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PILLERI ROMANO, P.C.
ZERO GOVERNORS AVENUE, SUITE 29
MEDFORD, MA 02155
TEL (781) 350-4833

2010 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2010 tax return.

To save you time, selected information from your 2009 tax return has been entered in this organizer. Please line through any information that does not apply to your 2010 tax return.

In some cases, 2009 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.

(781) 350-4833

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2010 TAX ORGANIZER

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PILLERI ROMANO, P.C.
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 MEDFORD, MA 02155
 TEL (781) 350-4833

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

Taxpayer Signature	Date
Spouse Signature	Date

Primary Email Address	Home Phone	Fax Number
Secondary Email Address	Work Phone	Cell Phone
Preferred Method of Contact (i.e., cell phone, e-mail, etc.)		



Questions (Page 1 of 3)

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

Personal Information:

- | | Yes | No |
|---|-----|----|
| Did your marital status change during 2010? | | |
| If married, do you and your spouse want to file separate returns? | | |
| Did your address change during 2010? | | |
| Can you or your spouse be claimed as a dependent by another taxpayer? | | |

Dependents:

- | | | |
|--|--|--|
| Were there any changes in dependents from the prior year? | | |
| Note: Including non-child dependents for whom you provided more than half the support | | |
| Did you pay for child care while you worked or looked for work? | | |
| Do you have any children under age 18 with unearned income more than \$950? | | |
| Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$950? | | |
| Did you adopt a child or begin adoption proceedings during 2010? | | |

Purchases, Sales and Debt:

- | | | |
|---|--|--|
| Did you have any debts canceled, forgiven or refinanced during 2010? | | |
| Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2010? | | |
| Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2010? | | |
| Did you sell, exchange or purchase any real estate in 2010? If so, please attach closing statements. | | |
| Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? | | |
| Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? | | |
| Did you pay any student loan interest in 2010? | | |
| Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year. | | |
| Did you have an outstanding home equity loan at the end of 2010? If so, please provide the principal balance and interest rate at the beginning and end of the year. | | |
| Did you take out a home equity loan in 2010? | | |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? | | |
| Did you engage in any put or call transactions? If Yes, please provide details. | | |
| Did you close any open short sales during 2010? | | |
| Did you sell any securities not reported on your Form 1099-B? | | |



Questions (Page 3 of 3)

Miscellaneous: (continued)

Did you engage in any bartering transaction?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$13,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during 2010?	<input type="checkbox"/>	<input type="checkbox"/>

Severance/Retirement:

Did you retire or change jobs in 2010?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive deferred, retirement or severance compensation?	<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account while not taking a distribution?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Sale of Your Home:

Did you sell your home in 2010?	<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?	<input type="checkbox"/>	<input type="checkbox"/>	
At the time of the sale, the residence was owned by the:	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both

Additional Information:

For any trust you created or that you are trustee, have any beneficiaries died during 2010?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2010?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the following:

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



Personal Information, Dependent(s) and Wages

Taxpayer: _____ **ON FILE**
 First Name and Initial _____ Last Name _____ Social Security Number _____
 Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____
 Daytime/Work Telephone Number _____ Evening/Home Telephone Number _____ Cell Phone Number _____ Fax Number **781-350-4834**
 Primary Email Address _____ Secondary Email Address _____

Spouse: _____
 First Name and Initial _____ Last Name _____ Social Security Number _____
 Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Present Mailing Address: _____
 Street Address _____ Apartment Number _____
 City _____ State _____ ZIP code _____
 Foreign Country _____

May the IRS or other taxing authority discuss the return with the preparer?
 Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No
X	

Taxpayer		Spouse	
Yes	No	Yes	No

Are you considered legally blind per IRS regulations?
 Do you want to contribute to the Presidential Election Campaign Fund?

Dependent Information:

Did dependent have income over \$3,650? Yes No

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

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

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

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

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



Electronic Filing

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

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

Do you want to elect not to electronically file your federal return?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to elect not to electronically file your state return?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes and filing more than one state return, does election apply to all states?	<input type="checkbox"/>	<input type="checkbox"/>

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

Would you like to use a randomly generated PIN?	<input type="checkbox"/>	<input type="checkbox"/>
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>

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

Taxpayer PIN _____

Spouse PIN _____



Direct Deposit and Withdrawal

Direct Deposit and Electronic Withdrawal Account Information:

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

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

Owner of account Taxpayer Spouse Joint

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

Name of financial institution

Financial Institution Routing Transit Number (if known)

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

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

Your account number

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

Yes	No
-----	----

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

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

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

Owner of account Taxpayer Spouse Joint

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

Name of financial institution

Financial Institution Routing Transit Number (if known)

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

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

Your account number

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

Yes	No
-----	----

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

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

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



IRA, Pension, Annuity and Retirement Plan Information

Individual Retirement Account (IRA):

TS T
Name of payer

IRA Questions for 2010:

Are you covered by an employer's retirement plan?

If no, is your spouse covered by an employer's retirement plan?

Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?

If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?

Did you receive distributions in 2010 from a traditional IRA, Roth IRA or Qualified Education Account?

Did you convert a traditional IRA to a Roth IRA in 2010?

Did you use your IRA as security for a loan this year?

Did you have any transactions with your IRA during the year?

If Yes, please explain. _____

Yes	No
X	

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

Total value of all traditional IRAs on December 31, 2010

Outstanding rollovers on December 31, 2010

IRA distributions received during 2010

Total distributions converted to Roth IRAs

Total retirement plans converted to Roth IRAs

Contributions: **Please enclose copies of all Forms 5498**

IRA:

Contributions in 2010 for the 2010 tax return

Contributions in 2011 for the 2010 tax return

Amount for 2010 you choose to be treated as nondeductible

Roth IRA:

Contributions made for the 2010 tax year

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

TSJ	Name of Payer	2010 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a		2009 Gross Distributions
						Rollover?	IRA?	

Self-Employed Retirement Plan: **Please enclose copies of all Forms 1099-R**

	Taxpayer		Spouse	
Have you established a self-employed retirement or SIMPLE plan with deductible contributions?	Yes	No	Yes	No
Do you want to contribute the maximum amount allowed?	Yes	No	Yes	No
Contributions to:	2010 Amount		2010 Amount	
Simplified employee pension				
Defined benefit plan				
Defined contribution plan				
SIMPLE plan				



IRA, Pension, Annuity and Retirement Plan Information

Individual Retirement Account (IRA):

TS S
Name of payer

IRA Questions for 2010:

- Are you covered by an employer's retirement plan?
- If no, is your spouse covered by an employer's retirement plan?
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
- Did you receive distributions in 2010 from a traditional IRA, Roth IRA or Qualified Education Account?
- Did you convert a traditional IRA to a Roth IRA in 2010?
- Did you use your IRA as security for a loan this year?
- Did you have any transactions with your IRA during the year?
- If Yes, please explain. _____

Yes	No
X	

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

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

Contributions: Please enclose copies of all Forms 5498

IRA:	
Contributions in 2010 for the 2010 tax return	
Contributions in 2011 for the 2010 tax return	
Amount for 2010 you choose to be treated as nondeductible	
Roth IRA:	
Contributions made for the 2010 tax year	

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

TSJ	Name of Payer	2010 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a		2009 Gross Distributions
						Rollover?	IRA?	

Self-Employed Retirement Plan: Please enclose copies of all Forms 1099-R

	Taxpayer		Spouse	
	Yes	No	Yes	No
Have you established a self-employed retirement or SIMPLE plan with deductible contributions?				
Do you want to contribute the maximum amount allowed?				
Contributions to:	2010 Amount		2010 Amount	
Simplified employee pension				
Defined benefit plan				
Defined contribution plan				
SIMPLE plan				



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 ____	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2010				
Social security benefits received				
Social security benefits repaid in 2010				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2010				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				
Economic recovery payment received in 2010				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2010 Amount	2009 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2010 Amount	2009 Amount



Miscellaneous Adjustments

13A

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

TS	2010 Amount	2009 Amount

Health Savings Accounts (HSAs)

TS	Description	2010 Amount	2009 Amount
	Contributions made for 2010		
	Distributions received from all HSAs in 2010		

Were all distributions from your HSA for unreimbursed medical expenses? Did you or your spouse enroll in Medicare? If yes, what month did you enroll? _____ What month did your spouse enroll? _____	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="padding: 2px;">Yes</td><td style="padding: 2px;">No</td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> </table>	Yes	No				
Yes	No						

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

TSJ	Nature and Source	2010 Amount	2009 Amount



Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

Prescription medicines and drugs
 Total medical insurance premiums paid (Do not include medicare premiums paid)
 Long-term care expenses
 Total insurance reimbursement
 Number of miles traveled for medical care
 Lodging
 Doctors, dentists, etc.
 Hospitals
 Lab fees
 Eyeglasses and contacts
 Cobra assistance premiums in 2010

TSJ	2010 Amount	2009 Amount

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

2010 Amount	2009 Amount

Other Medical Expenses:

TSJ	Description	2010 Amount	2009 Amount

Taxes Paid: Please include copies of your tax bills

Personal property taxes paid (include vehicle taxes)
 General sales taxes paid on specified items

TSJ	2010 Amount	2009 Amount

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

TSJ	Real Estate Taxes	2010 Amount	2009 Amount

Other Taxes Paid:

TSJ	Description	2010 Amount	2009 Amount

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



Itemized Deductions - Mortgage Interest and Points

Mortgage Questions for 2010:

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

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2010 Amount	2009 Amount
	Name	Address			

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2010 Amount	2009 Amount

Investment Interest Expense:

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

TSJ	Paid To	2010 Amount	2009 Amount



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.

TSJ	Organization or Description of Contribution	2010 Amount	2009 Amount

TSJ	Conservation Real Property	2010 Amount	2009 Amount
	100% limit		
	50% limit		

TSJ	Description	2010 Miles	2009 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

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

TSJ	Description of Donated Property	2010 Amount	2009 Amount

Noncash Contributions Totaling More Than \$500:

TSJ _____
 Description of the donated property _____

Donee organization name _____

Donee organization address _____

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

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

Cost or basis of the donated property

Fair market value of the donated property

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

- Appraisal
 Thrift shop value
 Catalog
 Comparable sale

Other - please explain _____

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

- Purchase
 Gift
 Inheritance
 Exchange



Federal Tax Payments

Refund Application:

If you have an overpayment of 2010 taxes, do you want the excess:

Refunded	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Applied to your 2011 estimated tax liability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Federal Estimated Tax Payments:

2010 1st Quarter Estimate	(Due 04-15-2010)
2010 2nd Quarter Estimate	(Due 06-15-2010)
2010 3rd Quarter Estimate	(Due 09-15-2010)
2010 4th Quarter Estimate	(Due 01-18-2011)

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

2009 overpayment applied to 2010 estimate

Tax Planning Information for Tax Year 2011:

Do you expect any of the following to occur in 2011?

	<input type="checkbox"/>	<input type="checkbox"/>
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

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



State and City Tax Payments

State and City Estimated Tax Payments:

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

2010 1st Quarter Estimate

2010 2nd Quarter Estimate

2010 3rd Quarter Estimate

2010 4th Quarter Estimate

2009 overpayment applied to 2010 estimate

Balance of prior year(s)' tax paid in 2010 plus
amount paid with 2009 extensions

Estimated tax payments for 2009 paid in 2010

State and City Estimated Tax Payments:

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

2010 1st Quarter Estimate

2010 2nd Quarter Estimate

2010 3rd Quarter Estimate

2010 4th Quarter Estimate

2009 overpayment applied to 2010 estimate

Balance of prior year(s)' tax paid in 2010 plus
amount paid with 2009 extensions

Estimated tax payments for 2009 paid in 2010

State and City Estimated Tax Payments:

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

2010 1st Quarter Estimate

2010 2nd Quarter Estimate

2010 3rd Quarter Estimate

2010 4th Quarter Estimate

2009 overpayment applied to 2010 estimate

Balance of prior year(s)' tax paid in 2010 plus
amount paid with 2009 extensions

Estimated tax payments for 2009 paid in 2010



General Information:

Daytime telephone number (including area code)

Taxpayer
Spouse

Has your address changed from 2009? Yes No

Do you qualify for the blind exemption?
Taxpayer
Spouse

Are you a noncustodial parent?

Total purchases in 2010 subject to Massachusetts use tax

Sales/use tax paid to other state or jurisdiction

Residency Information:

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

If you did not live in Massachusetts for all of 2010, enter the dates you did live in Massachusetts

Enter the state names other than Massachusetts where you had income

Voluntary Contributions:

Do you want to contribute \$1.00 to the Massachusetts Election Campaign Fund?
Taxpayer Yes No
Spouse

Enter the amount you wish to contribute on your 2010 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	<input type="checkbox"/>	<input type="checkbox"/>
MassHealth	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Administration Program Enrollment	<input type="checkbox"/>	<input type="checkbox"/>
Tri-Care	<input type="checkbox"/>	<input type="checkbox"/>
Other (see instructions). Enter names(s) of provider(s) below	<input type="checkbox"/>	<input type="checkbox"/>
Applied for MassHealth or Commonwealth Care in 2010 and denied	<input type="checkbox"/>	<input type="checkbox"/>

Name of Other Provider

Taxpayer _____
Spouse _____

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

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

Other Information

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