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## **2009 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2009 tax return.**

**To save you time, selected information from your 2008 tax return has been entered within this organizer. Please line through any information which does not apply to your 2009 tax return.**

**In some cases, 2008 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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## 2009 TAX ORGANIZER

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

Taxpayer Signature	Date
Spouse Signature	Date

Primary E-mail Address	Home Phone	Fax Number
Secondary E-mail Address	Taxpayer's Business Phone	Spouse's Business Phone
Preferred Method of Contact (i.e., cell phone, e-mail, etc.)		



**Questions (Page 1 of 3)**

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

**Personal Information:**

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

Did your marital status change during 2009? .....

<input type="checkbox"/>	<input type="checkbox"/>
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If married, do you and your spouse want to file separate returns? .....

<input type="checkbox"/>	<input type="checkbox"/>
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Did your address change during 2009? .....

<input type="checkbox"/>	<input type="checkbox"/>
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Can you or your spouse be claimed as a dependent by another taxpayer? .....

**Dependents:**

<input type="checkbox"/>	<input type="checkbox"/>
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Were there any changes in dependents from the prior year? .....

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

Did you pay for child care while you worked or looked for work? .....

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

Do you have any children under age 18 with unearned income more than \$950? .....

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

Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$950? .....

<input type="checkbox"/>	<input type="checkbox"/>
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Did you adopt a child or begin adoption proceedings during 2009? .....

**Purchases, Sales and Debt:**

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

Did you have any debts canceled, forgiven or refinanced during 2009? .....

<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 2009? .....

<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 2009? .....

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

Did you sell, exchange or purchase any real estate in 2009? 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 2009? .....

<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"/>
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Did you have an outstanding home equity loan at the end of 2009? If so, please provide the principal balance and interest rate at the beginning and end of the year. ....

<input type="checkbox"/>	<input type="checkbox"/>
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Did you take out a home equity loan in 2009? .....

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

Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098? .....

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

Did you engage in any put or call transactions? If Yes, please provide details. ....

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

Did you close any open short sales during 2009? .....

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

Did you sell any securities not reported on your Form 1099-B? .....

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





**Questions (Page 3 of 3)**

**Miscellaneous: (continued)**

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

Did you engage in any bartering transaction? .....

<input type="checkbox"/>	<input type="checkbox"/>
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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 2009? .....

**Severance/Retirement:**

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

Did you retire or change jobs in 2009? .....

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

Did you receive deferred, retirement or severance compensation? .....

<b>Date</b>

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

**Sale of Your Home:**

<input type="checkbox"/>	<input type="checkbox"/>
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Did you sell your home in 2009? .....

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

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? .....

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

Did you ever rent out this property? .....

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

Did you ever use any portion of the home for business purposes? .....

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

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:**

<input type="checkbox"/>	<input type="checkbox"/>
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With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2009? .....

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

Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2009? .....

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2009 Amount Contributed



# Personal Information, Dependent(s) and Wages

**Taxpayer:**

\_\_\_\_\_ 000-00-0000  
 First Name and Initial Last Name Social Security Number

\_\_\_\_\_ \_\_\_\_\_  
 Occupation Date of Birth (Mo/Da/Yr) Daytime/Work Telephone Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Evening/Home Telephone Number Primary Email Address Secondary Email Address

**Spouse:**

\_\_\_\_\_ \_\_\_\_\_ Social Security Number  
 First Name and Initial Last Name

\_\_\_\_\_ \_\_\_\_\_  
 Occupation Date of Birth (Mo/Da/Yr)

**Present Mailing Address:**

\_\_\_\_\_ Apartment Number  
 Street Address

\_\_\_\_\_ State ZIP code  
 City

\_\_\_\_\_ Foreign Country

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Taxpayer  Spouse  Yes  No

**Dependent Information:**

Did dependent have income over \$3,650?

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

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

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

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

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local









**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 _____	
	2009 Amount	2008 Amount	2009 Amount	2008 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 2009				
Social security benefits received				
Social security benefits repaid in 2009				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2009				
Economic recovery payment received in 2009				
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	2009 Amount	2008 Amount

**Alimony Paid or Received:**

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2009 Amount	2008 Amount



Miscellaneous Adjustments

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

Table with 3 columns: TS, 2009 Amount, 2008 Amount

Health Savings Accounts (HSAs)

Table with 4 columns: TS, Description, 2009 Amount, 2008 Amount

Did you or your spouse enroll in Medicare? Yes No
If yes, what month did you enroll?
What month did your spouse enroll?

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

Table with 4 columns: TSJ, Nature and Source, 2009 Amount, 2008 Amount





**Itemized Deductions - Mortgage Interest and Points**

**Mortgage Questions for 2009:**

	<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 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"/>
Has the taxpayer (or spouse, if married) owned a residence within the last three years from the date of purchase? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Home Mortgage Interest Paid To Financial Institutions:**

TSJ	Paid To	Did You Receive Form 1098?		2009 Amount	2008 Amount
		Yes	No		

**Other Home Mortgage Interest Paid:**

TSJ	Paid To		ID Number	2009 Amount	2008 Amount
	Name	Address			

**Deductible Points:**

TSJ	Paid To	Did You Receive Form 1098?		2009 Amount	2008 Amount
		Yes	No		

**Mortgage Insurance Premiums:**

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2009 Amount	2008 Amount

**Investment Interest Expense:**

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

TSJ	Paid To	2009 Amount	2008 Amount



Itemized Deductions - Contributions

Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2009 Amount, 2008 Amount. Multiple empty rows for data entry.

Table with 4 columns: TSJ, Conservation Real Property, 2009 Amount, 2008 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2009 Miles, 2008 Miles. Includes row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling Less Than or Equal to \$500:

Table with 4 columns: TSJ, Description of Donated Property, 2009 Amount, 2008 Amount. Multiple empty rows for data entry.

Noncash Contributions Totaling More Than \$500:

TSJ \_\_\_\_\_
Description of the donated property \_\_\_\_\_

Donee organization name \_\_\_\_\_

Donee organization address \_\_\_\_\_

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

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

Cost or basis of the donated property [ ]

Fair market value of the donated property [ ]

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

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain \_\_\_\_\_

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

- Purchase Gift Inheritance Exchange



# Federal Tax Payments

### Refund Application:

If you have an overpayment of 2009 taxes, do you want the excess:

Refunded .....  Yes  No  
 Applied to your 2010 estimated tax liability  Yes  No

### Federal Estimated Tax Payments:

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2009 1st Quarter Estimate ..... (Due 04-15-2009)		
2009 2nd Quarter Estimate ..... (Due 06-15-2009)		
2009 3rd Quarter Estimate ..... (Due 09-15-2009)		
2009 4th Quarter Estimate ..... (Due 01-15-2010)		

2009 1st Quarter Estimate ..... (Due 04-15-2009)  
 2009 2nd Quarter Estimate ..... (Due 06-15-2009)  
 2009 3rd Quarter Estimate ..... (Due 09-15-2009)  
 2009 4th Quarter Estimate ..... (Due 01-15-2010)

2008 overpayment applied to 2009 estimate .....

### Tax Planning Information for Tax Year 2010:

Do you expect any of the following to occur in 2010?

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

A change in your marital status .....  
 A change in the number of your dependents .....  
 A substantial change in your income .....  
 A substantial change in your withholding .....  
 A substantial change in deductions .....

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
2009 1st Quarter Estimate .....		
2009 2nd Quarter Estimate .....		
2009 3rd Quarter Estimate .....		
2009 4th Quarter Estimate .....		

2008 overpayment applied to 2009 estimate .....

Balance of prior year(s)' tax paid in 2009 plus  
amount paid with 2008 extensions .....

Estimated tax payments for 2008 paid in 2009 .....

**State and City Estimated Tax Payments:**

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2009 1st Quarter Estimate .....		
2009 2nd Quarter Estimate .....		
2009 3rd Quarter Estimate .....		
2009 4th Quarter Estimate .....		

2008 overpayment applied to 2009 estimate .....

Balance of prior year(s)' tax paid in 2009 plus  
amount paid with 2008 extensions .....

Estimated tax payments for 2008 paid in 2009 .....

**State and City Estimated Tax Payments:**

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2009 1st Quarter Estimate .....		
2009 2nd Quarter Estimate .....		
2009 3rd Quarter Estimate .....		
2009 4th Quarter Estimate .....		

2008 overpayment applied to 2009 estimate .....

Balance of prior year(s)' tax paid in 2009 plus  
amount paid with 2008 extensions .....

Estimated tax payments for 2008 paid in 2009 .....



# Massachusetts Information (Page 1 of 2)

### General Information:

Daytime telephone number (including area code)

Taxpayer .....  
Spouse .....

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

Has your address changed from 2008? .....

Do you qualify for the blind exemption?

Taxpayer .....  
Spouse .....

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

Are you a noncustodial parent? .....

<input type="checkbox"/>	<input type="checkbox"/>
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Total purchases in 2009 subject to Massachusetts use tax .....

Sales/use tax paid to other state or jurisdiction .....

### Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
<input type="text"/>	<input type="text"/>

If you did not live in Massachusetts for all of 2009, enter the dates you did live in Massachusetts .....

Enter the state names other than Massachusetts for which you had income .....

### Voluntary Contributions:

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

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

Taxpayer .....  
Spouse .....

Enter the amount you wish to contribute on your 2009 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:



**Schedule HC Private Health Insurance**

Name of Insurance Company or Administrator

Taxpayer ..... \_\_\_\_\_  
Spouse ..... \_\_\_\_\_

Federal Identification Number of Insurance Company

Taxpayer ..... \_\_\_\_\_  
Spouse ..... \_\_\_\_\_

Subscriber Number

Taxpayer ..... \_\_\_\_\_  
Spouse ..... \_\_\_\_\_

**Schedule HC Government - Subsidized Health Insurance**

**Taxpayer**      **Spouse**

Commonwealth Care .....      

MassHealth .....      

Medicare .....      

Veterans Administration Program Enrollment .....      

Tri-Care .....      

Other (see instructions). Enter names(s) of provider(s) below .....      

Applied for MassHealth or Commonwealth Care in 2009 and denied .....      

Name of Other Provider

Taxpayer ..... \_\_\_\_\_  
Spouse ..... \_\_\_\_\_

**Months Covered by Health Insurance (if not all of 2009)**

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