Prepared By:

E. P. Tremblay & Associates Inc.
35 Bowker Terrace
Somerset, MA 02726

Prepared For:

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2011 Client Organizer

You can use this slipsheet when sending your documents to E.P. Tremblay

From:

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To:

E. P. Tremblay & Associates Inc.
35 Bowker Terrace
Somerset, MA 02726

2011 Client Organizer

E. P. Tremblay
and Associates, Inc.

Firm Cover Letter

January 31, 2012

Dear :

As in past years, it is generally not necessary to make an appointment to bring in your tax work if we prepared your 2010 tax returns. You can drop off your paperwork during normal office hours which are 9:00AM to 5:00PM, Monday through Friday. Tax season hours, from January 21st through April 14th, will be 9:00AM to 9:00PM Monday through Thursday, 9:00AM to 5:00PM Friday & Saturday. We will close at 5:00 PM on April 17th and will return to normal office hours 9:00AM to 5:00PM Monday through Friday. If you mail or drop off your paperwork, we will contact you if we need any additional information. If you prefer to make an appointment to discuss your tax returns, please call the office. If you are mailing your paperwork, we suggest that you mail copies of documents and retain the originals. Consider mailing with return receipt or tracking.

We have included a tax organizer with this letter. We use tax organizers as a tool to accumulate information needed to prepare your tax returns. Organizers show your 2010 data and provide a space for 2011 data. If you used a complete organizer last year (Complete Organizers include all the tax data in your file), you should receive a complete organizer with this letter. Otherwise you should receive a partial organizer containing basic information. If you didn't receive a complete organizer and would like one, please call the office.

Please review and revise the basic information and complete the questionnaire included with this letter. Don't be concerned if you don't know how to answer a question. Just leave a question mark next to the question and we will contact you if the question is applicable to your tax situation and we need an answer.

There are some important changes that I want to bring to your attention. Some of these changes may require that you provide us with information that we have not asked you for in the past. Please review the following pages of Important Notices, Federal & State tax law changes included with this letter and provide us with any applicable information.

Thanks for your continued business.

Sincerely,

Mark L. Tremblay
President

35 Bowker Terrace, Somerset, MA 02726 Tel. 508-675-7557 Fax 508-567-1196

Important Notices, General Changes & Enhancements

- **Engagement & Consent Letters-**Please be sure to review and sign the Letter of Engagement before you mail or bring your tax documents to the office. Also, a Consent to Use of Tax Return Information is required if you ask for information about certain other services offered by E.P. Tremblay. These letters are enclosed with this mailing. Please return one copy of these signed letters with your tax information. **We must have a signed Letter of Engagement before we begin working on your returns.**
- **Client Communications**-Please check your organizer pages to be sure we have your current phone and email addresses. You can indicate a preferred method of contact. Also, if you are married filing a joint return please indicate which spouse is the preferred "Tax Matters Person" and whether emails should be sent to the Taxpayer, Spouse or both.
- **NetClient CS Web Portals-**We offer all our clients, free of charge, secure client web portals. We can post copies of your tax returns and W-2 Forms so that you can access them anytime from any computer that has internet access. If you would like to see a sample web portal, go to our website home page www.eptremblay.com, click on the NetClient CS link and enter *demo@eptremblay.com* in the Login field and *eptdemo1* in the Password field. If you would like us to post your 2011 Tax Returns and W-2 forms in your own secure web portal, check the appropriate box on the questionnaire included in this mailing. When your returns are posted to the portal, you will receive an email with instructions for accessing your returns in the portal.
- **FAFSA Worksheet**-We are able to provide, free of charge, a worksheet that contains all the data needed from your tax returns to complete the FAFSA for college students. The worksheet contains the corresponding line #s and descriptions to make it easier to complete the FAFSA. If you would like this worksheet included with your returns, please check the appropriate box on the questionnaire included in this mailing.
- **Filing Deadline for 2011 Tax Returns-**The filing deadline for 2011 tax returns has been extended to April 17th due to the Emancipation Day Holiday in Washington, DC. This applies even if you do not live in Washington, DC.

Federal Income Tax Changes & Important Information

- **Make Work Pay Credit Expired-**The Make Work Pay Credit expired 12/31/10.
- **First Time Homebuyers Credit-** Please notify us if you claimed a First Time Homebuyers Credit for 2008, 2009 or 2010 and you sold the home or it ceased to be your principal residence in 2011. Taxpayers who claimed the First Time Homebuyers Credit for 2008 were required to begin repaying that credit with their 2010 tax return. 2011 will be the second of 15 years of repayment.
- **Automobile Standard Mileage Rate-**The standard mileage rate deduction for business & work related automobile use was changed to 51 cents per mile for miles driven January 1st through June 30th and 55.5 cents per mile for miles driven from July 1st to December 31st. The rate remains at 55.5 cents per mile for 2012.
- **Rental Property Owners Requirement to File Form 1099-Misc-**The proposed requirement to file forms 1099-Misc for service providers who were paid $600 or more in 2011 for services has been repealed.
- **Residential Energy Credit-**A reduced credit of up to $500 was extended into 2011 for energy saving improvements made to the taxpayers principal residence.You may not qualify if you have previously claimed the Residential Energy Credit.
- **Credit for Hybrid and Lean Burn Vehicles Expired-**The Tax Credit for Hybrid and Lean Burn Vehicles expired 12/31/10. For 2011 there is only a credit for qualified Fuel Cell or Plug In vehicles.

MA Income Tax Changes & Important Information

- **Circuit Breaker Credit Increased-**A taxpayer age 65 or older may claim a tax credit of up to $980 if they pay real estate tax on or rent a principal residence located in MA and meet all of the qualifications. To see if you qualify, please provide us with the amount of real estate tax or rent, and water utility payments made in 2011. If you own your home we also need the assessed value of your property.
- **Mandatory Health Insurance-**As a result of the health care reform law, most Massachusetts residents age 18 and over are required to have health insurance. If you cannot show that you had health insurance with **Minimum Creditable Coverage** for all of 2011 you may be subject to penalty. If you had health insurance with a private insurance company, you should receive Form MA 1099-HC. Please include the form with the tax documents you give us to prepare your returns. If you have not received Form MA 1099-HC, please provide the information required on the MA organizer page included with this letter**.**
- **Extended Federal Deductions not allowed for MA Income Tax.** The Federal extension for Tuition & Fees Deduction and Educators Deduction are not allowed for MA Income Tax purposes.

RI Income Tax Changes

- **Major Changes for 2011-**There have been major changes to the RI Personal Income Tax laws for 2011. Changes include the elimination of itemized deductions, a progressive tax rate structure and the phaseout of exemptions and the standard deduction for higher income taxpayers.

Tax season is a good time to review the state of your finances

Tax season is a great time to work on updating and improving your financial life. We encourage you to call your investment advisor to see if you need to make any adjustments in how your retirement and/or non-retirement funds are invested. You should be adjusting your investment strategy to maximize your earnings and re-allocating what types of investments you have as you approach retirement.

It is also a good time to check up on your insurances. Do you have enough Life & Disability Insurance? Are your beneficiaries up to date? If you are in your 50s or 60s have you considered purchasing Long Term Care (Nursing Home) Insurance? Are the coverages on your home & auto insurance policies sufficient? Have you paid off loans or mortgages and need to notify your insurance company to remove the bank or loan company from your policy?

It may also be the right time to review your legal documents. Is your will up to date? Do you need to talk with an attorney about estate or long term care (nursing home) planning? Do you have an up to date Power of Attorney and Health Care Proxy?

We're here to help you if you need assistance. We have many in-house products and services that can help. We also have a group of independent professionals who are available for referral to help with products and services we don't offer in-house.

If you are interested in talking with us about anything described above, let us know by calling the office or by indicating your interest on our additional services page. It is also important for you to sign the "Consent to Use of Tax Return Information" document including in the mailing.

E.P. Tremblay and Associates, Inc.

Organizer Cover Letter

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Dear :

This Client Organizer is designed to help you gather tax information needed to prepare your 2011 personal income tax return. We have preprinted certain information from your 2010 personal income tax return to help you complete the organizer with minimal time and effort.

In your Client Organizer, all social security numbers and bank account numbers have been replaced with asterisks (***-**-****) and (****1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact this office. Do not indicate the social security number or bank account change on your Client Organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

Enter 2011 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority if you have not already given us a copy.
- A copy of your income tax return from last year, <u>if not prepared by this office</u>.

IRS regulations require paid tax preparers who expect to prepare 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance, usually within 48 hours, that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

In order to meet the filing deadline for your 2011 income tax return, your completed tax organizer needs to be received by our office no later than March 31, 2012. Any information received after that date may require an extension of time be filed for your return.

Thank you for the opportunity to serve you.

Sincerely,

E. P. Tremblay & Associates Inc.

E.P. Tremblay and Associates, Inc.

Engagement Letter

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Dear :

The purpose of this document is to promote mutual understanding and expectations with regard to the service that we provide to you in connection with preparing your tax returns. Please feel free to ask us to clarify any of the following statements.

We will prepare your 2011 Federal and State income tax returns from information which you will furnish to us. We will provide you with questionnaires and worksheets to guide you in gathering the necessary information. If your information is incomplete or documentation is missing, we will complete as much of your returns as possible and will let you know by phone, mail or email what additional information is required to complete your returns. Please be aware that if an extension of time for filing is needed, we will need as much information and documentation as possible to estimate your final tax liability since this information is required for preparing the extensions.

We expect that the information you are providing us is accurate and complete to the best of your knowledge and that you have evidence and records to support your data. We will not audit or verify the information except in cases where it is clear that the information or documents provided appear to be in error. We may ask for clarification of your data. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Federal & State Tax regulations require you to maintain documentation to substantiate data reported on your returns. It is important to have and maintain records to support items of data reported on your returns. Checks, bank statements, invoices, receipts, real estate settlement statements, brokerage statements and mileage logs are examples of these documents. It is also important to have and maintain records (statements, log books, etc.) to substantiate business use of auto, cell phone and personal computers. **It is our policy to return all original documentation (W-2s, 1099s, 1098s, K-1s, etc) to you with the client copy of your tax returns.** We do not generally keep copies of these documents (except the Federal copy of W-2s and some brokerage statements.) We recommend that you keep these documents for at least 7 years. Please let us know if you have any questions about requirements for documentation.

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

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 tax returns are subject to review and audit by the IRS and State tax departments for a period of 3 years from the due date of the returns or the date filed, if later. If your returns are audited, we can assist you with the audit if you desire. Such additional service is not included in your tax preparation fee. If you receive a notice from the IRS or State Tax Dept. we encourage you to contact us so that we may help you with the appropriate response. Notices of changes and additional tax assessments are not always correct and should be verified.

If we prepare married filing joint returns, we will provide an additional copy of the return to either spouse upon request.

Our fees for tax preparation service are based on a number of factors such as the time required to complete the returns, the forms that we must prepare, and the additional service included in connection with the preparation of the returns such as future year tax projections and bookkeeping. It is our practice to adjust fees annually to keep pace with inflation.

Therefore, assuming that we are completing the same returns in about the same time as previous years, the fee for the current year will probably be slightly higher. If your fee is significantly higher than the previous year, it is because there was either a significant change in the forms that needed to be prepared or the amount of time it took to prepare the returns.

The fee for preparing your returns is determined upon completion of the returns. We will provide a fee estimate upon request. Payment of the fee for preparing your returns is due upon completion of the filing copies of your returns unless some other arrangement is made in advance. Fees unpaid more than 30 days beyond the due date are subject to interest of 1% per month.

Thank you for this opportunity to work with you.

Very truly yours,
E. P. Tremblay & Associates Inc.

Accepted By: ________________________________

Date: __________________

Our Privacy Policy

We collect nonpublic personal information about you from tax preparation worksheets and other documents we use in preparing your tax returns or other forms. We do not disclose any nonpublic personal information about you to anyone, except as authorized by you or as permitted by law.

If you decide to become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

We restrict access to your personal and account information to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

Your confidence in us is important and we want you to know that your personal and account information is safe. If you have any questions or concerns, please contact us.

E.P. Tremblay And Associates, Inc.
2011 Income Tax Questionnaire

Please check the appropriate box and include all necessary details.

Personal Information

	Yes	No
Did your filing status (single, married, head of household) change in 2011?	p	p
If yes, explain: ____		
Did your address change from last year?	p	p
Can you be claimed as a dependent by another taxpayer?	p	p

Dependent Information

Were there any changes in dependents from the prior year?	p	p
If yes, explain: ____		
Do you have any dependent children with investment income in excess of $950?	p	p

Purchases, Sales and Debt Information

Did you start a new business or purchase rental property during the year?	p	p
Did you sell, exchange, or purchase any real estate during the year?	p	p
Did you acquire, sell, or withdraw any stock or mutual funds during the year?	p	p
Did you refinance a mortgage or take out a home equity loan this year?	p	p
If yes, please provide a copy of the loan closing settlement statement		
Did you sell an existing business, rental, or other property this year?	p	p

Income Information

Did you receive any income from property sold prior to 2011?	p	p
Did you make any withdrawals from any type of Retirement plan in 2011?	p	p
Did you roll over any Retirement plan distributions received in 2011?	p	p
Did you make withdrawals from an Education IRA or 529 Plan Savings account?	p	p
Did you cash any U.S. Savings bonds?	p	p
Did you receive any state income tax refunds this year for any prior year?	p	p
If yes, how much $ ______ state: ___________ $_________ state: _____		
Did you receive any tip income not reported to your employer?	p	p
Did you receive any distributions from Estates or Trusts in 2011?	p	p
Did you settle any credit card, loan or mortgage for less than the full amount in 2011? p		p
Did you begin receiving unemployment or social security benefits in 2011?	p	p

Deduction Information

Did you incur a casualty, theft or ponzi scheme loss during the year?	p	p
Do you have cancelled checks or receipts for all individual charitable contributions?	p	p
Did your employer provide an expense account or allowance during the year?	p	p
Did you use your car on the job, for other than commuting?	p	p
Did you have any unreimbursed work related expenses during the year?	p	p
Did you incur transportation or lodging expenses for work related overnight travel?	p	p
Did you have educational expenses or pay any student loan interest during the year?	p	p
Did you have any expenses related to seeking a new job during the year?	p	p
Did you use any part of your home exclusively for job or business?	p	p
Did you pay auto excise or city/town tax on your auto during the year?	p	p
Amount paid in 2011 $____________(Do not include Real Estate Taxes)		
Did you make contributions to IRAs for the 2011 tax year?	p	p
If yes, were any IRA payments made in 2012 for the 2011 tax year?	p	p
Did you make direct contributions (not thru payroll) to Health Savings Accounts ?	p	p

Deduction Information (Continued from Previous Page) **Yes** **No**

Did you pay sales tax on a motor vehicle, motorcycle, aircraft, boat, home or home building materials in 2011? If yes, please provide details. p p

Did you donate a vehicle in 2011? If yes, form 1098-C must be issued by the Charity. p p

Did you install any energy saving improvements in your principal residence in 2011? p p

If yes, please provide us with details. Invoices and Efficiency Rating Info are helpful

Did you incur Travel exp (trip >100Mi) related to Nat. Guard/Reserves Service? p p

Did you pay Mortgage Insurance Premiums for a home bought in 07,08, 09, 10 or 11? p
p

Did you remove lead paint or repair a septic system in 2011? p p

If filing in MA, did you pay rent for a home or apartment in MA for 2011? p p

If filing in MA, did you pay more than $150 for Fast Lane Tolls, MBTA Transit or commuter rail passes in 2011? If yes, please provide details. p p

IF MA Resident, did you have health insurance for 100% of your time living in MA? p p

If no, please provide information for those months you had coverage.

If filing in RI, did you make contributions to the RI College Bound Fund in 2011? p p
(Deductions are available for contributions made for dependents only)

Miscellaneous Information

Did you sell or discontinue use as a principal residence, any home subject to first time homebuyer credit recapture? p p

Did you make gifts of cash or property of more than $13,000 to any individual? p p

Did you or your employer make contributions to a 401K or pension plan in 2011? p p

Did you incur moving costs because of a job change? p p

Did you adopt any children in 2011? p p

Did you pay anyone $1700 or more for housecleaning or childcare performed in your home in 2011? (If yes, you are required to pay the "Nanny Tax") p p

Did you receive correspondence from the State or the Internal Revenue Service? p p
If yes, explain: ____

Do you want to allocate $3 to the Presidential Election Campaign Fund? p p

Do you have interest in or signature authority over an account in a foreign country? p p

Did you purchase any personal property in 2011 that is subject to use tax? p p

Would like a FAFSA Worksheet included with your copy of the tax returns? p p

If yes, please indicate who is the student p Taxpayer p Spouse p Dependent: ______________

Estimated Tax (applies only if you make quarterly estimated tax payments)

Did you pay Federal Estimated tax for 2011? ***** p p

Did you pay State Estimated tax for 2011? What State(s) _____ ______ ***** p p

*** Please provide us with the dates & amounts of estimated payments**

Do you want any part of your refund applied to your 2011 estimated tax? p p

Do you want us to prepare your 2012 estimated tax vouchers? p p

Do you expect your income or deductions to change substantially in 2012? p p

Electronic Filing/Direct Deposit/Electronic Payment/Email/Web Portal

Check here if you **do not** want to file your p Federal or p State return electronically.

Do you want your 2011 Tax Returns and W-2s posted to your secure web portal? p p

See the Important Notices, General Changes & Enhancements on the Firm Cover Letter for more info

Do you want your tax prep. fee deducted from your refunds * p p

***An Outside Service Provider Charges a Processing Fee. You can pay by credit card to avoid this fee.**

Do you want your refunds direct deposited to checking or savings?** p p

Do you want to have taxes due electronically withdrawn from checking or savings** p p

May we correspond with you, regarding your tax returns, via email?** p p

If yes, send email to p Taxpayer p Spouse or p Both

**** Please revise or add bank account and email address information on the appropriate organizer page.**

May we send you our "Tax and Business Strategies" Newsletter via email*** p p

***** View a sample by clicking the link at the bottom of our Tax Services page at www.eptremblay.com**

Other comments, questions, details? Please provide on a separate page

Requests for information on other products & services offered by E.P. Tremblay

Only check boxes for items that you would like us to provide you with additional information.

I'm interested in more information about help with installing & setting up Quickbooks software for my business financial record keeping. **p** *
I'm interested in more information about bookkeeping and payroll services. **p** *
I'm interested in more information about IRAs. **p** *
I'm interested in more information about Tax Deferred Annuties. **p** *
I'm interested in more information about Homeowners, Auto, Life, Disability, Long Term Care and Business insurance. **p** *
I'm interested in more information about Real Estate Services. **p** *
I'm interested in more information about Investment Services. **p**
I'm interested in more information about Home Mortgages, New or Refinance. **p**
I'm interested in more information about Legal Services. **p**

If you have checked any boxes marked by an * (asterisk) please sign and return the "Consent To Use Tax Return Information" letter included with this questionnaire.

January 31, 2012

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CONSENT TO USE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. Tax return information shall include any and all personal and financial information located on your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year.

For your convenience, E. P. Tremblay & Associates Inc. has entered into an arrangement with E.P. Tremblay & Sons Insurance Agcy/E.P. Tremblay & Assoc to provide a specific service. To determine whether this service may be of interest to you, E. P. Tremblay & Associates Inc. will need to use your tax return information to determine if you are eligible.

If you would like E. P. Tremblay & Associates Inc. to use your 2011 tax return information to determine whether this service is relevant to you, initial next to the authorization declaration below and sign and date this consent to use your 2011 tax return information.

_____ I, authorize E. P. Tremblay & Associates Inc. to use the information I provide to E.P. Tremblay And Sons Insurance Agency, Inc. and/or E.P. Tremblay And Associates, Inc. during the preparation of my 2011 tax return.

_____Insurance Products
_____Real Estate Services
_____Bookkeeping & Payroll Services

____

Taxpayer Signature:

____

Date Signed

Consent Valid Until: **One year from signature date**

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Please feel free to contact us at 508-675-7557 if you have questions or would like more information regarding our privacy and confidentiality policies and procedures.

Form ID: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ___
Mark if you were married but living apart all year ___
Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) ___

	Taxpayer	Spouse
Social security number		
First name		
Last name		
Occupation		
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	2	
Mark if dependent of another taxpayer		
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)		
Mark if legally blind		
Date of birth		
Date of death		
Work/daytime telephone number/ext number		
Home/evening telephone number		
Do you authorize us to discuss your return with the IRS? (Y, N)		

Present Mailing Address

Address ___
Apartment number ___
City, state postal code, zip code ___
Foreign country name ___
In care of addressee ___

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes *	Dep Codes **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent ___
Social security number of qualifying person ___

Dependent Codes

***Basic**	**1 = Child who lived with you**	****Other**	**1 = Student (Age 19 - 23)**
	2 = Child who did not live with you		**2 = Disabled dependent**
	3 = Other dependent		**3 = Dependent who is both a student and disabled**
	4 = Claimed under pre-1985 agreement		
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit		
*****Months**	**77 = Reported on odd year return**		
	88 = Reported on even year return		
	99 = Not reported on return		

Client Contact Information

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) ___

Taxpayer email address ______________________

Spouse email address ______________________

	Taxpayer	Spouse
Car telephone number	________	________
Fax telephone number	________	________
Mobile telephone number	________	________
Pager number	________	________
Other:	________	________
Telephone number	________	________
Extension	____	____
Preferred method of contact Email, Work phone, Home phone, Fax, Mobile phone, Car phone	________	________

NOTES/QUESTIONS:

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

Financial institution routing transit number ____

Name of financial institution ____

Your account number ____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ____

Enter the maximum dollar amount, or percentage of total refund Dollar ____ **or** Percent (xxx.xx) ____

Secondary account #1:

Financial institution routing transit number ____

Name of financial institution ____

Your account number ____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ____

Enter the maximum dollar amount, or percentage of total refund Dollar ____ **or** Percent (xxx.xx) ____

Secondary account #2:

Financial institution routing transit number ____

Name of financial institution ____

Your account number ____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ____

Enter the maximum dollar amount, or percentage of total refund Dollar ____ **or** Percent (xxx.xx) ____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to $5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of $50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to $5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar ____ **or** Percent (xxx.xx) ____

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ____ **or** Percent (xxx.xx) ____

Owner's name (First Last) ____ ____

Co-owner or beneficiary (First Last) ____ ____

Mark if the name listed above is a beneficiary ____

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ____ **or** Percent (xxx.xx) ____

Owner's name (First Last) ____ ____

Co-owner or beneficiary (First Last) ____ ____

Mark if the name listed above is a beneficiary ____

Estimated Taxes

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

Refunded ___

Applied to 2012 estimated tax liability ___

Do you expect a considerable change in your 2012 income? (Y, N) ___

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2012? (Y, N) ___

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2012 withholding? (Y, N) ___

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2012? (Y, N) ___

If yes, please explain any differences:

2011 Federal Estimated Tax Payments

2010 overpayment applied to 2011 estimates ___

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ___

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/18/11			
2nd quarter payment	6/15/11			
3rd quarter payment	9/15/11			
4th quarter payment	1/17/12			
Additional payment				

NOTES/QUESTIONS:

Form ID: St Pmt

2011 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J)

State postal code

Amount paid with 2010 return

2010 overpayment applied to '11 estimates

Treat calculated amounts as paid

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment			
2nd quarter payment			
3rd quarter payment			
4th quarter payment			
Additional payment			

2011 City Estimated Tax Payments

City #1

City name

Amount paid with 2010 return

2010 overpayment applied to '11 estimates

Treat calculated amounts as paid

	Date Paid	Amount Paid
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		

Calculated Amount

1st quarter payment
2nd quarter payment
3rd quarter payment
4th quarter payment

City #2

City name

Amount paid with 2010 return

2010 overpayment applied to '11 estimates

Treat calculated amounts as paid

	Date Paid	Amount Paid
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		

Calculated Amount

1st quarter payment
2nd quarter payment
3rd quarter payment
4th quarter payment

City #3

City name

Amount paid with 2010 return

2010 overpayment applied to '11 estimates

Treat calculated amounts as paid

	Date Paid	Amount Paid
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		

Calculated Amount

1st quarter payment
2nd quarter payment
3rd quarter payment
4th quarter payment

City #4

City name

Amount paid with 2010 return

2010 overpayment applied to '11 estimates

Treat calculated amounts as paid

	Date Paid	Amount Paid
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		

Calculated Amount

1st quarter payment
2nd quarter payment
3rd quarter payment
4th quarter payment

Wages and Salaries #1

Please provide all copies of Form W-2.

2011 Information | **Prior Year Information**

Taxpayer/Spouse (T, S)
Employer name
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)
Mark if this is your current employer
Federal wages and salaries **(Box 1)**
Federal tax withheld **(Box 2)**
Social security wages **(Box 3)** (If different than federal wages)
Social security tax withheld **(Box 4)**
Medicare wages **(Box 5)** (If different than federal wages)
Medicare tax withheld **(Box 6)**
SS tips **(Box 7)**
Allocated tips **(Box 8)**
Dependent care benefits **(Box 10)**
Box 13 -
Statutory employee
Retirement plan
Third-party sick pay
State postal code **(Box 15)**
State wages **(Box 16)** (If different than federal wages)
State tax withheld **(Box 17)**
Local wages **(Box 18)**
Local tax withheld **(Box 19)**
Name of locality **(Box 20)**

Control Totals

Wages and Salaries #2

Please provide all copies of Form W-2.

2011 Information | **Prior Year Information**

Taxpayer/Spouse (T, S)
Employer name
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)
Mark if this your current employer
Federal wages and salaries **(Box 1)**
Federal tax withheld **(Box 2)**
Social security wages **(Box 3)** (If different than federal wages)
Social security tax withheld **(Box 4)**
Medicare wages **(Box 5)** (If different than federal wages)
Medicare tax withheld **(Box 6)**
SS tips **(Box 7)**
Allocated tips **(Box 8)**
Dependent care benefits **(Box 10)**
Box 13 -
Statutory employee
Retirement plan
Third-party sick pay
State postal code **(Box 15)**
State wages **(Box 16)** (If different than federal wages)
State tax withheld **(Box 17)**
Local wages **(Box 18)**
Local tax withheld **(Box 19)**
Name of locality **(Box 20)**

Control Totals

Form ID: B-2

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

TSJ	Type Code (**See codes below)	#		Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer											
			Amounts											
		2	Payer											
			Amounts											
		3	Payer											
			Amounts											
		4	Payer											
			Amounts											
		5	Payer											
			Amounts											
		6	Payer											
			Amounts											
		7	Payer											
			Amounts											
		8	Payer											
			Amounts											
		9	Payer											
			Amounts											
		10	Payer											
			Amounts											

**Dividend Codes	
Blank = Other	3 = Nominee

Form ID: InfoD

Sales of Stocks, Securities, and Other Investment Property

14a

Please provide copies of all Forms 1099-B and 1099-S

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

	2011 Information	**Prior Year Information**
Taxpayer/Spouse (T, S)		
Name of payer		
State postal code		
Gross distributions received **(Box 1)**		
Taxable amount received **(Box 2a)**		
Federal withholding **(Box 4)**		
Distribution code **(Box 7)**		
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		
State withholding **(Box 12)**		
Local withholding **(Box 15)**		
Amount of rollover		
Mark if distribution was due to a pre-retirement age disability		
Mark if distribution was from an inherited IRA		

Control Totals

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

	2011 Information	**Prior Year Information**
Taxpayer/Spouse (T, S)		
Name of payer		
State postal code		
Gross distributions received **(Box 1)**		
Taxable amount received **(Box 2a)**		
Federal withholding **(Box 4)**		
Distribution code **(Box 7)**		
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		
State withholding **(Box 12)**		
Local withholding **(Box 15)**		
Amount of rollover		
Mark if distribution was due to a pre-retirement age disability		
Mark if distribution was from an inherited IRA		

Control Totals

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

	2011 Information	**Prior Year Information**
Taxpayer/Spouse (T, S)		
Name of payer		
State postal code		
Gross distributions received **(Box 1)**		
Taxable amount received **(Box 2a)**		
Federal withholding **(Box 4)**		
Distribution code **(Box 7)**		
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		
State withholding **(Box 12)**		
Local withholding **(Box 15)**		
Amount of rollover		
Mark if distribution was due to a pre-retirement age disability		
Mark if distribution was from an inherited IRA		

Control Totals

Other Income

	2011 Information		Prior Year Information
State and local income tax refunds			
	Taxpayer	Spouse	
Alimony received			
Unemployment compensation			
Unemployment compensation federal withholding			
Unemployment compensation state withholding			
Unemployment compensation repaid			
Alaska Permanent Fund dividends			

T/S/J	Self-Employment Income ? (Y, N)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	2011 Information	Prior Year Information

NOTES/QUESTIONS:

Form ID: C-1

Schedule C - General Information

Preparer use only

	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		
Employer identification number		
Business name		
Principal business/profession		
Business code		
Business address, if different from home address on Organizer Form ID:1040		
Address		
City/State/Zip		
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)		
If other:		
Inventory method (1 = Cost, 2 = LCM, 3 = Other)		
If other enter explanation:		
Enter an explanation if there was a change in determining your inventory:		
Did you "materially participate" in this business? (Y, N)		
If not, number of hours you did significantly participate		
Mark if you began or acquired this business in 2011		
Did you make any payments in 2011 that require you to file Form(s) 1099? (Y, N)		
If "Yes", did you or will you file all required Forms 1099? (Y, N)		
Mark if this business is considered related to qualified services as a minister or religious worker		
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)		
Medical insurance premiums paid by this activity		
Long-term care premiums paid by this activity		
Amount of wages received as a statutory employee		

Business Income

	2011 Information	Prior Year Information
Merchant card and third party network receipts and sales (from Form 1099-K)		
Gross receipts and sales not from merchant cards and third party networks		
Returns and allowances		
Other income:		

Cost of Goods Sold

	2011 Information	Prior Year Information
Beginning inventory		
Purchases		
Labor:		
Materials		
Other costs:		
Ending inventory		

Form ID: C-2

Schedule C - Expenses

Preparer use only

Principal business or profession

	2011 Information	Prior Year Information
Advertising		
Car and truck expenses		
Commissions and fees		
Contract labor		
Depletion		
Depreciation		
Employee benefit programs (Include Small Employer Health Insurance Premiums credit):		
Insurance (Other than health):		
Interest:		
Mortgage (Paid to banks, etc.)		
Other:		
Legal and professional services		
Office expense		
Pension and profit sharing:		
Rent or lease:		
Vehicles, machinery, and equipment		
Other business property		
Repairs and maintenance		
Supplies		
Taxes and licenses:		
Travel, meals, and entertainment:		
Travel		
Meals and entertainment		
Meals (Enter 100% subject to DOT 80% limit)		
Utilities		
Wages (Less employment credit):		
Other expenses:		

Preparer use only

Carryovers	Regular	AMT
Operating		
Schedule D - Short-term		
Schedule D - Long-term		
Schedule D - 28% rate		
Form 4797 - Part I		
Form 4797 - Part II		
Section 179		

	Control Totals		Form ID: C-2

Form ID: Rent

Rent and Royalty Property - General Information

Preparer use only

	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		
Description		
Address		
State postal code		
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other)		
Description of other type (Type code #8)		
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)		
Percentage of ownership if not 100%		
Business use percentage, if not 100% (Not vacation home percentage)		

Rent and Royalty Income

	2011 Information	Prior Year Information
Merchant card and third party payments (from Form 1099-K)		
Rents and royalties NOT from merchant cards/third party payments		

Rent and Royalty Expenses

	2011 Information	Percent if not 100%	Prior Year Information
Advertising			
Auto			
Travel			
Cleaning and maintenance			
Commissions:			
Insurance:			
Legal and professional fees			
Management fees:			
Mortgage interest paid to banks, etc (Form 1098)			
Other mortgage interest			
Qualified mortgage insurance premiums			
Other interest:			
Repairs			
Supplies			
Taxes:			
Utilities			
Depreciation			
Depletion			
Other expenses:			

Refinancing points paid this year:

Description

Total points paid/Current amort **(Prep use only)**

Date of Refinance Total # Payments Reported on 1098 in 2011

Form ID: Rent-2

Rent and Royalty Properties - Vacation Home, Passive and Other Information

Preparer use only

Description

Vacation Home Information

	2011 Information	Prior Year Information
Number of days home was used personally		
Number of days home was rented		
Number of day home owned, if not 365		
Carryover of disallowed operating expenses into 2011		
Carryover of disallowed depreciation expenses into 2011		

Passive and Other Information

Preparer use only

Carryovers	Regular	AMT
Operating		
Schedule D - Short-term		
Schedule D - Long-term		
Schedule D - 28% rate		
Form 4797 - Part I		
Form 4797 - Part II		
Comm revitalization		
Section 179		

NOTES/QUESTIONS:

Partnerships and S Corporations

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J)
Employer identification number
Name of entity
State postal code
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating		
	Schedule D - Short-term		
	Schedule D - Long-term		
	Schedule D - 28% rate		
	Form 4797 - Part I		
	Form 4797 - Part II		
	Other losses - 1040 pg.1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

Taxpayer/Spouse/Joint (T, S, J)
Employer identification number
Name of entity
State postal code
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating		
	Schedule D - Short-term		
	Schedule D - Long-term		
	Schedule D - 28% rate		
	Form 4797 - Part I		
	Form 4797 - Part II		
	Other losses - 1040 pg.1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

Taxpayer/Spouse/Joint (T, S, J)
Employer identification number
Name of entity
State postal code
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating		
	Schedule D - Short-term		
	Schedule D - Long-term		
	Schedule D - 28% rate		
	Form 4797 - Part I		
	Form 4797 - Part II		
	Other losses - 1040 pg.1		
	Comm revitalization		
	Section 179		
	Excess farm loss		

Sale of Principal Residence

Description ____________________
Taxpayer/Spouse/Joint (T, S, J) _
State postal code ___
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _
Date former residence was acquired ________
Date former residence was sold ________
Selling price of former residence ____________
Expenses related to the sale of your old home ____________
Original cost of home sold including capital improvements ____________

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	______	______
Number of days each person owned property used as main home	______	______
Number of days between date of sale of the other home and date of sale of this home	______	______

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed ____________
Total current year payments received ____________

Form 6252 - Related Party Installment Sale Information

Related party name ____________________
Address ____________________
City, State and Zip ____________________
Identifying number of related party ____________
Was the property sold as a marketable security? (Y, N) _
Enter date of second sale if more than 2 years after the first sale ________
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _
Selling price of property sold by a related party ____________

NOTES/QUESTIONS:

Moving Expenses

Preparer use only

Description of move ____________________

Taxpayer/Spouse/Joint (T, S, J) _

Mark if the move was due to service in the armed forces _

Number of miles from old home to new workplace ________

Number of miles from old home to old workplace ________

Mark if move is outside United States or its possessions _

Transportation and storage expenses ____________

Travel and lodging (not including meals) ____________

Miles driven to new home

1/1/11 to 6/30/11 ________

7/1/11 to 12/31/11 ________

Total amount reimbursed for moving expenses ____________

NOTES/QUESTIONS:

Form ID: Keogh

Keogh, SEP, SIMPLE Contributions

Preparer use only

Business activity or profession name ______

Taxpayer/Spouse (T, S) ______

State postal code ______

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) ______

Plan contribution rate. Enter in xx.xx format (Limitation percentage) ______

Enter the total amount of contributions made to a Keogh plan in 2011 ______

Enter the total amount of contributions made to a Solo 401(k) plan in 2011 ______

Enter the total amount of contributions made to a SEP plan in 2011 ______

Enter the total amount of contributions made to a SARSEP plan in 2011 ______

Enter the total amount of contributions made to a defined benefit plan in 2011 ______

Enter the total amount of contributions made to a profit-sharing plan in 2011 ______

Enter the total amount of contributions made to a money purchase plan in 2011 ______

Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2011 ______

Enter the total amount of contributions to a SIMPLE IRA plan in 2011 ______

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2011 ______

Enter the amount of catch-up contributions made to a SIMPLE Plan in 2011 ______

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2011 ______

Enter the amount of elective deferrals designated as Roth contributions in 2011 ______

NOTES/QUESTIONS:

Other Adjustments

Alimony Paid:

T/S/J Recipient name	Recipient SSN	2011 Information	Prior Year Information
Address			
Address			
Address			

	2011 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
Self-employed health insurance premiums: (Not entered elsewhere)			
Self-employed long-term care premiums: (Not entered elsewhere)			
Other adjustments:			

NOTES/QUESTIONS:

Form ID: Educate2

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2011 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

TS	Qualified loan interest you paid	2011 Information	Prior Year Information

Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2011.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

TS	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information

Important: You cannot claim the following for the same student in the same year:

- American opportunity credit and Lifetime learning credit

- Tuition and fees deduction and either the American opportunity credit or the Lifetime learning credit

To qualify for the American opportunity credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 4 years of post-secondary education
- have no felony drug convictions on record

*Education Expense Code
1 = American opportunity credit 2 = Lifetime learning credit 3 = Tuition and fees deduction

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J **2011 Information** **Prior Year Information**

Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received

Medical insurance premiums you paid*:

Long-term care premiums you paid*:

Prescription medicines and drugs:

Miles driven for medical items (1/1/11 to 6/30/11) ________ (7/1/11 to 12/31/11) ________

*Not entered elsewhere

Schedule A - Tax Expenses

T/S/J **2011 Information** **Prior Year Information**

State/local income taxes paid:

2010 state and local income taxes paid in 2011:

Real estate taxes paid:

Personal property taxes:

Other taxes, such as: foreign taxes and State disability taxes

Sales tax paid on major purchases:

Sales tax paid on actual expenses:

Form ID: A-2

Interest Expenses

T/S/J		2011 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098					

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home
1 = Not used to buy, build, improve home or investment
2 = Used to pay off previous mortgage
3 = Used to pay off previous mortgage, excess proceeds invested
4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2011 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
Address				
Address				
Address				
Address				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name

Street Address

City/State/Zip code

Refinancing Points paid in 2011 -

Taxpayer/Spouse/Joint (T, S, J)

Description

Total points paid

Percentage of principal exceeding original mortgage (For AMT adjustment)

Points paid in 2011 **(Preparer use only)**

Date of refinance

Total number of payments

Reported on Form 1098 in 2011

Taxpayer/Spouse/Joint (T, S, J)

Description

Total points paid

Percentage of principal exceeding original mortgage (For AMT adjustment)

Points paid in 2011 **(Preparer use only)**

Date of refinance

Total number of payments

Reported on Form 1098 in 2011

T/S/J		2011 Information
	Investment interest expense, other than on Schedule(s) K-1:	

Charitable Contributions

T/S/J		2011 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)		
	Volunteer miles driven		
	Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods		

Miscellaneous Deductions

T/S/J		2011 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
	Union dues:		
	Tax preparation fees		
	Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, custodial fees		
	Safe deposit box rental		
	Investment expenses, other than on Schedule(s) K-1:		
	Other expenses, not subject to the 2% AGI limitation:		
	Gambling losses: (Enter only if you have gambling income)		

Form ID: 2106

Employee Business Expenses

Preparer use only

	2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)		
Occupation in which expenses were incurred		
State postal code		
If the employee expenses were from an occupation listed below, enter the applicable code 1 = Qualified performing artist, 2 = Handicapped employee, 3 = Fee-basis official		
Mark if these employee expenses are related to qualified services as a minister or religious worker		
Parking fees and tolls		
Local transportation		
Travel expenses		
Other business expenses:		
Nonvehicle depreciation		
Meals and entertainment		
Meals for individuals subject to DOT hours of service limitation		

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

	2011 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2		
Reimbursements for meals and entertainment not included on Form W-2		
Reimbursements for meals for DOT service limitation not included on Form W-2		

Form ID: 2106-2

Employee Business Expenses

Preparer use only

Taxpayer/Spouse (T, S)	
Occupation in which expenses were incurred	
State postal code	

Vehicle Questions

If you used your automobile for work purposes, please answer the following questions:

	2011 Information	Prior Year Information
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)		
Was another vehicle available for personal use? (Y, N)		
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)		

Vehicles #1 and #2 Actual Expenses

Vehicle 1 description	
Comments	
Vehicle 2 description	
Comments	

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service				
Total mileage				
Business mileage from 1/1/11 to 6/30/11				
Business mileage from 7/1/11 to 12/31/11				
Average daily round trip commuting mileage				
Total commuting mileage				
Gasoline, oil, repairs, insurance, etc.				
Vehicle rentals				
Inclusion amount **(Preparer use only)**				
Value of employer-provided vehicle				
Depreciation				

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description	
Comments	
Vehicle 4 description	
Comments	

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service				
Total mileage				
Business mileage from 1/1/11 to 6/30/11				
Business mileage from 7/1/11 to 12/31/11				
Average daily round trip commuting mileage				
Total commuting mileage				
Gasoline, oil, repairs, insurance, etc.				
Vehicle rentals				
Inclusion amount **(Preparer use only)**				
Value of employer-provided vehicle				
Depreciation				

NOTES/QUESTIONS:

Noncash Contributions Exceeding $500

Taxpayer/Spouse/Joint (T, S, J)
Donated property description
Name of donee organization
Address of donee organization
City
State postal code
Zip code
Date contributed
Date acquired by donor
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)
Donor's cost or basis
Fair market value
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)
If other:

Control Totals

Noncash Contributions Exceeding $500

Taxpayer/Spouse/Joint (T, S, J)
Donated property description
Name of donee organization
Address of donee organization
City
State postal code
Zip code
Date contributed
Date acquired by donor
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)
Donor's cost or basis
Fair market value
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)
If other:

Control Totals

Noncash Contributions Exceeding $500

Taxpayer/Spouse/Joint (T, S, J)
Donated property description
Name of donee organization
Address of donee organization
City
State postal code
Zip code
Date contributed
Date acquired by donor
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)
Donor's cost or basis
Fair market value
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)
If other:

Control Totals

NOTES/QUESTIONS:

Form ID: 8829

Home Office General Information

Preparer use only

Principal business or profession

Taxpayer/Spouse/Joint (T, S, J)

State postal code

Business Use of Home

	2011 Information	Prior Year Information
Total area of home		
Area used exclusively for business		
Information for day-care facilities only:		
Total hours used for day-care during this year		
Total hours used this year, if less than 8,760		
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business		
Area used partly for day-care business		

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2011 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest			
Mortgage insurance premiums			
Real estate taxes			
Excess mortgage interest and insurance premiums			
Insurance			
Rent			
Repairs & maintenance			
Utilities			
Other expenses, such as: Supplies & Security system			
Excess casualty losses			
Carryovers:			
Operating expenses			
Casualty losses			
Depreciation			
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses			
Depreciation			

NOTES/QUESTIONS:

	Control Totals		Form ID: 8829

Form ID: Auto

Auto Worksheet

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession

Vehicles 1 - 2

Vehicle 1 - Date placed in service
Description
Comments

Vehicle 2 - Date placed in service
Description
Comments

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year				
Commuting miles				
Business miles from 1/1/11 to 6/30/11				
Business miles from 7/1/11 to 12/31/11				
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)				
Was another vehicle available for personal use? (Y, N)				
Do you have evidence to support your deduction? (Y, N)				
Is this evidence written? (Y, N)				
Parking, fees and tolls				
Gasoline, oil, repairs, insurance, etc.				
Interest				
Registration				
Property taxes				
Vehicle rentals				
Inclusion amount **(Preparer use only)**				
Depreciation				

Vehicles 3 - 4

Vehicle 3 - Date placed in service
Description
Comments

Vehicle 4 - Date placed in service
Description
Comments

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year				
Commuting miles				
Business miles from 1/1/11 to 6/30/11				
Business miles from 7/1/11 to 12/31/11				
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)				
Was another vehicle available for personal use? (Y, N)				
Do you have evidence to support your deduction? (Y, N)				
Is this evidence written? (Y, N)				
Parking, fees and tolls				
Gasoline, oil, repairs, insurance, etc.				
Interest				
Registration				
Property taxes				
Vehicle rentals				
Inclusion amount **(Preparer use only)**				
Depreciation				

Clergy, Minister, Religious Workers

	Taxpayer	Spouse
State postal code	___	___

	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, please complete the following information:			
Fair rental value of parsonage provided by church			
Actual parsonage utilities expense			
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance, if separate from parsonage allowance			
Actual parsonage expense			
Fair rental value of home			
Actual utilities expense			
Mark if you have claimed exemption from self-employment tax by filing Form 4361 with the IRS	_	_	
If you are a self-employed minister, enter any tax-deductible contributions to a 403(b) retirement plan			

NOTES/QUESTIONS:

Form ID: 2441

Child and Dependent Care Expenses

Please enter all amounts paid in 2011 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2010 employer-provided dependent care benefits used during 2011 grace period		
Employer-provided dependent care benefits that were forfeited in 2011		
Total qualified expenses incurred in 2011		
Were you or your spouse a full time student or disabled? (Yes or No)		
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		

Name of provider
Street address of provider
City, state, and zip code
Social security number OR Employer identification number
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider)
Amount paid to care provider in 2011

Name of provider
Street address of provider
City, state, and zip code
Social security number OR Employer identification number
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider)
Amount paid to care provider in 2011

Name of provider
Street address of provider
City, state, and zip code
Social security number OR Employer identification number
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider)
Amount paid to care provider in 2011

Name of provider
Street address of provider
City, state, and zip code
Social security number OR Employer identification number
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider)
Amount paid to care provider in 2011

Name of provider
Street address of provider
City, state, and zip code
Social security number OR Employer identification number
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider)
Amount paid to care provider in 2011

Name of provider
Street address of provider
City, state, and zip code
Social security number OR Employer identification number
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider)
Amount paid to care provider in 2011

Name of provider
Street address of provider
City, state, and zip code
Social security number OR Employer identification number
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider)
Amount paid to care provider in 2011

Form ID: 5695

Residential Energy Credit

The American Recovery and Reinvestment Act of 2009 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any 2006, 2007, 2009, or 2010 Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J) _

Were the costs incurred made to your main home located in the United States? (Y, N) _

Were the costs incurred related to the construction of your main home located in the United States? (Y, N) _

Enter the total amount of costs for insulation material or system to reduce heat loss or gain ____________

Enter the total amount of costs for exterior windows ____________

Enter the total amount of costs for exterior doors ____________

Enter the total amount of costs for qualified metal roofs ____________

Enter the total amount of costs for energy-efficient building property ____________

Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers ____________

Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace ____________

Enter the total amount of costs for qualified solar electric property ____________

Enter the total amount of costs for qualified solar water heating property ____________

Enter the total amount of costs for qualified small wind energy property ____________

Enter the total amount of costs for qualified geothermal heat pump property ____________

Enter the total amount of costs for qualified fuel cell property ____________

Enter the total amount of kilowatt capacity of the qualified fuel cell property ________

NOTES/QUESTIONS:

Form ID: 8839

Adoption Credit

Complete this form if you paid qualified adoption expenses in 2011. Indicate if the adoption was final in or before 2011.
Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.
Please provide copies of legal documents approving the adoption.

	Child 1	**Child 2**	**Child 3**
Taxpayer/Spouse/Joint (T, S, J)			
First name			
Last name			
Child's date of birth			
Mark if this child was:			
born before '94 and was disabled			
a child with special needs			
a foreign child			
Child's identifying number			
Total adoption credit received in prior years for this child			
Total qualified adoption expenses paid in 2010 for this child			
Employer-provided benefits received in 2010 for this child			
Total qualified adoption expenses paid in 2011 for this child			
Employer-provided benefits received in 2011 for this child			
Adoption final in (1 = '11, 2 = Pre '11)			

	Child 4	**Child 5**	**Child 6**
Taxpayer/Spouse/Joint (T, S, J)			
First name			
Last name			
Child's date of birth			
Mark if this child was:			
born before '94 and was disabled			
a child with special needs			
a foreign child			
Child's identifying number			
Total adoption credit received in prior years for this child			
Total qualified adoption expenses paid in 2010 for this child			
Employer-provided benefits received in 2010 for this child			
Total qualified adoption expenses paid in 2011 for this child			
Employer-provided benefits received in 2011 for this child			
Adoption final in (1 = '11, 2 = Pre '11)			

If the adoption was incomplete or unsuccessful please provide information below:

NOTES/QUESTIONS:

Form ID: OrgDp2

Depreciation - Asset Acquisitions

Preparer use only

Activity name

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

	Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE	2011 Model T - (EXAMPLE ASSET)	03/09/11	25,750
	Comments: 22,500 job-related miles, 25,000 total miles		
1			
	Comments:		
2			
	Comments:		
3			
	Comments:		
4			
	Comments:		
5			
	Comments:		
6			
	Comments:		
7			
	Comments:		
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	Comments:		
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	Comments:		
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	Comments:		
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	Comments:		
21			
	Comments:		
22			
	Comments:		
23			
	Comments:		
24			
	Comments:		
25			
	Comments:		

Form ID: MA

Massachusetts General Information

Mark if name and address have changed since last year ___
Mark if noncustodial parent ___
In care of address or address of legal residence or domicile:
Street ___
City, state, zip code ___ ___ ___

Use Tax

Estimate use tax for out of state purchases less than $1,000 ___
Out of state purchases ___ Sales tax paid to other state ___

Contributions

Amount of political and charitable contributions you wish to make to:

	Taxpayer	Spouse
Mark to contribute to the State Election Campaign Fund	___	___

Organ Transplant Fund ___
Endangered Wildlife Conservation ___
AIDS Fund ___
United States Olympic Fund ___
Military Family Relief Fund ___

Adjustments

Rental Deduction

Residence #1 rented address ___
Landlord's name and address ___
Date from ___ Date to ___ Rent paid ___

Residence #2 rented address ___
Landlord's name and address ___
Date from ___ Date to ___ Rent paid ___

Health Insurance Information

	Taxpayer	Spouse
Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year	___	___
Federal identification number	___	___

Subscriber number ___
Name of insurance company (Taxpayer) ___
Name of insurance company (Spouse) ___

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Massachusetts

Part-year residency dates:
From ___
To ___

NOTES/QUESTIONS:

Form ID: RI

Rhode Island General Information

Enter city or town of legal residence if different from that entered on Organizer Form ID:1040 ______

Use Tax

Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) ___

If you wish for a for a portion of your electoral contribution to be paid to a political party, enter name of party ______

Charitable Contributions

Drug Program Account ______
Mark if you wish to make an Olympic Contribution ___
Organ Transplant Fund ______
Council on the Arts ______
Nongame Wildlife Fund ______
Childhood Disease Victims' Fund ______
Military Family Relief Fund ______

Part-year Resident Information

Part-year residency dates:
From ______
To ______

Property Tax Relief Claim

Mark if disabled and received social security disability payments during the tax year ___
Live in household or rent dwelling subject to property tax? (Y, N) ___
Current for property taxes and rent due in prior years? (Y, N) ___
Current for this year's property tax or rent and will pay unpaid installments? (Y, N) ___

Rent paid (Enter 100%) ______
If renting, Landlord name: ______
Landlord Address: ______
Landlord city, state and zip code ______ ___ ______
Landlord phone number: ______

NOTES/QUESTIONS: