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2003 TAX ORGANIZER

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O**

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.)		

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2003 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

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

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ".

TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Personal Information:

- | | Yes | No |
|---|--------------------------|--------------------------|
| Did your marital status change during 2003? | <input type="checkbox"/> | <input type="checkbox"/> |
| If married, do you and your spouse want to file separate returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your address change during 2003? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you or your spouse be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |

Dependents:

- | | | |
|---|--------------------------|--------------------------|
| Were there any changes in dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 14 with unearned income more than \$750? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you adopt a child or begin adoption proceedings during 2003? | <input type="checkbox"/> | <input type="checkbox"/> |

Purchases, Sales and Debt:

- | | | |
|--|--------------------------|--------------------------|
| Did you have any debts canceled, forgiven or refinanced during 2003? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you start a new business, purchase a new rental property or farm or acquire any new interest in any partnership or S corporation during 2003? | <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 2003? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange or purchase any real estate in 2003? 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 2003? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan in 2003? | <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"/> |

Itemized Deductions:

- | | | |
|---|--------------------------|--------------------------|
| Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur any casualty or theft losses during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous:

- | | | |
|---|--------------------------|--------------------------|
| Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2003? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received a distribution from an MSA, please include Form 1099-MSA. | | |
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you withdraw any amounts from an Education Savings Account (formerly educational IRA)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your dependents incur any post-secondary education expenses, such as tuition? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous: (continued)

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? **Yes** **No**

If Yes, how many months were you covered?

Months

Did you move to a different home because of a change in the location of your job?

Did you pay in excess of \$1,000 in any quarter, or \$1,400 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

Did you receive unreported tip income of \$20 or more in any month of 2003?

Did you or your spouse receive distributions from long-term care insurance contracts? If Yes, please include Form 1099-LTC.

Did you make gifts of more than \$11,000 to any individual?

Did you have any foreign income or pay any foreign taxes during 2003?

Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country?

Did you create or transfer money or property to a foreign trust?

Did you purchase a new "clean fuel" vehicle or electric vehicle in 2003?

Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?

Have you received a punitive damage award or an award for damages other than for physical injuries or illness?

Did you engage in any bartering transactions?

Were you notified by the IRS or other taxing authority of any changes in prior year returns?

Did you lose your job during 2003 because of foreign competition and pay for your own health insurance?

Severance/Retirement:

Did you retire or change jobs in 2003?

Did you receive retirement or severance compensation?

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 without taking any distribution?

Miscellaneous: (continued)

- | | | | |
|---|----------------|--------------------------|--------------------------|
| If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? | Months

 | Yes

 | No

 |
| Did you move to a different home because of a change in the location of your job? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay in excess of \$1,000 in any quarter, or \$1,400 during the year for domestic services performed in or around your home to individuals who could be considered household employees? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive unreported tip income of \$20 or more in any month of 2003? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive distributions from long-term care insurance contracts?
If Yes, please include Form 1099-LTC. | | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any work outside of the U.S. or pay any foreign taxes? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you create or transfer money or property to a foreign trust? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a new "clean fuel" vehicle or electric vehicle in 2003? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you received a punitive damage award or an award for damages other than for physical injuries or illness? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you engage in any bartering transactions? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you notified by the IRS or other taxing authority of any changes in prior year returns? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lose your job during 2003 because of foreign competition and pay for your own health insurance? | | <input type="checkbox"/> | <input type="checkbox"/> |

Severance/Retirement:

- | | | | |
|--|--------------|--------------------------|--------------------------|
| Did you retire or change jobs in 2003? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive retirement/severance compensation? If Yes, date received (Mo/Da/Yr). | Date

 | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking any distribution? | | <input type="checkbox"/> | <input type="checkbox"/> |

Gifts:

- | | | | |
|--|--|--------------------------|--------------------------|
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$11,000 to any individual during the year? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts to a trust for any amount during the year? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or your spouse have a life insurance trust? | | <input type="checkbox"/> | <input type="checkbox"/> |
- If you answered Yes to any of the above gift questions, please complete Form 34 and/or 35 in the back of the Organizer.

Sale of Your Home:

	Yes	No
Did you sell your home in 2003?	<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:

	Yes	No
With respect to any trust you have created, have any beneficiaries died during 2003?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2003?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the following:

Name of Designated Beneficiary	State Sponsoring Plan	Account Number	2003 Amount Contributed

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 via telephone lines. Electronic filing is the only filing method that provides you with acknowledgement that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 2 weeks.

Please note that not all returns qualify for electronic filing under IRS rules.

	Yes	No
If you qualify for electronic filing, would you like to file the return electronically with the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like your return prepared and filed electronically when you have a balance due?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like your federal return filed electronically only if your refund is greater than a certain minimum dollar amount?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the amount here.	<input style="width: 100px;" type="text"/>	
If you qualify, would you like to file your state return electronically?	<input type="checkbox"/>	<input type="checkbox"/>
If you file more than one state, do you want to file all of them electronically?	<input type="checkbox"/>	<input type="checkbox"/>

The IRS has implemented a program to allow taxpayers to e-file without mailing a signature document. In order to participate, please provide a 5-digit self-selected Personal Identification Number (PIN).

Self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____

Direct Deposit and Electronic Withdrawal Account Information:

The IRS allows refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns filed electronically, the entire amount due can be paid using an 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 with the IRS, 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 Savings Checking

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

Your account number _____

	Yes	No
Do you want your refund deposited directly into your financial institution account?	<input type="checkbox"/>	<input type="checkbox"/>
If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
What amount do you want withdrawn if not the entire balance due?	<input style="width: 100px;" type="text"/>	
What date do you want the withdrawal done?	(Mo/Da/Yr) _____	

Interest Income, Foreign and Intangible Information

5A

Please enclose all Forms 1099-INT or other documents relating to interest received
(List all items sold during the year on Form 7.)

Interest Income:

Special Interest Code:	2 - Seller Financed	3 - Early Withdrawal Penalty	5 - Accrued Interest	7 - Amortizable Bond
	1 - Qualified Educational Series EE Bonds	Mortgage Interest	4 - Nominee Interest	6 - Original Issue Discount Adjustment
				Premium Adjustment

TSJ	Source	Savings/Loans, Bank, and Other	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Social Security No. of Home Buyer	Tax-Exempt Interest	Investment Expenses	Federal Withholding	State Withholding	2002 Interest Amount
A					
B					
C					
D					
E					

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Intangible Information:

Maturity Date (Mo / Da / Year)	Number of Units	Per \$100 Value	Interest Rate	Face Value	CUSIP	Florida - X if Held in Trust
A						
B						
C						
D						
E						

Additional State Information:

Payer ID	New Hampshire Reason Interest is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts:

At any time during 2003, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2003, whether or not you had any beneficial interest in it?

Dividend Income, Foreign and Intangible Information

5B

Please enclose all Forms 1099-DIV or other documents relating to dividends received
(List all items sold during the year on Form 7.)

Dividend Income:

TSJ	Source	Form 1099-DIV			Tax-Exempt Interest	2002 GROSS Dividends Amount
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a		
A						
B						
C						
D						
E						

Box 2a Total Capital Gain Distribution	Form 1099-DIV								
	Box 2b Post-May 5 Capital Gain Distribution	Box 2c Qualified 5-Year Gain	Box 2d Unrecaptured Sec. 1250 Gain	Box 2e Section 1202 Gain	Box 2f Collectibles (28%) Gain	Box 3 Nontaxable Distributions	Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A									
B									
C									
D									
E									

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Intangible Information:

Select Share Type	Share Type
C	Common
P	Preferred
F	Mutual Fund
L	Limited Partnership

Share Type	Number of Shares	Value Per Share	CUSIP	Florida - X if Held in Trust
A				
B				
C				
D				
E				

Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts:

At any time during 2003, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2003, whether or not you had any beneficial interest in it? Yes No

Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

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

Business Questions for 2003:

Did you dispose of this business? Yes No
 If Yes, what was the disposition date? _____ (Mo/Da/Yr)
 Was there a change in determining quantities, costs or valuations between opening and closing inventory? Yes No
 Were you involved in the operations of this business on a regular, continuous and substantial basis? Yes No

	2003 Amount	2002 Amount
Health insurance premiums paid for yourself and your dependents		

Income:

	2003 Amount	2002 Amount
Gross receipts or sales		
Less returns and allowances		

Cost of Goods Sold:

	2003 Amount	2002 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other Costs of Cost of Goods Sold:

Description	2003 Amount	2002 Amount
Ending inventory		

Other Income:

Description	2003 Amount	2002 Amount

Business Vehicle and Other Listed Property

6D

Name of Business: _____

Principal Business or Profession: _____

Questions About Listed Property for 2003:

Examples of Listed Property:

- Automobiles
- Cellular phones
- Property that can be used for entertainment
- Property that can be used for amusement
- Property that can be used for transportation
- Computers and related peripheral equipment
- Property that can be used for recreation

	Yes	No
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
Is the evidence to support the business use written?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle Questions for Employers Who Provide Vehicles for Employee Use:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration used by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal use? . . .

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

Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business? . . .

Vehicle 1	
Description of vehicle	
Date placed in service	
Do you (or your spouse) have another vehicle available for personal use? . . .	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your vehicle available for personal use during off-duty hours?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business? . . .	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2003 Miles	2002 Miles

Vehicle 2	
Description of vehicle	
Date placed in service	
Do you (or your spouse) have another vehicle available for personal use? . . .	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your vehicle available for personal use during off-duty hours?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business? . . .	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2003 Miles	2002 Miles

Mileage:

Total miles

Total miles applicable to business . . .

Total commuting miles for the year . . .

Business Use of Home

6E

Name of Business:

Principal Business or Profession:

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

	2003	2002

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

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

Yes	No

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

Direct expenses benefit the business part of your home.

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

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

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2003 Amount	2002 Amount	2003 Amount	2002 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2003 Amount	2002 Amount	2003 Amount	2002 Amount

Seller-Financed Mortgage Interest Information:

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

Sale or Exchange of Your Home:

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

Former Home Information:

TSJ _____
 Date acquired (Mo/Da/Yr) _____
 Date sold (Mo/Da/Yr) _____
 Selling price

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Moving Expenses:

TSJ _____
 Were the moving expenses reimbursed by your employer? Yes No
 Enter reimbursements not included in wages on your Form W-2

Mileage:

Number of miles from old home to new workplace	Miles
Number of miles from old home to old workplace	
Number of automobile miles in move	

Transportation Expenses:

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

Individual Retirement Account (IRA):

TS _____
 Name of payer _____

IRA Questions for 2003:

	Yes	No
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 2003 from a traditional IRA, Roth IRA or Coverdell Education Savings Account?		
Did you convert a traditional IRA to a Roth IRA in 2003?		
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. _____		

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

Total value of all traditional IRAs on December 31, 2003	
Outstanding rollovers on December 31, 2003	
IRA distributions received during 2003	
Total distributions converted to Roth IRAs	

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

IRA:

Contributions in 2003 for the 2003 tax return	
Contributions in 2004 for the 2003 tax return	
Amount for 2003 you choose to be treated as nondeductible	

Roth IRA:

Contributions made for the 2003 tax year	
--	--

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

TSJ	Name of Payer	2003 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a		2002 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 wish to contribute the maximum amount allowed?				
Contributions to:				
Simplified employee pension				
Defined benefit plan				
Defined contribution plan				
SIMPLE plan				
	2003 Amount		2003 Amount	

Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-MSA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

	TSJ _____		TSJ _____	
	2003 Amount	2002 Amount	2003 Amount	2002 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 2003				
Social security benefits received				
Social security benefits repaid in 2003				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2003				
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

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

TS	Qualified Expenses

Other Income:

TSJ	Nature and Source	2003 Amount	2002 Amount

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

TSJ	Nature and Source	2003 Amount	2002 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2003 Amount	2002 Amount

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

TSJ	2003 Amount	2002 Amount

Taxpayer long-term care insurance premiums paid

Spouse long-term care insurance premiums paid

2003 Amount	2002 Amount

Other Medical Expenses:

TSJ	Description	2003 Amount	2002 Amount

Taxes Paid: Please include copies of your tax bills

Real estate taxes

Personal property taxes paid (include vehicle taxes)

TSJ	2003 Amount	2002 Amount

Other Taxes Paid:

TSJ	Description	2003 Amount	2002 Amount

If you purchased or sold your home in 2003, did you include any taxes from your closing statement in the amounts above? Yes No

Itemized Deductions - Mortgage Interest and Points

Mortgage Questions for 2003:

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .

Did you refinance your home? (If Yes, please enclose the closing statement.)

If Yes, how many years is your new mortgage loan? _____

Did you purchase a new home or sell your former home during the year?

If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.

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

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2003 Amount	2002 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2003 Amount	2002 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2003 Amount	2002 Amount
		Yes	No		

Investment Interest Expense:

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

TSJ	Paid To	2003 Amount	2002 Amount

Cash Contributions:

You are required to have written documentation from the donee organization to substantiate contributions more than \$250.

TSJ	Organization or Description of Contribution	2003 Amount	2002 Amount

TSJ	Description	2003 Miles	2002 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	2003 Amount	2002 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?

Appraisal Thrift shop value Catalog Comparable sale

Other - please explain

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

Purchase Gift Inheritance Exchange

Itemized Deduction - Business Use of Home

16A

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2003	2002

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

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

Yes	No

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

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2003 Amount	2002 Amount	2003 Amount	2002 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Repairs and maintenance				
Utilities				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2003 Amount	2002 Amount	2003 Amount	2002 Amount

Seller-Financed Mortgage Interest Information:

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

Employee Business Expenses

TS: _____ Occupation: _____

Business Expenses: Enter all expenses at 100 percent

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

	2003 Amount	2002 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2003 Amount	2002 Amount

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

	2003 Amount	2002 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

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

Vehicle:

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

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr) _____

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

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

	2003	2002
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2003 Amount	2002 Amount

Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No

Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2002 but paid in 2003

Employer-provided dependent care benefits that were forfeited in 2003

Child/Dependent Care Providers:

Provider 1:

Name

Street address

City, state and ZIP code

Social security number OR

Employer identification number

	2003 Amount	2002 Amount
Expenses incurred and paid in 2003		
Expenses incurred and not paid in 2003		

Provider 2:

Name

Street address

City, state and ZIP code

Social security number OR

Employer identification number

	2003 Amount	2002 Amount
Expenses incurred and paid in 2003		
Expenses incurred and not paid in 2003		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2003 Expenses Incurred	2002 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

Please enclose copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2003 Qualified Expenses

Refund Application:

If you have an overpayment of 2003 taxes, do you want the excess:

Refunded	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Applied to your 2004 estimated tax liability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Federal Estimated Tax Payments:

2003 1st Quarter Estimate	(Due 04-15-2003)
2003 2nd Quarter Estimate	(Due 06-16-2003)
2003 3rd Quarter Estimate	(Due 09-15-2003)
2003 4th Quarter Estimate	(Due 01-15-2004)

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

2002 overpayment applied to 2003 estimate

State and City Estimated Tax Payments:

2003 1st Quarter Estimate	TSJ _____	
	State/City _____	
	Date Paid (Mo/Da/Yr)	Amount Paid

2003 1st Quarter Estimate	TSJ _____	
	State/City _____	
	Date Paid (Mo/Da/Yr)	Amount Paid

2002 overpayment applied to 2003 estimate

Balance of prior year(s)' tax paid in 2003 plus amount paid with 2002 extensions

Estimated tax payments for 2002 paid in 2003

Tax Planning Information for Tax Year 2004:

Do you expect any of the following to occur in 2004?	<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.

Massachusetts Information

General Information:

Daytime telephone number (including area code)

Taxpayer _____
Spouse _____

Has your address changed from 2002?

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

Do you qualify for the blind exemption?
Taxpayer

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

Spouse

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

Are you a noncustodial parent?

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

Gambling winnings

Residency Information:

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

If you did not live in Massachusetts for all of 2003, 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?
Taxpayer

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

Spouse

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

Enter the amount you wish to contribute on your 2003 tax return to:

Organ Transplant Fund

Endangered Wildlife Conservation

Massachusetts AIDS Fund

Massachusetts United States Olympic Fund

Rental Deduction Information:

Name of landlord _____

Rent paid

Enter Any Additional Massachusetts Information:
