

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name	_____	_____
First name	_____	_____
Middle initial and suffix	MI Suffix	MI Suffix
Social security number	_____	_____
Occupation	_____	_____
Work phone/extension	_____	_____
Cell phone	_____	_____
E-mail address	_____	_____
Birthdate or age as of 1-1-2011 ...	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address ...	_____	Apartment number
City	State	ZIP code
Home phone	Foreign country	_____
Fax	Foreign phone	_____

FILING STATUS

1 Single
 2 Married filing jointly
 3 Married filing separately
 Check this box if you **did not** live with spouse at any time during the year
 Check this box if you are eligible to claim spouse's exemption
 Check this box if your spouse itemizes deductions
 4 Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name Child's social security number
 5 Qualifying widow(er)
 Check the box for the year the spouse died 2008 2009

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2010 Child Care Expense		
				Relationship	+Months in U.S.	*Not Citizen

**** For the Dependent Code, enter the following:**
 L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)
 + Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.
 * Check this box if dependent child is not a U.S. citizen or resident alien

General Questions

ORG3

PERSONAL INFORMATION

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1 Did your marital status change during 2010?
If yes , explain | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Do you want to allow your tax preparer to discuss this year's return with the IRS?
If no , enter another person (if desired) to be allowed to discuss this return with the IRS.
Caution: Review any transferred information for accuracy.
Designee's Name ▶ _____
Phone Number ▶ _____ Personal Identification Number (5 digit PIN) ▶ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Do you or your spouse plan to retire in 2011? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Were you or your spouse permanently and totally disabled in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Enter date of death for taxpayer or spouse (if during 2010 or 2011): Taxpayer: _____ Spouse: _____ | | |
| 6 Were you or your spouse a member of the U.S. Armed Forces during 2010? | <input type="checkbox"/> | <input type="checkbox"/> |

DEPENDENT INFORMATION

- | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 7a Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want us to prepare the return(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1,900? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want to include your child's income on your return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Are any of your dependents not U.S. citizens or residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you provide over half the support for any other person during 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you incur adoption expenses during 2010? | <input type="checkbox"/> | <input type="checkbox"/> |

IRA, PENSION AND EDUCATION SAVINGS PLANS

- | | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 12 Did you receive payments from a pension or profit-sharing plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14a Did you convert all or part of a regular IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you roll over all or part of a qualified plan into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did you contribute to a Coverdell Education Savings Account? | <input type="checkbox"/> | <input type="checkbox"/> |

ITEMS RELATED TO INCOME/LOSSES

- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 16 Did you receive any disability payments in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you receive tip income not reported to your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2010?
(Attach copies of any escrow statements or Forms 1099.) | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you enter into a binding contract to purchase a new home by April 30, 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| c If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? | <input type="checkbox"/> | <input type="checkbox"/> |
| d Are you planning to purchase a home soon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you incur any casualty or theft losses during 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Did you incur any non-business bad debts? | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR YEAR TAX RETURNS

- | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?
If yes , enclose agent's report or notice of change. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? | <input type="checkbox"/> | <input type="checkbox"/> |

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS AND TAXES

- | | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24a At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2010? Report all interest income on Org 11 | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 26 Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did you or your spouse elect continuation of COBRA coverage after your employment was involuntarily terminated? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 31 Did you receive an economic stimulus payment in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>You may have received this payment in 2010 if you did not receive a payment in 2009 and you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November or December 2008, or January 2009. Report the amount here</small> | | |
| 32 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2010? If yes, please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you start paying mortgage insurance premiums in 2010? If yes, please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 Did you purchase a motor vehicle or boat during 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>If yes, attach documentation showing sales tax paid.</small> | | |
| 35 Did you purchase a hybrid vehicle in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>If yes, enter year, make, model, and date purchased:</small> | | |
| 36 Did you donate a vehicle in 2010? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 What was the sales tax rate in your locality in 2010? _____ % State ID | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you or your spouse make gifts of over \$13,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>If yes, please attach details.</small> | | |
| 41 Did you or your spouse participate in a medical savings account in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)</small> | | |
| 42 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay any individual for domestic services in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did you, your spouse, or your dependents attend post-secondary school in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did a lender cancel any of your debt in 2010? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 47 Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>If yes, please attach information.</small> | | |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------|
| 48 If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |
| Caution: Review transferred information for accuracy. | | |
| 50 If yes, please provide the following information: | | |
| a Name of your financial institution | | |
| b Routing Transit Number (must begin with 01 through 12 or 21 through 32) | | |
| c Account number | | |
| d What type of account is this? | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> |

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.