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## **2011 TAX ORGANIZER**

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

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

**In some cases, 2010 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

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

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**



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January 2012

Happy New Year 2012. The enclosed, easy to complete, Income Tax Organizer has been designed to help you gather your 2011 tax information as quickly and conveniently as possible. To help us complete your returns by April 15, please return the organizer and the below listed tax forms by **Thursday, March 1, 2012.**

All 2011 returns will be prepared for electronic filing unless you request otherwise by completing sheet 4 of the enclosed organizer to indicate you do not want your returns filed electronically.

Enter your 2011 information in the blanks provided on the enclosed Income Tax Organizer and include your signature(s) in the boxes on page 1. Please add, correct, and remove information as needed. Also, write in explanations for questions answered yes in the first four pages of the organizer regarding taxable events that occurred during last year.

Please return the following items with your organizer. (Please do not staple items together, as we now scan all documents and return originals to you.)

- Form(s) W-2 for wages, salaries, tips, gambling income, etc.
- Form(s) 1099 for health insurance, interest, dividends, pensions, real estate sale proceeds, sales of securities, IRA distributions and other misc. income.
- Schedule(s) K-1 from partnerships, trusts, LLC's, LLP's and S-Corps.
- Closing statements for sales of property.
- Mortgage interest 1098 statements, etc.
- Any tax notices sent to you by the IRS or your state.

If you are missing some information or have problems completing the organizer, please bring in what you have so we can begin processing your returns and address questions. Every effort is made to complete your returns by April 15, however if your initial information is received after March 1, it is possible that we will prepare an extension for you and complete your returns as soon as possible after April 15, 2012.

Thank you for the opportunity to work with you again this year. Given the increased costs of staffing, tax software and other supplies over the last several years, we have found it necessary to institute a rate increase for this tax season. If you have questions or would like to setup an appointment, please call the office or send an email.

Telephone 978-922-5990, Facsimile 978-338-0138, Email [crumerycpa@aol.com](mailto:crumerycpa@aol.com)

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## **2011 TAX ORGANIZER**

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

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>

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<b>Tax Organizer Legend:</b>		Partnership/S Corporation .....	11A
Throughout the tax organizer, you will find columns with the heading "TSJ".		Wages and Salaries .....	3A
TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.			



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

Personal Information:

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

Did your marital status change during 2011? .....

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

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

Did your address change during 2011? .....

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

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

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

Dependents:

Were there any changes in dependents from the prior year? .....

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

Note: 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? .....

<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 2011? .....

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

Purchases, Sales and Debt:

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

<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 2011? .....

<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 2011? .....

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

Did you sell, exchange or purchase any real estate in 2011? 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 2011? .....

<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 2011? 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 2011? .....

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

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



Purchases, Sales and Debt (continued):

- Did you engage in any put or call transactions? If Yes, please provide details.  Yes  No
- Did you close any open short sales during 2011?  Yes  No
- Did you sell any securities not reported on your Form 1099-B?  Yes  No

Itemized Deductions:

- Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?  Yes  No
- Did you incur any casualty or theft losses during the year?  Yes  No
- Did you make any large purchases, such as motor vehicles and boats?  Yes  No
- Did you incur any casualty or loss attributable to a federally declared disaster?  Yes  No

Miscellaneous:

- Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2011?  Yes  No  
If you received a distribution from an MSA, please include Form 1099-SA.
- Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2011?  Yes  No  
If you received a distribution from an HSA, please include Form 1099-SA.
- Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?  Yes  No
- Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?  Yes  No
- In 2010 did you or your spouse convert an IRA into a Roth IRA and not elect to include the taxable amount in your 2010 taxable income?  Yes  No
- Did you rollover any amounts from a qualified retirement plan to a Roth IRA or Designated Roth Account and not elect to include the taxable distribution in your 2010 taxable income?  Yes  No
- Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?  Yes  No
- Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q.  Yes  No
- Did you or your dependents incur any post-secondary education expenses, such as tuition?  Yes  No
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? 

Months
<input type="text"/>

 Yes  No
- Did you move to a different home because of a change in the location of your job?  Yes  No
- Did you pay in excess of \$1,000 in any quarter, or \$1,700 during the year for domestic services performed in or around your home to individuals who could be considered household employees?  Yes  No
- Did you receive unreported tip income of \$20 or more in any month of 2011?  Yes  No
- Did you or your spouse receive distributions from long-term care insurance contracts?  Yes  No  
If Yes, please include Form 1099-LTC.
- Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country?  Yes  No
- Did you or your spouse own any foreign financial assets?  Yes  No
- Did you create or transfer money or property to a foreign trust?  Yes  No
- Did you purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle in 2011?  Yes  No



Miscellaneous: (continued)

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you received a punitive damage award or an award for damages other than for physical injuries or illness? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you notified by the IRS or other taxing authority of any changes in prior year returns? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lose your job during 2011 because of foreign competition and pay for your own health insurance? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been an identity theft victim and have you contacted the IRS? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please furnish the 6-digit identity protection PIN issued to you by the IRS .....  |                          | _____                    |
| Did you engage in any bartering transactions? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you 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="margin-left: auto; margin-right: auto;"> <tr><td style="text-align: center;">Date</td></tr> <tr><td style="height: 20px;"> </td></tr> </table> |                          | Date |  |
| Date   |   |                          |      |  |
|  |   |                          |      |  |
| Did you or your spouse turn 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).

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





# Dependents and Wages

### Dependent Information:

Did dependent have income over \$3,700?

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

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

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

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

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



# Electronic Filing

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

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

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

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

Would you like to use a randomly generated PIN? Yes  No   
Taxpayer .....

Spouse .....

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

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Withdrawal Account Information:

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

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

Owner of account .....  Taxpayer       Spouse       Joint

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

Name of financial institution .....

Financial Institution Routing Transit Number (if known) .....

(Use the routing number from a check, NOT a deposit slip. They can be different.

The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number .....

Is this a business account? .....

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

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

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

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

Yes	No

Owner of account .....  Taxpayer       Spouse       Joint

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

Name of financial institution .....

Financial Institution Routing Transit Number (if known) .....

(Use the routing number from a check, NOT a deposit slip. They can be different.

The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number .....

Is this a business account? .....

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

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

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

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

Yes	No







# Foreign Assets

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

## General Information:

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

## Foreign Identification:

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

## Information on Foreign Financial Accounts:

1 - Bank Account    2 - Securities Account    3 - Other

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

Street Address	City	State	ZIP/Postal Code	Country
A				
B				

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

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

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

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

1 - Deposit    2 - Custodial

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

## Foreign Bank Accounts and Trusts:

At any time during 2011, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? .....  Yes  No  
 If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2011, whether or not you had any beneficial interest in it? .....  Yes  No



# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

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

### Business Questions for 2011:

	<b>Yes</b>	<b>No</b>
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

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

### Income:

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

### Cost of Goods Sold:

	2011 Amount	2010 Amount
Beginning inventory _____		
Purchases less cost of items withdrawn for personal use _____		
Cost of labor (do not include amounts paid to yourself) _____		
Materials and supplies _____		

Other Costs of Cost of Goods Sold:

Description	2011 Amount	2010 Amount
Ending inventory _____		

### Other Income:

Description	2011 Amount	2010 Amount





# Business Expenses - Vehicle and Other Listed Property

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2011:

Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

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

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr)

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

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

Vehicle 1	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2011 Miles	2010 Miles
2011 Amount	2010 Amount

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

### 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 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 of Your Home and Moving Expenses

## Sale or Exchange of Your Home:

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

### Former Home Information:

TSJ .....

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date sold ..... (Mo/Da/Yr) \_\_\_\_\_

Selling price .....

### Original Cost and Cost of Improvements:

Description	Amount

### Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

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

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

### Moving Expenses:

TSJ .....

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2

### Mileage:

Miles
Number of miles from old home to new workplace .....
Number of miles from old home to old workplace .....
Number of automobile miles in move .....
Number of moving miles after June 30 .....

### Transportation Expenses:

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



Individual Retirement Account (IRA):

TS
Name of payer

IRA Questions for 2011:

- Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you receive distributions in 2011 from a traditional IRA, Roth IRA or Qualified Education Account?
Did you convert a traditional IRA to a Roth IRA in 2011?
Did you use your IRA as security for a loan this year?
Did you have any transactions with your IRA during the year?
If Yes, please explain.

Table with 2 columns: Yes, No

IRA Values, Rollovers, and Distributions: Please enclose copies of all Forms 1099-R

Table with 2 columns: Description, Value

Contributions: Please enclose copies of all Forms 5498

Table with 2 columns: Description, Amount

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

Table with 8 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

Table with 4 columns: Question, Taxpayer (Yes/No), Spouse (Yes/No), 2011 Amount





# Rental and Royalty Property and Equipment & Depletion

10A

Location of Property: \_\_\_\_\_

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

**Acquisitions:**

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

**Dispositions:**

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

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2011 Amount	2010 Amount



# Rental and Royalty Vehicle and Other Listed Property

Location of Property: \_\_\_\_\_

### Listed Property Questions for 2011:

	<b>Yes</b>	<b>No</b>
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:

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

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

	Vehicle 1		Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Mileage:</b>	<b>2011 Miles</b>	<b>2010 Miles</b>	<b>2011 Miles</b>	<b>2010 Miles</b>
Total miles .....				
Total business miles .....				
Total business miles after June 30 .....				
Total commuting miles for the year .....				
<b>Actual Expenses:</b>	<b>2011 Amount</b>	<b>2010 Amount</b>	<b>2011 Amount</b>	<b>2010 Amount</b>
Gasoline, oil, repairs, insurance, etc .....				
Interest .....				
Taxes .....				
Fair market value of leased vehicle .....				
Vehicle rentals/leases .....				



# Rental - Business Use of Home

Location of Property: \_\_\_\_\_

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....  
Total square footage of home .....

2011

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





# Passthrough Business Use of Home

11B

Activity Name: \_\_\_\_\_

### Partial Use of Your Home for Business:

2011

Square footage of home used exclusively for business .....

Total square footage of home .....

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



# Miscellaneous Income, Adjustments and Alimony

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





Mortgage Questions for 2011:

	<b>Yes</b>	<b>No</b>
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?		2011 Amount	2010 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2011 Amount	2010 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2011 Amount	2010 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2011 Amount	2010 Amount

Investment Interest Expense:

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

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

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

Noncash Contributions Totaling More Than \$500:

Form with fields for: 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



# Itemized Deductions - Miscellaneous

### Miscellaneous Itemized Deductions:

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

TSJ	2011 Amount	2010 Amount

### Other Itemized Deductions:

#### Examples:

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

TSJ	Description	2011 Amount	2010 Amount

### Casualty or Theft Loss:

TSJ \_\_\_\_\_

Property description \_\_\_\_\_

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

- Personal use
- Business use
- Income producing
- Employee Use
- Personal use due to Hurricane Katrina
- Personal use attributable to a federally declared disaster declared prior to 2010
- Personal use attributable to Midwestern disaster area
- Personal use attributable to Kansas disaster area
- Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired (Mo/Da/Yr) \_\_\_\_\_

Date damaged or lost (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis \_\_\_\_\_

Fair market value before casualty \_\_\_\_\_

Fair market value after casualty \_\_\_\_\_

Cost of replacement \_\_\_\_\_

Insurance reimbursement \_\_\_\_\_



# Employee Business Expenses

TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

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

Description	2011 Amount	2010 Amount

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

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

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

### Vehicle:

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

Description of vehicle .....

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

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

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

	2011	2010
Total miles .....		
Total business miles .....		
Total business miles after June 30 .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2011 Amount	2010 Amount



# Employee Business Expenses- Business Use of Home

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2011	2010

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

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

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

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

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

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

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount

### Seller-Financed Mortgage Interest Information:

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



# 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



# Federal Tax Payments

## Refund Application:

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

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

## Federal Estimated Tax Payments:

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

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

2010 overpayment applied to 2011 estimate .....

## Tax Planning Information for Tax Year 2012:

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

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

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




# State and City Tax Payments

### State and City Estimated Tax Payments:

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

2011 1st Quarter Estimate .....

2011 2nd Quarter Estimate .....

2011 3rd Quarter Estimate .....

2011 4th Quarter Estimate .....

2010 overpayment applied to 2011 estimate .....

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

Estimated tax payments for 2010 paid in 2011 .....

### State and City Estimated Tax Payments:

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

2011 1st Quarter Estimate .....

2011 2nd Quarter Estimate .....

2011 3rd Quarter Estimate .....

2011 4th Quarter Estimate .....

2010 overpayment applied to 2011 estimate .....

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

Estimated tax payments for 2010 paid in 2011 .....

### State and City Estimated Tax Payments:

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

2011 1st Quarter Estimate .....

2011 2nd Quarter Estimate .....

2011 3rd Quarter Estimate .....

2011 4th Quarter Estimate .....

2010 overpayment applied to 2011 estimate .....

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

Estimated tax payments for 2010 paid in 2011 .....





General Information:

Daytime telephone number (including area code)

Taxpayer
Spouse

Yes No

Has your address changed from 2010?

Do you qualify for the blind exemption?

Taxpayer
Spouse

Are you a noncustodial parent?

Total purchases in 2011 subject to Massachusetts use tax

Sales/use tax paid to other state or jurisdiction

Residency Information:

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

If you did not live in Massachusetts for all of 2011, enter the dates you did live in Massachusetts

Enter the state names other than Massachusetts where you had income

Voluntary Contributions:

Do you want to contribute \$1.00 to the Massachusetts Election Campaign Fund?

Yes No

Taxpayer
Spouse

Enter the amount you wish to contribute on your 2011 tax return to:

Organ Transplant Fund

Endangered Wildlife Conservation

Massachusetts AIDS Fund

Massachusetts United States Olympic Fund

Massachusetts Military Family Relief Fund

Rental Deduction Information:

Name of landlord

Rent paid

Enter Any Additional Massachusetts Information:

Empty text box for additional information



Schedule HC Private Health Insurance

Name of Insurance Company or Administrator

Taxpayer
Spouse

Federal Identification Number of Insurance Company

Taxpayer
Spouse

Subscriber Number

Taxpayer
Spouse

Schedule HC Government - Subsidized Health Insurance

Table with 2 columns: Taxpayer, Spouse. Rows include Commonwealth Care, MassHealth, Medicare, Veterans Administration Program Enrollment, Tri-Care, Other (see instructions), and Applied for MassHealth or Commonwealth Care in 2011 and denied.

Name of Other Provider

Taxpayer
Spouse

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

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

Other Information

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