and state income tax returns from information that you furnish to us. In preparing your tax return, a staff person will assemble the initial data from the files you provide us. Other staff personnel may contact you to obtain additional information. 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 to assist 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 documents, cancelled checks and other data that form the basis of income and deductions. Expenses for business activities should be properly documented as to the business purpose especially travel logs for all business miles, business cell phone usage and business meals and entertainment expenses. 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 fraud. 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.

The initial due date for you to file your federal and state income tax returns is April 15, 2011. We expect to begin the preparation of your returns upon receipt of the completed tax organizer we will supply to you, and all tax documents requested in the organizer or by our office. Our services will be concluded upon the delivery of your 2010 federal and state tax returns for your review and filing with the appropriate taxing authorities.

You agree that in the event your return cannot be completed by the April 15, 2011, it may become necessary for us to apply to extend the due date. Extensions are required when we do not receive information needed to prepare a return on a timely basis.

Applying for an extension of time to file may extend the time available for a government agency to undertake an audit of your return or may extend the statute of limitations. Additionally, extensions may affect your liability for penalties and interest or compliance with government and constituent deadlines.

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 under the terms of a separate engagement, 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 completion of returns or services rendered. MasterCard, VISA and Discover credit cards are an acceptable form of payment.

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.

You agree that any dispute that may arise regarding the meaning, performance, or enforcement of this engagement will, prior to resorting to litigation, be submitted to mediation, and that the parties will engage in the mediation process in good faith once a written request to mediate has been given by any party to the engagement. Any mediation initiated as a result of this engagement shall be administered within the county of Middlesex, Massachusetts, by the American Arbitration Association, according to its mediation rules, and any ensuing litigation shall be conducted within said county, according to Massachusetts law. The results of any such mediation shall be binding only upon agreement of each party to be bound. The costs of any mediation proceeding shall be shared equally by the participating parties.

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

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

Sincerely,

Stowbrook Business Services, LLC

Accepted: (if joint returns both spouses must sign)

By: _____ By: _____

Date: _____

Other tax returns you expect us to prepare: _____

Topic Index

<u>Form</u>	<u>Form</u>
Alimony Paid or Received	13
Annuity Payments Received	9, 13
Application of Refund	20
Business Income and Expenses	6, 6A
Business Use of Home:	
Business	6D
Employee Business Expenses	17A
Farm	12D
Itemized Deductions	16A
Passthrough	11B
Rental	10D
Calendar	33
Casualty or Theft Losses	16
Child and Dependent Care Expenses	18
Consolidated Brokerage Statements:	
Interest Income & Foreign Information	5D
Dividend Income & Foreign Information	5E
Sales of Stocks, Securities, Capital Assets & Misc. Income	5F
Contributions	15
Dependent Information	3
Depreciable Property and Equipment:	
Business	6A
Employee Business Expenses	17
Farm	12A
Rental and Royalty	10A
Direct Deposit Information	4A
Dividend Income	5B
Education Expenses	18
Educator (Teacher) Expenses	13A
Electronic Filing	4
Employee Business Expenses	17
Estate Income	11
Farm Income and Expenses	12, 12A
Federal, State and City Estimated Taxes	20, 20A
Foreign Bank and Financial Accounts	5C
Foreign Employment Information	30, 30A, 30B
Foreign Housing Expenses	30C
Foreign Taxes	32
Foreign Travel and Workdays	30D
Foreign Wages and Other Income	31, 31A, 31B
Tax Organizer Legend:	
Throughout the tax organizer, you will find columns with the heading "TSJ".	
TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.	
Gambling Winnings	21
Gifts	34, 35
Health Savings Accounts	13A
Household Employment Taxes	19
Installment Sale Receipts	7
Interest Income	5A
Interest Paid	14A
Investment Interest Expense	14A
IRA Contributions	9
IRA Distributions	9, 13
Keogh Plan Contributions	9
Medical and Dental Expenses	14
Miscellaneous Income and Adjustments	13
Miscellaneous Itemized Deductions	16
Mortgage Interest Paid	14A
Moving Expenses	8
Partnership Income	11
Pension Income	9, 13
Personal Information	3
Railroad Retirement Benefits	13
Real Estate Mortgage Investment Conduit Income (REMIC) ...	11
Rental and Royalty Income and Expenses	10
Roth IRA Contributions/Conversions	9
S Corporation Income	11
Sale of Stock, Securities and Other Capital Assets	7
Sale of Your Home	8
Savings Bond Purchases	4B
SEP/SIMPLE Plan Contributions	9
Social Security Benefits	13
State and Local Tax Refunds	13
Student Loan Interest	13
Taxes Paid	14
Trust Income	11
Unemployment Compensation	13
Vehicle/Other Listed Property Information:	
Business	6B, 6C
Employee Business Expenses	17
Farm	12B, 12C
Rental and Royalty	10B, 10C
Partnership/S Corporation	11A
Wages and Salaries	3



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

Personal Information:

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

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?

Dependents:

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

Were there any changes in dependents from the prior year?

Note: Including non-child dependents for whom you provided more than half the support

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

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?

Purchases, Sales and Debt:

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

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?



Itemized Deductions:

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

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

Miscellaneous:

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

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

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

Months
<input type="text"/>

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

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

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

- 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 _____

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



Miscellaneous: (continued)

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

Severance/Retirement:

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

Date

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

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

Sale of Your Home:

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

Additional Information:

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

If Yes, enter the following:

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



Personal Information, Dependent(s) and Wages

Taxpayer:

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

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

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

Primary Email Address _____ Secondary Email Address _____

Spouse:

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

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

Present Mailing Address:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP code _____

Foreign Country _____

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

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

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

Are you considered legally blind per IRS regulations?

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

Did dependent have income over \$3,650? ↓

Dependent Information:

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

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

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

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

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



Electronic Filing

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

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

	Yes	No
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.

	Yes	No
Would you like to use a randomly generated PIN?		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>

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

Taxpayer PIN _____

Spouse PIN _____



Direct Deposit and 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

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

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

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

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

Owner of account Taxpayer Spouse Joint

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

Name of financial institution

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

Your account number

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

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

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

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



Foreign Bank and Financial Accounts

5C

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

General Information:

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

Foreign Identification:

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

Information on Foreign Financial Accounts:

Select Account Type	
1	Bank Account
2	Securities Account
3	Other

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

Street Address	City	State	ZIP/Postal Code	Country
A				
B				

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

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

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

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

Foreign Bank Accounts and Trusts:

At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? Yes No
 If Yes, enter name of foreign country _____
 Were you the grantor of, or transferor to, a foreign trust that existed during 2010, whether or not you had any beneficial interest in it?



Individual Retirement Account (IRA):

TS _____
Name of payer _____

IRA Questions for 2010:

Table with 2 columns: Yes, No

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.

IRA Values, Rollovers, and Distributions:

Please enclose copies of all Forms 1099-R

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

Table with 5 rows for inputting values

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

Table with 3 rows for IRA contributions and 1 row for Roth IRA contributions

Pensions and Annuities:

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

Table with 8 columns: TSJ, Name of Payer, 2010 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover? IRA?, 2009 Gross Distributions

Self-Employed Retirement Plan:

Please enclose copies of all Forms 1099-R

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

Table for Taxpayer and Spouse with Yes/No columns

Contributions to:

Simplified employee pension
Defined benefit plan
Defined contribution plan
SIMPLE plan

Table for 2010 Amount contributions for Taxpayer and Spouse



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

Real estate taxes paid on U.S. properties are deductible for taxpayers not itemizing in 2010. Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2010 Amount	2009 Amount

Other Taxes Paid:

TSJ	Description	2010 Amount	2009 Amount

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



Mortgage Questions for 2010:

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

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2010 Amount	2009 Amount
	Name	Address			

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2010 Amount	2009 Amount

Investment Interest Expense:

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

TSJ	Paid To	2010 Amount	2009 Amount



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, 2010 Amount, 2009 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2010 Amount, 2009 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2010 Miles, 2009 Miles. Includes 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, 2010 Amount, 2009 Amount

Noncash Contributions Totaling More Than \$500:

TSJ Description of the donated property

Donee organization name

Donee organization address

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

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

Cost or basis of the donated property

Fair market value of the donated property

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

- Appraisal, Thrift shop value, Catalog, Comparable sale

Other - please explain

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

- Purchase, Gift, Inheritance, Exchange



Miscellaneous Itemized Deductions:

- Union and professional dues
- Tax preparation fee
- Professional subscriptions
- Hobby expense (To extent of income)
- Safe deposit box
- Uniforms and protective clothing
- Work tools
- Gambling losses
- Estate taxes

TSJ	2010 Amount	2009 Amount

Other Itemized Deductions:

Examples:

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

TSJ	Description	2010 Amount	2009 Amount

Casualty or Theft Loss:

TSJ _____
 Property description _____

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

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

Yes No

Has your address changed from 2009?

Do you qualify for the blind exemption?

Taxpayer

Spouse

Yes No

Are you a noncustodial parent?

Yes No

Total purchases in 2010 subject to Massachusetts use tax

[Input box]

Sales/use tax paid to other state or jurisdiction

[Input box]

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

[Input box]

Endangered Wildlife Conservation

[Input box]

Massachusetts AIDS Fund

[Input box]

Massachusetts United States Olympic Fund

[Input box]

Massachusetts Military Family Relief Fund

[Input box]

Rental Deduction Information:

Name of landlord

Rent paid

[Input box]

Enter Any Additional Massachusetts Information:

[Input box]



Schedule HC Private Health Insurance

Name of Insurance Company or Administrator

Taxpayer

Spouse

Federal Identification Number of Insurance Company

Taxpayer

Spouse

Subscriber Number

Taxpayer

Spouse

Schedule HC Government - Subsidized Health Insurance

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

Name of Other Provider

Taxpayer

Spouse

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

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

Other Information

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