

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Topic	Page	Topic	Page
Adoption expenses	74	Fuel tax credit	75, 76, 77
Alaska Permanent Fund dividends	20, 67	Gambling winnings	7, 20, 22
Alimony paid	46	Gambling losses	53
Alimony received	20	Health savings account (HSA)	43, 44
Annuity payments received	7, 15, 18	Household employee taxes	69
Automobile information -		Installment sales	38, 39
Business or profession	64	Interest income	8, 10
Employee business expense	56	Interest paid	52
Farm	64	Investment expenses	53
Farm rental	64	Investment interest expenses	52
Rent and royalty	64	IRA contributions	17
Bank account information	3	IRA distributions	7, 15
Business income and expenses	25, 26, 27	Like-kind exchange of property	40
Business use of home	63	Long-term care services and contracts (LTC)	44
Cancellation of debt	21	Medical and dental expenses	51
Casualty and theft losses, business	59, 61	Medical savings account (MSA)	43, 44
Casualty and theft losses, personal	60, 62	Minister earnings and expenses	9, 25, 55, 66
Child and dependent care expenses	71	Miscellaneous income	20, 20a, 20b
Children's interest and dividend	67, 68	Miscellaneous adjustments	46
Charitable contributions	53, 57, 58	Miscellaneous itemized deductions	53
Contracts and straddles	24	Mortgage interest expense	52, 54
Dependent care benefits received	9	Moving expenses	45
Dependent information	1, 5	Partnership income	7, 35
Depreciable asset acquisitions and dispositions -		Payments from Qualified Education Programs (1099-Q)	7, 49
Business or profession	86, 87	Pension distributions	7, 15, 18
Employee business expense	86, 87	Personal property taxes paid	51
Farm	86, 87	Railroad retirement benefits	16
Farm rental	86, 87	Real estate taxes	51
Rent and royalty	86, 87	REMIC's	13
Direct deposit information	3	Rent and royalty, vacation home, income and expenses	28, 29
Disability income	15, 72	Residential energy credit	73
Dividend income	8, 11	Roth IRA contributions	17
Early withdrawal penalty	10	S corporation income	7, 23, 35
Education Credits and tuition and fees deduction	48	Sale of business property	38, 39
Education Savings Account & Qualified Tuition Programs	49	Sale of personal residence	37
Electronic filing	4	Sale of stock, securities, and other capital assets	14, 14a
Email address	2	Self-employed health insurance premiums	26, 30, 46
Employee business expenses	55	Self-employed Keogh and SEP plan contributions	19
Estate income	7, 36	Seller-financed mortgage interest received	12
Excess farm losses	82	Social security benefits received	16
Farm income and expenses	30, 31, 32	State and local income tax refunds	20
Farm rental income and expenses	33, 34	State & local estimate payments	6
Federal estimate payments	5	State & local withholding	9, 15, 22
Federal student aid application information (FAFSA)	50	Statutory employee	9, 25
Federal withholding	9, 15, 16, 22	Student loan interest paid	48
First-time homebuyer credit repayment	70	Taxes paid	51
Foreign bank accounts & financial assets	83, 84	Trust income	36
Foreign dividend income	11	Unemployment compensation	20
Foreign earned income & housing deduction	41, 42	Unreported tip or unreported wage income	65
Foreign interest income	10	U.S. savings bonds educational exclusion	47
Foreign taxes paid	78, 79	Wages and salaries	7, 9

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____ [1]

Mark if you were married but living apart all year _____ [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____ [3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

Present Mailing Address

Address _____ [38]

Apartment number _____ [39]

City, state postal code, zip code _____ [40] _____ [41] _____ [42]

Foreign country name _____ [44]

In care of addressee _____ [47]

Dependent Information

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

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

Name of child who lived with you but is not your dependent _____ [49]

Social security number of qualifying person _____ [50]

Dependent Codes

- | | |
|--|---|
| <p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you 3 = Other dependent 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|--|---|

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Car telephone number _____ [11] _____ [19]

Fax telephone number _____ [12] _____ [20]

Mobile telephone number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

Telephone number _____ [16] _____ [24]

Extension _____ [17] _____ [25]

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Car phone _____ [18] _____ [26]

NOTES/QUESTIONS:

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

Primary account:

Financial institution routing transit number _____ [1]
 Name of financial institution _____ [2]
 Your account number _____ [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [4]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [5]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [6]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [7] or Percent (xxx.xx) _____ [8]

Secondary account #1:

Financial institution routing transit number _____ [23]
 Name of financial institution _____ [24]
 Your account number _____ [25]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [26]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [27]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [28]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #2:

Financial institution routing transit number _____ [29]
 Name of financial institution _____ [30]
 Your account number _____ [31]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [32]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [33]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [34]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

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

Refund - U.S. Series I Savings Bond Purchases

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

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

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

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

Enter either a dollar amount or percent, but not both Dollar _____ [11] or Percent (xxx.xx) _____ [12]

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

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [15] or Percent (xxx.xx) _____ [16]

Owner's name (First Last) _____ [36] _____ [37]

Co-owner or beneficiary (First Last) _____ [38] _____ [39]

Mark if the name listed above is a beneficiary _____ [40]

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

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]

Owner's name (First Last) _____ [41] _____ [42]

Co-owner or beneficiary (First Last) _____ [43] _____ [44]

Mark if the name listed above is a beneficiary _____ [45]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Do you want to receive email notification when your electronic file is accepted by the taxing agency? (1 = Return, 2 = Return & Extension) _____[2]

If yes, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

NOTES/QUESTIONS:

If you have an overpayment of 2012 taxes, do you want the excess:

Refunded _____ [43]

Applied to 2013 estimated tax liability _____ [44]

Do you expect a considerable change in your 2013 income? (Y, N) _____ [45]

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

Do you expect a considerable change in your deductions for 2013? (Y, N) _____ [50]

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

Do you expect a considerable change in the amount of your 2013 withholding? (Y, N) _____ [55]

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

Do you expect a change in the number of dependents claimed for 2013? (Y, N) _____ [60]

If yes, please explain any differences:

_____ [61]

_____ [62]

_____ [63]

_____ [64]

2012 Federal Estimated Tax Payments

2011 overpayment applied to 2012 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

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

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/17/12	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/12	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/17/12	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/15/13	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

2012 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2011 return + _____ [3]
 2011 overpayment applied to '12 estimates + _____ [4]
 Treat calculated amounts as paid _____ [8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]	_____ _____ _____ _____
2nd quarter payment	_____ [11]	+	_____ [12]	
3rd quarter payment	_____ [13]	+	_____ [14]	
4th quarter payment	_____ [15]	+	_____ [16]	
Additional payment	_____ [17]	+	_____ [18]	

2012 City Estimated Tax Payments

<p>City #1</p> <p>City name _____ [28]</p> <p>Amount paid with 2011 return + _____ [31]</p> <p>2011 overpayment applied to '12 estimates + _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p>City #2</p> <p>City name _____ [50]</p> <p>Amount paid with 2011 return + _____ [53]</p> <p>2011 overpayment applied to '12 estimates + _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
---	---

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 20%; text-align: center;">Date Paid</th> <th style="width: 20%;"></th> <th style="width: 20%; text-align: center;">Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment</td> <td>_____ [37]</td> <td style="text-align: center;">+</td> <td>_____ [38]</td> </tr> <tr> <td>2nd quarter payment</td> <td>_____ [39]</td> <td style="text-align: center;">+</td> <td>_____ [40]</td> </tr> <tr> <td>3rd quarter payment</td> <td>_____ [41]</td> <td style="text-align: center;">+</td> <td>_____ [42]</td> </tr> <tr> <td>4th quarter payment</td> <td>_____ [43]</td> <td style="text-align: center;">+</td> <td>_____ [44]</td> </tr> </tbody> </table>		Date Paid		Amount Paid	1st quarter payment	_____ [37]	+	_____ [38]	2nd quarter payment	_____ [39]	+	_____ [40]	3rd quarter payment	_____ [41]	+	_____ [42]	4th quarter payment	_____ [43]	+	_____ [44]	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 20%; text-align: center;">Date Paid</th> <th style="width: 20%;"></th> <th style="width: 20%; text-align: center;">Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment</td> <td>_____ [59]</td> <td style="text-align: center;">+</td> <td>_____ [60]</td> </tr> <tr> <td>2nd quarter payment</td> <td>_____ [61]</td> <td style="text-align: center;">+</td> <td>_____ [62]</td> </tr> <tr> <td>3rd quarter payment</td> <td>_____ [63]</td> <td style="text-align: center;">+</td> <td>_____ [64]</td> </tr> <tr> <td>4th quarter payment</td> <td>_____ [65]</td> <td style="text-align: center;">+</td> <td>_____ [66]</td> </tr> </tbody> </table>		Date Paid		Amount Paid	1st quarter payment	_____ [59]	+	_____ [60]	2nd quarter payment	_____ [61]	+	_____ [62]	3rd quarter payment	_____ [63]	+	_____ [64]	4th quarter payment	_____ [65]	+	_____ [66]
	Date Paid		Amount Paid																																						
1st quarter payment	_____ [37]	+	_____ [38]																																						
2nd quarter payment	_____ [39]	+	_____ [40]																																						
3rd quarter payment	_____ [41]	+	_____ [42]																																						
4th quarter payment	_____ [43]	+	_____ [44]																																						
	Date Paid		Amount Paid																																						
1st quarter payment	_____ [59]	+	_____ [60]																																						
2nd quarter payment	_____ [61]	+	_____ [62]																																						
3rd quarter payment	_____ [63]	+	_____ [64]																																						
4th quarter payment	_____ [65]	+	_____ [66]																																						

Calculated Amount

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

Calculated Amount

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

<p>City #3</p> <p>City name _____ [72]</p> <p>Amount paid with 2011 return + _____ [75]</p> <p>2011 overpayment applied to '12 estimates + _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p>City #4</p> <p>City name _____ [94]</p> <p>Amount paid with 2011 return + _____ [97]</p> <p>2011 overpayment applied to '12 estimates + _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
---	--

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 20%; text-align: center;">Date Paid</th> <th style="width: 20%;"></th> <th style="width: 20%; text-align: center;">Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment</td> <td>_____ [81]</td> <td style="text-align: center;">+</td> <td>_____ [82]</td> </tr> <tr> <td>2nd quarter payment</td> <td>_____ [83]</td> <td style="text-align: center;">+</td> <td>_____ [84]</td> </tr> <tr> <td>3rd quarter payment</td> <td>_____ [85]</td> <td style="text-align: center;">+</td> <td>_____ [86]</td> </tr> <tr> <td>4th quarter payment</td> <td>_____ [87]</td> <td style="text-align: center;">+</td> <td>_____ [88]</td> </tr> </tbody> </table>		Date Paid		Amount Paid	1st quarter payment	_____ [81]	+	_____ [82]	2nd quarter payment	_____ [83]	+	_____ [84]	3rd quarter payment	_____ [85]	+	_____ [86]	4th quarter payment	_____ [87]	+	_____ [88]	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 20%; text-align: center;">Date Paid</th> <th style="width: 20%;"></th> <th style="width: 20%; text-align: center;">Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment</td> <td>_____ [103]</td> <td style="text-align: center;">+</td> <td>_____ [104]</td> </tr> <tr> <td>2nd quarter payment</td> <td>_____ [105]</td> <td style="text-align: center;">+</td> <td>_____ [106]</td> </tr> <tr> <td>3rd quarter payment</td> <td>_____ [107]</td> <td style="text-align: center;">+</td> <td>_____ [108]</td> </tr> <tr> <td>4th quarter payment</td> <td>_____ [109]</td> <td style="text-align: center;">+</td> <td>_____ [110]</td> </tr> </tbody> </table>		Date Paid		Amount Paid	1st quarter payment	_____ [103]	+	_____ [104]	2nd quarter payment	_____ [105]	+	_____ [106]	3rd quarter payment	_____ [107]	+	_____ [108]	4th quarter payment	_____ [109]	+	_____ [110]
	Date Paid		Amount Paid																																						
1st quarter payment	_____ [81]	+	_____ [82]																																						
2nd quarter payment	_____ [83]	+	_____ [84]																																						
3rd quarter payment	_____ [85]	+	_____ [86]																																						
4th quarter payment	_____ [87]	+	_____ [88]																																						
	Date Paid		Amount Paid																																						
1st quarter payment	_____ [103]	+	_____ [104]																																						
2nd quarter payment	_____ [105]	+	_____ [106]																																						
3rd quarter payment	_____ [107]	+	_____ [108]																																						
4th quarter payment	_____ [109]	+	_____ [110]																																						

Calculated Amount

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

Calculated Amount

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

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

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

T/S/J	Type Code (**See codes below)	Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

Seller Financed Mortgage Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

2012 Information

Prior Year Information

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2012 + _____ [1]

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2012 + _____ [1]

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2012 + _____ [1]

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2012 + _____ [1]

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2012 + _____ [1]

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2012 + _____ [1]

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2012 + _____ [1]

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2012 + _____ [1]

Control Totals +

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J) _____[1]
Name of activity _____
Employer identification number _____
State postal code _____

Taxpayer/Spouse/Joint (T, S, J) _____[1]
Name of activity _____
Employer identification number _____
State postal code _____

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2012 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer			[3]
State postal code			[5]
Gross distributions received (Box 1)	+		[7]
Taxable amount received (Box 2a)	+		[9]
Federal withholding (Box 4)	+		[11]
Distribution code (Box 7)			[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan			[14]
State withholding (Box 12)	+		[15]
Local withholding (Box 15)	+		[17]
Amount of rollover	+		[19]
Mark if distribution was due to a pre-retirement age disability			[21]
Mark if distribution was from an inherited IRA			[22]

Control Totals +

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2012 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer			[3]
State postal code			[5]
Gross distributions received (Box 1)	+		[7]
Taxable amount received (Box 2a)	+		[9]
Federal withholding (Box 4)	+		[11]
Distribution code (Box 7)			[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan			[14]
State withholding (Box 12)	+		[15]
Local withholding (Box 15)	+		[17]
Amount of rollover	+		[19]
Mark if distribution was due to a pre-retirement age disability			[21]
Mark if distribution was from an inherited IRA			[22]

Control Totals +

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2012 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer			[3]
State postal code			[5]
Gross distributions received (Box 1)	+		[7]
Taxable amount received (Box 2a)	+		[9]
Federal withholding (Box 4)	+		[11]
Distribution code (Box 7)			[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan			[14]
State withholding (Box 12)	+		[15]
Local withholding (Box 15)	+		[17]
Amount of rollover	+		[19]
Mark if distribution was due to a pre-retirement age disability			[21]
Mark if distribution was from an inherited IRA			[22]

Control Totals +

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [2]

Social Security Benefits

	2012 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2012 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2012 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Portion of Tier 1 Paid in 2012 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2012 or receive any prior year benefits in 2012. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[38]
	[39]
	[40]
	[41]
	[42]

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2012	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2012	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2013 for use in 2012	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2012:	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2011 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2012	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2012	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2011	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2012	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2011	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2012:	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Canadian Registered Retirement Plans #1

Please provide all Forms T4RSP, T4RIF, and Canadian plan custodian statements

	2012 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	
Name of custodian _____	____ [2]	
State postal code _____	____ [3]	
Type of plan (1 = RRSP, Registered Retirement Savings Plan, 2 = RRIF, Registered Retirement Income Fund)	____ [14]	
Status in plan (1 = Beneficiary, 2 = Annuitant)	____ [15]	
Election under Article XVIII(7) of the U.S.-Canada income tax treaty:		
Mark if you previously elected to defer income tax	____ [16]	
Year election was made _____	____ [17]	
Mark if you are electing for this year and subsequent years	____ [18]	
Distributions received from the plan in 2012	+ _____ [21]	

Complete this section only if NOT electing to defer U.S. income tax on undistributed earnings

	2012 Information	Prior Year Information
Undistributed earnings		
Interest income	+ _____ [38]	
Ordinary dividends	+ _____ [40]	
Qualified dividends	+ _____ [42]	
Total capital gains	+ _____ [44]	
Other income:	+ _____ [46]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

	Control Totals +	
--	-------------------------	--

Canadian Registered Retirement Plans #2

Please provide all Forms T4RSP, T4RIF, and Canadian plan custodian statements

	2012 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	
Name of custodian _____	____ [2]	
State postal code _____	____ [3]	
Type of plan (1 = RRSP, Registered Retirement Savings Plan, 2 = RRIF, Registered Retirement Income Fund)	____ [14]	
Status in plan (1 = Beneficiary, 2 = Annuitant)	____ [15]	
Election under Article XVIII(7) of the U.S.-Canada income tax treaty:		
Mark if you previously elected to defer income tax	____ [16]	
Year election was made _____	____ [17]	
Mark if you are electing for this year and subsequent years	____ [18]	
Distributions received from the plan in 2012	+ _____ [21]	

Complete this section only if NOT electing to defer U.S. income tax on undistributed earnings

	2012 Information	Prior Year Information
Undistributed earnings		
Interest income	+ _____ [38]	
Ordinary dividends	+ _____ [40]	
Qualified dividends	+ _____ [42]	
Total capital gains	+ _____ [44]	
Other income:	+ _____ [46]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

	Control Totals +	
--	-------------------------	--

Preparer use only

- Business activity or profession name _____ [3]
- Taxpayer/Spouse (T, S) _____ [4]
- State postal code _____ [5]
- Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
- Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
- Enter the total amount of contributions made to a Keogh plan in 2012 + _____ [8]
- Enter the total amount of contributions made to a Solo 401(k) plan in 2012 + _____ [9]
- Enter the total amount of contributions made to a SEP plan in 2012 + _____ [10]
- Enter the total amount of contributions made to a SARSEP plan in 2012 + _____ [11]
- Enter the total amount of contributions made to a defined benefit plan in 2012 + _____ [12]
- Enter the total amount of contributions made to a profit-sharing plan in 2012 + _____ [13]
- Enter the total amount of contributions made to a money purchase plan in 2012 + _____ [14]
- Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2012 + _____ [15]
- Enter the total amount of contributions to a SIMPLE IRA plan in 2012 + _____ [16]

Catch-up Contributions

- Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2012 + _____ [17]
- Enter the amount of catch-up contributions made to a SIMPLE Plan in 2012 + _____ [18]

Elective Deferrals

- Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2012 + _____ [19]
- Enter the amount of elective deferrals designated as Roth contributions in 2012 + _____ [20]

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[12]
Royalties (Box 2)	+ _____	[14]
Other income (Box 3)	+ _____	[16]
Federal income tax withheld (Box 4)	+ _____	[18]
Fishing boat proceeds (Box 5)	+ _____	[20]
Medical and health care payments (Box 6)	+ _____	[22]
Nonemployee compensation (Box 7)	+ _____	[24]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[26]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[28]
Crop Insurance proceeds (Box 10)	+ _____	[30]
Excess golden parachute payments (Box 13)	+ _____	[32]
Gross proceeds paid to an attorney (Box 14)	+ _____	[34]
Section 409A deferrals (Box 15a)	+ _____	[36]
Section 409A income (Box 15b)	+ _____	[38]
State tax withheld (Box 16)	+ _____	[40]
State/Payer's state no. (Box 17)	_____	[42]
State income (Box 18)	+ _____	[43]

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[12]
Royalties (Box 2)	+ _____	[14]
Other income (Box 3)	+ _____	[16]
Federal income tax withheld (Box 4)	+ _____	[18]
Fishing boat proceeds (Box 5)	+ _____	[20]
Medical and health care payments (Box 6)	+ _____	[22]
Nonemployee compensation (Box 7)	+ _____	[24]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[26]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[28]
Crop Insurance proceeds (Box 10)	+ _____	[30]
Excess golden parachute payments (Box 13)	+ _____	[32]
Gross proceeds paid to an attorney (Box 14)	+ _____	[34]
Section 409A deferrals (Box 15a)	+ _____	[36]
Section 409A income (Box 15b)	+ _____	[38]
State tax withheld (Box 16)	+ _____	[40]
State/Payer's state no. (Box 17)	_____	[42]
State income (Box 18)	+ _____	[43]

Control Totals +

NOTES/QUESTIONS:

Taxable Distributions Received from Cooperatives #1

Please provide all Forms 1099-PATR

--	--

Preparer use only

Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Patron dividends (Box 1)	+ _____	[10]
Nonpatronage distributions (Box 2)	+ _____	[12]
Per-unit retain allocations (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Redemption of nonqualified notices and retain allocations (Box 5)	+ _____	[18]
Domestic production activities deductions (Box 6)	+ _____	[20]
Investment credit (Box 7)	+ _____	[22]
Work opportunity credit (Box 8)	+ _____	[24]
Patron's AMT adjustments (Box 9)	+ _____	[26]
Other credits and deductions #1 (Box 10)	+ _____	[28]
Other credits and deductions #2 (Box 10)	+ _____	[30]

	Control Totals +	
--	-------------------------	--

Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

--	--

Preparer use only

Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Patron dividends (Box 1)	+ _____	[10]
Nonpatronage distributions (Box 2)	+ _____	[12]
Per-unit retain allocations (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Redemption of nonqualified notices and retain allocations (Box 5)	+ _____	[18]
Domestic production activities deductions (Box 6)	+ _____	[20]
Investment credit (Box 7)	+ _____	[22]
Work opportunity credit (Box 8)	+ _____	[24]
Patron's AMT adjustments (Box 9)	+ _____	[26]
Other credits and deductions #1 (Box 10)	+ _____	[28]
Other credits and deductions #2 (Box 10)	+ _____	[30]

	Control Totals +	
--	-------------------------	--

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2012 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			[9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	Control Totals +	
--	-------------------------	--

Gambling Winnings #2

Please provide all copies of Form W-2G.

2012 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			[9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	Control Totals +	
--	-------------------------	--

NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2012 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name _____	_____ [3]	
State postal code _____	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]	
Section 1202 gain (Box 1c)	+ _____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)		
	_____ [15]	
Collectibles (28%) gain (Box 1d)	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]	
Control Totals +		

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2012 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name _____	_____ [3]	
State postal code _____	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]	
Section 1202 gain (Box 1c)	+ _____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)		
	_____ [15]	
Collectibles (28%) gain (Box 1d)	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]	
Control Totals +		

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2012 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
RIC or REIT name _____	_____ [3]	
State postal code _____	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]	
Section 1202 gain (Box 1c)	+ _____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)		
	_____ [15]	
Collectibles (28%) gain (Box 1d)	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]	
Control Totals +		

NOTES/QUESTIONS:

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) _____[1]
 Mark to indicate all the elections that apply:
 Mixed straddle election _____[2]
 Mixed straddle account election (Attach explanation) _____[3]
 _____[3]
 Straddle-by-straddle identification election _____[4]
 Net section 1256 contracts loss election _____[5]

Section 1256 Contracts Marked to Market

Identification of Account A _____[6]
 Identification of Account B _____
 Identification of Account C _____

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	—	—	—
State postal code	_____	_____	_____
-Loss/Gain for entire year (Enter losses as a negative amount)	+ _____	+ _____	+ _____
Total Form 1099-B adjustment	+ _____	+ _____	+ _____
Total net 1256 contract loss carryback	+ _____	+ _____	+ _____

Gains and Losses From Straddles

Description of Property A _____[7]
 Name of Contract _____
 Component _____ Type _____
 Description of Property B _____
 Name of Contract _____
 Component _____ Type _____
 Description of Property C _____
 Name of Contract _____
 Component _____ Type _____
 Description of Property D _____
 Name of Contract _____
 Component _____ Type _____

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	—	—	—	—
State postal code	_____	_____	_____	_____
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Gross sales price	+ _____	+ _____	+ _____	+ _____
Cost plus expense of sale	+ _____	+ _____	+ _____	+ _____
Unrecognized gain	+ _____	+ _____	+ _____	+ _____

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A _____[8]
 Description of Property B _____
 Description of Property C _____

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	+ _____	+ _____	+ _____
Cost or other basis as adjusted	+ _____	+ _____	+ _____

Preparer use only

Principal business or profession _____

Preparer use only Carryovers	Regular		AMT	
Operating	+	[11]	+	[12]
Short-term capital	+	[13]	+	[14]
Long-term capital	+	[15]	+	[16]
28% rate capital	+	[17]	+	[18]
Section 1231 loss	+	[19]	+	[20]
Ordinary business gain/loss	+	[21]	+	[22]
Section 179	+	[23]	+	[24]

NOTES/QUESTIONS:

Preparer use only

	2012 Information	Prior Year Information	
Taxpayer/Spouse/Joint (T, S, J)	____ [3]	<div style="border:1px solid black; height:100%; width:100%;"></div>	
State postal code	____ [4]		
Description	_____ [2]		
Physical address: Street	_____ [5]		
City, state, zip code	_____ [6] _____ [7] _____ [8]		
Foreign country	_____ [10]		
Foreign province/county	_____ [11]		
Foreign postal code	_____ [12]		
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other)	____ [13]		
Description of other type (Type code #8)	_____ [14]		
Did you make any payments in 2012 that require you to file Form(s) 1099? (Y,N)	____ [15]		____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	____ [17]		____
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	_____ [19]		
Percentage of ownership if not 100%	_____ [21]		_____
Business use percentage, if not 100% (Not vacation home percentage)	_____ [23]		

Rent and Royalty Income

	2012 Information	Prior Year Information
Rents and royalties	+ _____ [32]	<div style="border:1px solid black; height:20px; width:100%;"></div>

Rent and Royalty Expenses

	2012 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [34]	_____ [35]	<div style="border:1px solid black; height:100%; width:100%;"></div>
Auto	+ _____ [37]	_____ [38]	
Travel	+ _____ [40]	_____ [41]	
Cleaning and maintenance	+ _____ [43]	_____ [44]	
Commissions:			
_____	+ _____ [46]	_____ [48]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [49]	_____ [51]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [53]	_____ [54]	
Management fees:			
_____	+ _____ [56]	_____ [58]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)	+ _____ [59]	_____ [61]	
Other mortgage interest	+ _____ [62]	_____ [64]	
Qualified mortgage insurance premiums	+ _____ [65]	_____ [66]	
Other interest:			
_____	+ _____ [68]	_____ [70]	
_____	+ _____	_____	
Repairs	+ _____ [71]	_____ [72]	
Supplies	+ _____ [74]	_____ [75]	
Taxes:			
_____	+ _____ [77]	_____ [79]	
_____	+ _____	_____	
Utilities	+ _____ [80]	_____ [81]	
Depreciation	+ _____ [83]	_____ [84]	
Depletion	+ _____ [86]	_____ [87]	
Other expenses:			
_____	+ _____ [89]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	

Control Totals +

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2012 Information	Prior Year Information	
Refinancing points paid -			
Recipient's/Lender's name _____	[91]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>	
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2012 _____			
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			
Refinancing points paid -			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2012 _____			
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			
Refinancing points paid -			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2012 _____			
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			

Vacation Home Information

	2012 Information	Prior Year Information
Number of days home was used personally _____	[6]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of days home was rented _____	[8]	
Number of day home owned, if not 366 _____	[10]	
Carryover of disallowed operating expenses into 2012 + _____	[20]	
Carryover of disallowed depreciation expenses into 2012 + _____	[21]	

Passive and Other Information

Preparer use only Carryovers		Regular		AMT
Operating	+	[28]	+	[29]
Short-term capital	+	[30]	+	[31]
Long-term capital	+	[32]	+	[33]
28% rate capital	+	[34]	+	[35]
Section 1231 loss	+	[36]	+	[37]
Ordinary business gain/loss	+	[38]	+	[39]
Comm revitalization	+	[40]	+	[41]
Section 179	+	[42]	+	[43]

Please provide all Forms 1099-K

Preparer use only

	2012 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	[]
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	
Did you "materially participate" in this business? (Y, N)	_____ [12]	
Did you make any payments in 2012 that require you to file Form(s) 1099? (Y, N)	_____ [14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	
Mark if Schedule F net income or loss should be excluded from self employment income	_____ [18]	
Medical insurance premiums paid by this activity	+ _____ [21]	
Long-term care premiums paid by this activity	+ _____ [23]	

Schedule F Income

Sales Code**	Income description	2012 Information	Prior Year Information
—	_____	+ _____ [33]	[]
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

** Sales Codes	
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2012 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [35]	[]
Beginning inventory of livestock and other items (Accrual method)	+ _____ [37]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [39]	
Ending inventory of livestock and other items (Accrual method)	+ _____ [41]	
Total cooperative distributions you received	+ _____ [43]	
Taxable cooperative distributions you received	+ _____ [45]	

	2012 Total	2012 Taxable	Prior Year Information
Agricultural program payments			[]
_____ + _____		+ _____ [47]	
_____ + _____		+ _____	

	2012 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [50]	[]
Commodity credit loans reported under election:		
_____ + _____	_____ [52]	
_____ + _____	_____	
Total commodity credit loans forfeited	+ _____ [54]	
Taxable commodity credit loans forfeited	+ _____ [56]	

	2012 Total	2012 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2012			[]
_____ + _____		+ _____ [58]	
_____ + _____		+ _____	
Mark if electing to defer crop insurance proceeds to 2013			_____ [61]
Crop insurance proceeds deferred from 2011		+ _____ [63]	

Control Totals +

Farm Passive and Other Carryover Information

Preparer use only

Description _____

Preparer use only Carryovers	Regular		AMT	
Operating	+	[12]	+	[13]
Short-term capital	+	[14]	+	[15]
Long-term capital	+	[16]	+	[17]
28% rate capital	+	[18]	+	[19]
Section 1231 loss	+	[20]	+	[21]
Ordinary business gain/loss	+	[22]	+	[23]
Section 179	+	[24]	+	[25]
Excess farm loss	+	[28]	+	[29]

NOTES/QUESTIONS:

Preparer use only

Description _____

2012 Information

Prior Year Information

Car and truck expenses	+		[6]
Chemicals	+		[8]
Conservation expenses	+		[10]
Custom hire (machine work)	+		[12]
Depreciation	+		[14]
Employee benefit programs	+		[16]
Feed purchased	+		[18]
Fertilizers and lime	+		[20]
Freight and trucking	+		[22]
Gasoline, fuel, and oil	+		[24]
Insurance (Other than health):			
_____	+		[26]
_____	+		
_____	+		
Mortgage interest (Paid to banks, etc.):			
_____	+		[28]
_____	+		
_____	+		
Other interest	+		[31]
Labor hired (Less employment credit)	+		[33]
Pension and profit sharing	+		[35]
Rent - vehicles, machinery, and equipment	+		[37]
Rent - other	+		[39]
Repairs and maintenance	+		[41]
Seed and plants purchased	+		[43]
Storage and warehousing	+		[45]
Supplies purchased	+		[47]
Taxes:			
_____	+		[49]
_____	+		
_____	+		
_____	+		
_____	+		
Utilities	+		[51]
Veterinary, breeding, and medicine	+		[53]
Other expenses:			
_____	+		[55]
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
_____	+		
Preproductive period expenses	+		[57]

Preparer use only Carryovers	Regular	AMT	
Operating	+		[64] + [65]
Short-term capital	+		[66] + [67]
Long-term capital	+		[68] + [69]
28% rate capital	+		[70] + [71]
Section 1231 loss	+		[72] + [73]
Ordinary business gain/loss	+		[74] + [75]
Section 179	+		[76] + [77]
Excess farm loss	+		[80] + [81]

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

Taxpayer/Spouse/Joint (T, S, J) __[2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[49]	[50]
	Short-term capital	[51]	[52]
	Long-term capital	[53]	[54]
	28% rate capital	[55]	[56]
	Section 1231 loss	[57]	[58]
	Ordinary business gain/loss	[59]	[60]
	Other losses - 1040 pg.1	[61]	[62]
	Comm revitalization	[63]	[64]
	Section 179	[65]	[66]
	Excess farm loss	[69]	[70]

Taxpayer/Spouse/Joint (T, S, J) __[2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[49]	[50]
	Short-term capital	[51]	[52]
	Long-term capital	[53]	[54]
	28% rate capital	[55]	[56]
	Section 1231 loss	[57]	[58]
	Ordinary business gain/loss	[59]	[60]
	Other losses - 1040 pg.1	[61]	[62]
	Comm revitalization	[63]	[64]
	Section 179	[65]	[66]
	Excess farm loss	[69]	[70]

Taxpayer/Spouse/Joint (T, S, J) __[2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[49]	[50]
	Short-term capital	[51]	[52]
	Long-term capital	[53]	[54]
	28% rate capital	[55]	[56]
	Section 1231 loss	[57]	[58]
	Ordinary business gain/loss	[59]	[60]
	Other losses - 1040 pg.1	[61]	[62]
	Comm revitalization	[63]	[64]
	Section 179	[65]	[66]
	Excess farm loss	[69]	[70]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[67]	[68]
	Short-term capital	[69]	[70]
	Long-term capital	[71]	[72]
	28% rate capital	[73]	[74]
	Section 1231 loss	[75]	[76]
	Ordinary business gain/loss	[77]	[78]
	Comm revitalization	[79]	[80]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[67]	[68]
	Short-term capital	[69]	[70]
	Long-term capital	[71]	[72]
	28% rate capital	[73]	[74]
	Section 1231 loss	[75]	[76]
	Ordinary business gain/loss	[77]	[78]
	Comm revitalization	[79]	[80]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[67]	[68]
	Short-term capital	[69]	[70]
	Long-term capital	[71]	[72]
	28% rate capital	[73]	[74]
	Section 1231 loss	[75]	[76]
	Ordinary business gain/loss	[77]	[78]
	Comm revitalization	[79]	[80]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[67]	[68]
	Short-term capital	[69]	[70]
	Long-term capital	[71]	[72]
	28% rate capital	[73]	[74]
	Section 1231 loss	[75]	[76]
	Ordinary business gain/loss	[77]	[78]
	Comm revitalization	[79]	[80]

Description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____ [7]
 Date former residence was acquired _____ [9]
 Date former residence was sold _____ [10]
 Selling price of former residence + _____ [11]
 Expenses related to the sale of your old home + _____ [12]
 Original cost of home sold including capital improvements + _____ [13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____ [20]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [28]
 Total current year payments received + _____ [29]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [30]
 Address _____ [31]
 City, State and Zip _____ [32] [33] _____ [34]
 Identifying number of related party _____ [35]
 Was the property sold as a marketable security? (Y, N) _____ [36]
 Enter date of second sale if more than 2 years after the first sale _____ [37]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [38]
 Selling price of property sold by a related party + _____ [40]

NOTES/QUESTIONS:

Prior Year Installment Sale

Preparer use only

	2012 Information	Prior Year Information
Description _____	[3]	<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[16]	
Date sold _____	[17]	
Gross sales price of property sold + _____	[18]	
Mortgage and other debts the buyer assumed + _____	[20]	
Cost or other basis + _____	[22]	
Commissions and other expenses of the sale + _____	[24]	
Gross profit percentage _____	[26]	
Total current year principal payments received + _____	[32]	
Prior year principal payments received + _____	[34]	
Total ordinary income to recapture + _____	[36]	
Total ordinary income previously recaptured + _____	[38]	
Control Totals +		

Prior Year Installment Sale

Preparer use only

	2012 Information	Prior Year Information
Description _____	[3]	<div style="border: 1px solid black; height: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[16]	
Date sold _____	[17]	
Gross sales price of property sold + _____	[18]	
Mortgage and other debts the buyer assumed + _____	[20]	
Cost or other basis + _____	[22]	
Commissions and other expenses of the sale + _____	[24]	
Gross profit percentage _____	[26]	
Total current year principal payments received + _____	[32]	
Prior year principal payments received + _____	[34]	
Total ordinary income to recapture + _____	[36]	
Total ordinary income previously recaptured + _____	[38]	
Control Totals +		

NOTES/QUESTIONS:

Preparer use only

Description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [9]
 State postal code _____ [10]
 Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 _____ [14]
 Mark if disposition is due to casualty or theft _____ [18]
 Mark if disposition was to a related party _____ [20]

Sale Information

Date acquired _____ [22]
 Date sold _____ [23]
 Gross sales price or insurance proceeds received + _____ [24]
 Cost or other basis + _____ [25]
 Commissions and other expenses of sale + _____ [26]
 Depreciation allowed or allowable + _____ [27]

Form 4797, Part III - Recapture

Additional depreciation after 1975 (**Section 1250**) + _____ [29]
 Applicable percentage (if not 100%) (**Section 1250**) _____ [30]
 Additional depreciation after 1969 (**Section 1250**) + _____ [31]
 Soil, water and land clearing expenses (**Section 1252**) + _____ [32]
 Applicable percentage (if not 100%) (**Section 1252**) _____ [33]
 Intangible drilling and development costs (**Section 1254**) + _____ [34]
 Applicable payments excluded from income under sec. 126 (**Section 1255**) + _____ [35]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [36]
 Total current year payments received + _____ [37]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [38]
 Address _____ [39]
 State, City and Zip _____ [40] _____ [41] _____ [42]
 Identifying number of related party _____ [43]
 Was the property sold as a marketable security? (Y, N) _____ [44]
 Enter date of second sale _____ [45]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [46]
 Selling price of property sold by a related party + _____ [48]

NOTES/QUESTIONS:

Preparer use only

Description of property given up _____ [4]
 _____ [5]
 Taxpayer/Spouse/Joint (T, S, J) _____ [6]
 State postal code _____ [7]
 Description of property received _____ [10]
 _____ [11]

Date Information

Date the like-kind property given up was acquired _____ [16]
 Date you transferred your property to the other party _____ [17]
 Date the like-kind property received was identified _____ [18]
 Date you received the like-kind property from the other party _____ [19]

Gain and Basis Information

Fair market value of other property given up + _____ [20]
 Adjusted basis of other property given up + _____ [21]
 Cash received + _____ [22]
 Fair market value of other (not like-kind) property received + _____ [23]
 Installment obligation received in like-kind exchange + _____ [24]
 Fair market value of like-kind property you received + _____ [25]
 Fair market value of non-section 1245 property you received + _____ [26]
 Liabilities, including mortgages, assumed by you + _____ [27]
 Cash paid + _____ [28]
 Adjusted basis of like-kind property given up + _____ [29]
 Adjusted basis of like-kind property from pass through entity
 Cost or other basis + _____ [30]
 Depreciation allowed or allowable excluding Section 179 + _____ [31]
 Section 179 expense deduction passed through + _____ [32]
 Section 179 carryover + _____ [33]
 Liabilities, including mortgages, assumed by the other party + _____ [34]
 Exchange expenses incurred by you + _____ [35]

Related Party Exchange Information

Name of related party _____ [38]
 Address of related party _____ [39]
 City _____ [40]
 State _____ [41]
 Zip code _____ [42]
 Identifying number of related party _____ [43]
 Relationship to you _____ [44]
 During this tax year, did the related party sell or dispose of the property received? (Y, N) _____ [45]
 During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) _____ [46]
 Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) _____ [47]
 Mark if this exchange is a prior year like-kind exchange _____ [49]

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S) [1] State postal code _____ [3]
 Foreign street address _____ [4] City _____
 State/Province _____ Country code _____
 Country _____ Postal code _____
 Employer's name _____ [2]
 U.S. address _____ [5] City _____
 State postal code _____ Zip code _____
 Foreign street address _____ [6] City _____
 State/Province _____ Country code _____
 Country _____ Postal code _____
 Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) [7] If other, specify type _____ [8]
 Country of citizenship _____ [11]
 If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:
 City/Country _____ [12] Days _____
 City/Country _____ Days _____
 List tax home(s) during the tax year and dates established:
 Tax home _____ [13] Date _____
 Tax home _____ Date _____

Foreign Earned Income Allocation Information

***U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information: [16]

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
Foreign days worked before and after foreign assignment _____ [17]		Total days worked before and after foreign assignment _____ [18]		
Total number of days worked during year (defaults to 240)				_____ [19]

Bona Fide Residence Test

Date foreign residence began _____ [21] Date foreign residence ended _____ [22]
 Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) _____ [23]
 If any family members lived abroad with you during any part of tax year, list who and for what period:
 Relationship _____ Period abroad _____ [24]
 Relationship _____ Period abroad _____
 Relationship _____ Period abroad _____
 Relationship _____ Period abroad _____
 Mark if you submitted a statement to foreign country authorities that you are not a resident of that country _____ [25]
 Mark if required to pay income tax to that country _____ [26]
 List any contractual terms or other conditions relating to length of employment abroad _____ [27]

Type of visa used to enter foreign country _____ [28]
 Explanation if visa limited length of stay or employment _____ [29]

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:
 Address _____ [30] City _____
 State postal code _____ Zip code _____
 Rented Occupant _____ Relationship _____
 Address _____ [30] City _____
 State postal code _____ Zip code _____
 Rented Occupant _____ Relationship _____

Physical Presence Test

Principal country of employment _____ [31]

Foreign Earned Income Exclusion

Employer's name _____
 Taxpayer/Spouse (T, S) _____
 State postal code _____

Foreign Earned Income

*Please use the Foreign Earned Income Allocation Codes located below

	Allocation Code*		Amount
Noncash income:			
Home (lodging) _____	[10] ___[11]	+	_____ [12]
Meals _____	[13] ___[14]	+	_____ [15]
Car _____	[16] ___[17]	+	_____ [18]
Other properties or facilities (Please enter code here and description and amount below): _____ _____ _____ _____	___[19]	+	_____ [20]
		+	_____
		+	_____
		+	_____
		+	_____
		+	_____
Allowances, reimbursements or expenses paid on behalf:			
Cost of living and overseas differential _____	___[21]	+	_____ [22]
Family _____	___[23]	+	_____ [24]
Education _____	___[25]	+	_____ [26]
Home leave _____	___[27]	+	_____ [28]
Quarters _____	___[29]	+	_____ [30]
Other purposes (Please enter code here and description and amount below): _____ _____ _____ _____	___[31]	+	_____ [32]
		+	_____
		+	_____
		+	_____
		+	_____
		+	_____
Other foreign earned income (Please enter code here and description and amount below): _____ _____ _____ _____	___[33]	+	_____ [34]
		+	_____
		+	_____
		+	_____
		+	_____
		+	_____
Excludable meals and lodging under section 119 _____		+	_____ [35]

***Foreign Earned Income Allocation Codes**

1 = 100% foreign during assignment
 2 = 100% U.S. during assignment
 3 = U.S. and foreign days worked during assignment
 4 = U.S. and foreign days before/after assignment
 5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

	Allocation Code*		Amount
Other allocable deductions _____	___[36]	+	_____ [37]

Housing Exclusion/Deduction

Qualified housing expense _____		+	_____ [46]
---------------------------------	--	---	------------

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2012 Information	Prior Year Information
Taxpayer/Spouse (T, S) _____	_____[1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	_____[4]	
State postal code _____	_____[2]	
Archer MSA contributions made in 2012 and 2013 for 2012 (Box 1)	+ _____[6]	
Total contributions made in 2012 (Box 2)	+ _____[8]	
Total HSA or Archer MSA contributions made in 2013 for 2012 (Box 3)	+ _____[10]	
Rollover contribution (Box 4)	+ _____[13]	
Fair market value of HSA, Archer MSA, or MA MSA (Box 5)	+ _____[15]	
Box 6 -		
HSA _____	_____[17]	
Archer MSA _____	_____[18]	
MA (Medicare Advantage) MSA _____	_____[19]	

Additional Information

	2012 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) _____	_____[20]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of months in qualified high deductible health plan in 2012 _____	_____[21]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount _____	_____[22]	
Total HSA/MSA contribution to be made for 2012	+ _____[23]	
Excess contributions for 2011 taken as constructive contributions for 2012	+ _____[25]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____[32]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____[35]	
If self-employed, enter earned income from business under which plan was established	+ _____[39]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2012? (Y, N) _____	_____[41]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter any qualified HSA distribution from health flexible spending arrangement (FSA)	+ _____[43]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA)	+ _____[45]	

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2012 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]	
Name of Trustee	_____	[4]	
State postal code	_____	[2]	
Gross distributions received (Box 1)	+ _____	[7]	_____
Earnings on excess contributions (Box 2)	+ _____	[9]	_____
Distribution code (Box 3)		[11]	
Fair Market Value on date of death (Box 4)	+ _____	[12]	
Box 5 -			
HSA		[13]	
Archer MSA		[14]	
MA MSA		[15]	
All distributions were used to pay unreimbursed qualified medical expenses		[17]	_____
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2012	+ _____	[19]	_____
Withdrawal of excess contributions by the due date of the return	+ _____	[21]	_____
Amount of distribution rolled over for 2012	+ _____	[23]	_____
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____	[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/11	+ _____	[27]	_____
For HSA accounts:			
Was the high deductible health plan coverage started in 2011 and in effect for the month of December 2011? (Y, N)		[33]	
Was the high deductible health plan coverage ended before 12/31/12? (Y, N)		[34]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2012 Information

Prior Year Information

Name of the insured chronically ill individual	_____	[44]	
Social security number of insured	_____	[45]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____	[47]	_____
Accelerated death benefits paid (Box 2)	+ _____	[49]	_____
Check one (Box 3)			
Per diem		[51]	
Reimbursed amount		[52]	
Qualified contract (Box 4)		[53]	
Check, if applicable (Box 5)			
Chronically ill		[54]	
Terminally ill		[55]	
Are there other individuals who received LTC payments during 2012? (Y, N)		[57]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		[58]	
Number of days during the long-term care period		[59]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____	[60]	

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home	_____	[13]
Total amount reimbursed for moving expenses	+ _____	[15]

NOTES/QUESTIONS:

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2012 that were issued after 1989, and you paid qualified higher education expenses in 2012 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J)		—
SSN of person enrolled at eligible educational institution		_____
Name of person enrolled at eligible educational institution (First/Last)	_____	_____
Name of eligible educational institution	_____	_____
Address of eligible educational institution	_____	_____
City, state, and zip code	_____	_____
Qualified higher education expenses you paid in 2012 for person listed above	+	_____ [1]
Enter any nontaxable educational benefits received for 2012 for person listed above	+	_____
Taxpayer/Spouse/Joint (T, S, J)		—
SSN of person enrolled at eligible educational institution		_____
Name of person enrolled at eligible educational institution (First/Last)	_____	_____
Name of eligible educational institution	_____	_____
Address of eligible educational institution	_____	_____
City, state, and zip code	_____	_____
Qualified higher education expenses you paid in 2012 for person listed above	+	_____ [1]
Enter any nontaxable educational benefits received for 2012 for person listed above	+	_____
Taxpayer/Spouse/Joint (T, S, J)		—
SSN of person enrolled at eligible educational institution		_____
Name of person enrolled at eligible educational institution (First/Last)	_____	_____
Name of eligible educational institution	_____	_____
Address of eligible educational institution	_____	_____
City, state, and zip code	_____	_____
Qualified higher education expenses you paid in 2012 for person listed above	+	_____ [1]
Enter any nontaxable educational benefits received for 2012 for person listed above	+	_____
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2012	+	_____ [3]

NOTES/QUESTIONS:

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2012 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

	Qualified loan interest you paid		2012 Information	Prior Year Information
TS	_____	+	_____ [1]	_____ _____ _____
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2012.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T. Form 1098-T from the institution reports either payments received in 2012 (box 1) or amounts billed in 2012 (box 2). The amounts reported by the institution may differ from the amounts you actually paid.

	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
TS	—	_____	_____	_____	+ _____ [7]	_____ _____ _____ _____ _____ _____ _____ _____ _____
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	

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

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

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

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

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

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2012 Information	Prior Year Information
Amount contributed in current year	+ _____ [14]	_____
Basis of this account at 12/31/11	+ _____ [17]	_____
Value of this account at 12/31/12	+ _____ [19]	_____
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	_____

Payments from Qualified Education Programs

	2012 Information	Prior Year Information
Gross distribution (Box 1)	+ _____ [30]	_____
Earnings (Box 2)	+ _____ [32]	
Basis (Box 3)	+ _____ [34]	
Trustee-to-trustee rollover (Box 4)	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
Box 5 -		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]	
Qualified education expenses	+ _____ [43]	_____
Elementary and secondary education expenses	+ _____ [45]	_____

NOTES/QUESTIONS:

**Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA.
If the parent or student tax return was prepared elsewhere, please provide the completed tax return.**

This FAFSA information is for the: **Preparer use only**

	2012 Information	Prior Year Information
Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies? (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)	____[1]	
The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)	____[2]	
Taxpayer's (and spouse's) total current balance of cash, savings and checking accounts	+ _____[4]	
Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence	+ _____[6]	
Taxpayer's (and spouse's) net worth in current businesses and/or investment farms	+ _____[8]	
Child support paid because of divorce, separation, or a result of a legal requirement	+ _____[10]	
Taxable earnings from need-based employment programs	+ _____[12]	
Student grant and scholarship aid included in adjusted gross income	+ _____[14]	
Earnings from work under a cooperative education program offered by a college	+ _____[16]	
Child support received but do not include foster care or adoption payments	+ _____[18]	
Veterans noneducation benefits	+ _____[20]	
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	+ _____[22]	
Money received or paid on behalf of the student (For the student's worksheet only)	+ _____[24]	

	Control Totals +	
--	-------------------------	--

Federal Student Aid Application Information #2

This FAFSA information is for the: **Preparer use only**

	2012 Information	Prior Year Information
Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies? (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)	____[1]	
The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)	____[2]	
Taxpayer's (and spouse's) total current balance of cash, savings and checking accounts	+ _____[4]	
Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence	+ _____[6]	
Taxpayer's (and spouse's) net worth in current businesses and/or investment farms	+ _____[8]	
Child support paid because of divorce, separation, or a result of a legal requirement	+ _____[10]	
Taxable earnings from need-based employment programs	+ _____[12]	
Student grant and scholarship aid included in adjusted gross income	+ _____[14]	
Earnings from work under a cooperative education program offered by a college	+ _____[16]	
Child support received but do not include foster care or adoption payments	+ _____[18]	
Veterans noneducation benefits	+ _____[20]	
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	+ _____[22]	
Money received or paid on behalf of the student (For the student's worksheet only)	+ _____[24]	

NOTES/QUESTIONS:

	Control Totals +	Form ID: FAFSA
--	-------------------------	-----------------------

Schedule A - Medical and Dental Expenses

T/S/J		2012 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received		
[1]	_____	+ _____ [2]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	Medical insurance premiums you paid***: (Do not include pre-tax amounts paid by an employer-sponsored plan)		
[4]	_____	+ _____ [5]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	Long-term care premiums you paid***: (Do not include pre-tax amounts paid by an employer-sponsored plan)		
[7]	_____	+ _____ [8]	
—	_____	+ _____	
	Prescription medicines and drugs:		
[10]	_____	+ _____ [11]	
—	_____	+ _____	
—	_____	+ _____	
[13]	Miles driven for medical items _____	_____ [14]	

***Not entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

Schedule A - Tax Expenses

T/S/J		2012 Information	Prior Year Information
	State/local income taxes paid:		
[18]	_____	+ _____ [19]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	2011 state and local income taxes paid in 2012:		
[21]	_____	+ _____ [22]	
—	_____	+ _____	
—	_____	+ _____	
	Real estate taxes paid:		
[24]	_____	+ _____ [25]	
—	_____	+ _____	
—	_____	+ _____	
	Personal property taxes:		
[27]	_____	+ _____ [28]	
—	_____	+ _____	
	Other taxes, such as: foreign taxes and State disability taxes		
[30]	_____	+ _____ [31]	
—	_____	+ _____	
—	_____	+ _____	
	Sales tax paid on major purchases:		
[36]	_____	+ _____ [37]	
—	_____	+ _____	
	Sales tax paid on actual expenses:		
[39]	_____	+ _____ [40]	
—	_____	+ _____	
—	_____	+ _____	

Interest Expenses

T/S/J	2012 Interest Paid [2]	2012 Points Paid	Type*	2012 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	

***Mortgage Types**

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

T/S/J	Payee's Name	SSN or EIN	2012 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

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

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2012 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2012 (**Preparer use only**) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2012 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2012 (**Preparer use only**) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2012 _____

T/S/J 2012 Information

Investment interest expense, other than on Schedule(s) K-1:

[15]	+	[16]	
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		

Control Totals +

Charitable Contributions

T/S/J	2012 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)		
[2] _____	+ _____ [3]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[5] Volunteer miles driven	_____ [6]	
Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods		
[8] _____	+ _____ [9]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Miscellaneous Deductions

T/S/J	2012 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[11] _____	+ _____ [12]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Union dues:		
[14] _____	+ _____ [15]	
_____	+ _____	
[17] Tax preparation fees	+ _____ [18]	
Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, custodial fees		
[20] _____	+ _____ [21]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[23] Safe deposit box rental	+ _____ [24]	
Investment expenses, other than on Schedule(s) K-1:		
[26] _____	+ _____ [27]	
_____	+ _____	
_____	+ _____	
Other expenses, not subject to the 2% AGI limitation:		
[30] _____	+ _____ [31]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Gambling losses: (Enter only if you have gambling income)		
[33] _____	+ _____ [34]	
_____	+ _____	

Home Mortgage Interest Subject To Limitations

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

2012 Information

Prior Year Information

Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2012, if not 12 _____	[7]	
Number of months home was a qualifying home (if different from number of months loan was outstanding) _____	[9]	
Principal paid in 2012 + _____	[10]	
Interest paid during 2012 + _____	[12]	
Points reported on Form 1098 for 2012 + _____	[14]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____	[17]	
Recipient SSN or EIN _____	[18]	
Recipient address _____	[19]	
Recipient city, state, zip code _____ [20] _____ [21] _____	[22]	
Grandfather debt as of 12/31/11 (or first day mortgage was outstanding) + _____	[23]	
Grandfather debt as of 12/31/12 (or last day mortgage was outstanding) + _____	[25]	
Home acquisition/improvement debt as of 12/31/11 (or first day mortgage was outstanding) + _____	[27]	
Home acquisition/improvement debt as of 12/31/12 (or last day mortgage was outstanding) + _____	[29]	
Home equity debt as of 12/31/11 (or first day mortgage was outstanding) + _____	[31]	
Home equity debt as of 12/31/12 (or last day mortgage was outstanding) + _____	[33]	
Average balance in 2012 of grandfather debt + _____	[36]	
Average balance in 2012 of home acquisition/improvement debt + _____	[38]	
Average balance for 2012 all types of debt + _____	[40]	

NOTES/QUESTIONS:

Preparer use only

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

Vehicle Questions

2012 Information

Prior Year Information

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

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) _____[7]
 Was another vehicle available for personal use? (Y, N) _____[9]
 Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) _____[11]

Vehicles #1 and #2 Actual Expenses

Vehicle 1 description _____[15]
 Comments _____
 Vehicle 2 description _____[44]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	_____ [18]	[]	_____ [47]	[]
Total mileage	_____ [20]		_____ [49]	
Business mileage	_____ [22]		_____ [51]	
Average daily round trip commuting mileage	_____ [25]		_____ [54]	
Total commuting mileage	_____ [27]		_____ [56]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [29]		+ _____ [58]	
Vehicle rentals	+ _____ [31]		+ _____ [60]	
Inclusion amount (Preparer use only)	+ _____ [33]		+ _____ [62]	
Value of employer-provided vehicle	+ _____ [39]		+ _____ [68]	
Depreciation	+ _____ [41]		+ _____ [70]	

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description _____[75]
 Comments _____
 Vehicle 4 description _____[103]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	_____ [78]	[]	_____ [106]	[]
Total mileage	_____ [80]		_____ [108]	
Business mileage	_____ [82]		_____ [110]	
Average daily round trip commuting mileage	_____ [85]		_____ [113]	
Total commuting mileage	_____ [87]		_____ [115]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [89]		+ _____ [117]	
Vehicle rentals	+ _____ [91]		+ _____ [119]	
Inclusion amount (Preparer use only)	+ _____ [93]		+ _____ [121]	
Value of employer-provided vehicle	+ _____ [99]		+ _____ [127]	
Depreciation	+ _____ [101]		+ _____ [129]	

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Vehicle identification number (VIN) (Complete ONLY if Form 1098-C was not issued to you for a donated vehicle) _____ [10]
 Date contributed _____ [11]
 Date acquired by donor _____ [12]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [13]
 Donor's cost or basis + _____ [14]
 Fair market value + _____ [15]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [16]
 If other: _____ [17]

	Control Totals +	
--	-------------------------	--

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Vehicle identification number (VIN) (Complete ONLY if Form 1098-C was not issued to you for a donated vehicle) _____ [10]
 Date contributed _____ [11]
 Date acquired by donor _____ [12]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [13]
 Donor's cost or basis + _____ [14]
 Fair market value + _____ [15]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [16]
 If other: _____ [17]

	Control Totals +	
--	-------------------------	--

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Vehicle identification number (VIN) (Complete ONLY if Form 1098-C was not issued to you for a donated vehicle) _____ [10]
 Date contributed _____ [11]
 Date acquired by donor _____ [12]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [13]
 Donor's cost or basis + _____ [14]
 Fair market value + _____ [15]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [16]
 If other: _____ [17]

	Control Totals +	
--	-------------------------	--

Contributions of Motor Vehicles, Boats & Airplanes

Please provide all Forms 1098-C

Taxpayer/Spouse (T, S) _____ [1]

Donee's name _____ [4]

State postal code _____ [3]

Date of contribution (Box 1) _____ [7]

Year of vehicle (Box 2a) _____ [8]

Make of vehicle (Box 2b) _____ [9]

Model of vehicle (Box 2c) _____ [10]

Vehicle or other identification number (Box 3) _____ [11]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a) _____ [12]

Date of sale (Box 4b) _____ [13]

Gross proceeds from sale (Box 4c) + _____ [14]

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a) _____ [15]

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b) _____ [16]

Detailed description of material improvements or significant intervening use and duration of use (Box 5c) _____ [17]

_____ [17]

_____ [17]

_____ [17]

Did you provide goods or services in exchange for the vehicle? (Box 6a) Yes ___ [18] No ___ [19]

Value of goods and services provided in exchange for the vehicle (Box 6b) + _____ [20]

Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c) _____ [21]

Description of goods and services (Box 6c) _____ [22]

_____ [22]

_____ [22]

_____ [22]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7) _____ [23]

Other Information for Donated Property

Overall physical condition of property _____ [28]

Vehicle mileage on date of contribution _____ [29]

Date property was acquired by donor _____ [30]

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [31]

Donor's cost or basis + _____ [32]

Fair market value on date of contribution + _____ [33]

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [34]

If other: _____ [35]

Bargain sale amount received _____ [36]

Donee's address, and ZIP code _____ [41]

_____ [42] _____ [43] _____ [44]

Donee's telephone number _____ [45]

NOTES/QUESTIONS:

Casualty and Theft - Business/Income Producing Properties

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [7]

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A _____ [10]
 Description of casualty or theft - Property B _____ [23]
 Description of casualty or theft - Property C _____ [36]
 Description of casualty or theft - Property D _____ [49]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [13]	___ [26]	___ [39]	___ [52]
Date acquired	___ [17]	___ [30]	___ [43]	___ [56]
Cost or other basis of property	+ ___ [18]	+ ___ [31]	+ ___ [44]	+ ___ [57]
Insurance or other reimbursement	+ ___ [19]	+ ___ [32]	+ ___ [45]	+ ___ [58]
Fair market value before casualty	+ ___ [20]	+ ___ [33]	+ ___ [46]	+ ___ [59]
Fair market value after casualty	+ ___ [21]	+ ___ [34]	+ ___ [47]	+ ___ [60]

Business/Income Use Replacement Information

Description of replacement property A _____ [61]
 Description of replacement property B _____ [65]
 Description of replacement property C _____ [69]
 Description of replacement property D _____ [73]

	A	B	C	D
Mark if property was acquired from a related party	___ [62]	___ [66]	___ [70]	___ [74]
Date acquired	___ [63]	___ [67]	___ [71]	___ [75]
Cost of replacement property	+ ___ [64]	+ ___ [68]	+ ___ [72]	+ ___ [76]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [8]

Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A _____ [17]
 Description of casualty or theft - Property B _____ [28]
 Description of casualty or theft - Property C _____ [39]
 Description of casualty or theft - Property D _____ [50]

	A	B	C	D
Date acquired	_____ [23]	_____ [34]	_____ [45]	_____ [56]
Cost or other basis of property	+ _____ [24]	+ _____ [35]	+ _____ [46]	+ _____ [57]
Insurance or other reimbursement	+ _____ [25]	+ _____ [36]	+ _____ [47]	+ _____ [58]
Fair market value before casualty	+ _____ [26]	+ _____ [37]	+ _____ [48]	+ _____ [59]
Fair market value after casualty	+ _____ [27]	+ _____ [38]	+ _____ [49]	+ _____ [60]

Personal Use Replacement Information

Description of replacement property A _____ [61]
 Description of replacement property B _____ [65]
 Description of replacement property C _____ [69]
 Description of replacement property D _____ [73]

	A	B	C	D
Mark if property was acquired from a related party	_____ [62]	_____ [66]	_____ [70]	_____ [74]
Date acquired	_____ [63]	_____ [67]	_____ [71]	_____ [75]
Cost of replacement property	+ _____ [64]	+ _____ [68]	+ _____ [72]	+ _____ [76]

NOTES/QUESTIONS:

Prior Year Casualty and Theft - Business/Income Producing Properties

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [6]

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A _____ [8]
 Description of casualty or theft - Property B _____ [17]
 Description of casualty or theft - Property C _____ [26]
 Description of casualty or theft - Property D _____ [35]

	A		B		C		D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [9]		___ [18]		___ [27]		___ [36]
Date acquired	_____ [12]		_____ [21]		_____ [30]		_____ [39]
Cost or other basis of property	+ _____ [13]	+	_____ [22]	+	_____ [31]	+	_____ [40]
Insurance or other reimbursement	+ _____ [14]	+	_____ [23]	+	_____ [32]	+	_____ [41]
Fair market value before casualty	+ _____ [15]	+	_____ [24]	+	_____ [33]	+	_____ [42]
Fair market value after casualty	+ _____ [16]	+	_____ [25]	+	_____ [34]	+	_____ [43]

Current Year Business/Income Use Replacement Information

Description of replacement property A _____ [44]
 Description of replacement property B _____ [50]
 Description of replacement property C _____ [56]
 Description of replacement property D _____ [62]

	A		B		C		D
Date acquired	_____ [45]		_____ [51]		_____ [57]		_____ [63]
Prior year cost of replacement property	+ _____ [46]	+	_____ [52]	+	_____ [58]	+	_____ [64]
Cost of replacement property	+ _____ [47]	+	_____ [53]	+	_____ [59]	+	_____ [65]
Postponed gain	+ _____ [48]	+	_____ [54]	+	_____ [60]	+	_____ [66]
Adjusted basis of replacement property	+ _____ [49]	+	_____ [55]	+	_____ [61]	+	_____ [67]

NOTES/QUESTIONS:

Prior Year Casualty and Theft - Personal Use Properties

Occurrence description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 State postal code _____ [3]
 Date of casualty or theft _____ [4]
 Damage to personal residence from corrosive drywall _____ [5]
 Amount paid to repair damage to home or household appliances + _____ [6]
 25% loss available from 2010 + _____ [7]

Prior Year Casualty and Theft - Personal Use Properties (Cont'd)

Description of casualty or theft - Property A _____ [14]
 Description of casualty or theft - Property B _____ [21]
 Description of casualty or theft - Property C _____ [28]
 Description of casualty or theft - Property D _____ [35]

	A	B	C	D
Date acquired	_____ [16]	_____ [23]	_____ [30]	_____ [37]
Cost or other basis of property	+ _____ [17]	+ _____ [24]	+ _____ [31]	+ _____ [38]
Insurance or other reimbursement	+ _____ [18]	+ _____ [25]	+ _____ [32]	+ _____ [39]
Fair market value before casualty	+ _____ [19]	+ _____ [26]	+ _____ [33]	+ _____ [40]
Fair market value after casualty	+ _____ [20]	+ _____ [27]	+ _____ [34]	+ _____ [41]

Personal Use Replacement Information

Description of replacement property A _____ [42]
 Description of replacement property B _____ [48]
 Description of replacement property C _____ [54]
 Description of replacement property D _____ [60]

	A	B	C	D
Date acquired	_____ [43]	_____ [49]	_____ [55]	_____ [61]
Prior year cost of replacement property	+ _____ [44]	+ _____ [50]	+ _____ [56]	+ _____ [62]
Cost of replacement property	+ _____ [45]	+ _____ [51]	+ _____ [57]	+ _____ [63]
Postponed gain	+ _____ [46]	+ _____ [52]	+ _____ [58]	+ _____ [64]
Adjusted basis of replacement property	+ _____ [47]	+ _____ [53]	+ _____ [59]	+ _____ [65]

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2012 Information	Prior Year Information
Total area of home	_____ [11]	_____
Area used exclusively for business	_____ [13]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [15]	_____
Total hours used this year, if less than 8,784	_____ [17]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [19]	_____
Area used partly for day-care business	_____ [21]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.

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

	2012 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest	+ _____ [26]	+ _____ [28]	_____
Mortgage insurance premiums	+ _____ [31]	+ _____ [32]	
Real estate taxes	+ _____ [34]	+ _____ [36]	
Excess mortgage interest and insurance premiums	+ _____ [39]	+ _____ [40]	
Insurance	+ _____ [42]	+ _____ [44]	
Rent	+ _____ [48]	+ _____ [49]	
Repairs & maintenance	+ _____ [51]	+ _____ [52]	
Utilities	+ _____ [54]	+ _____ [55]	
Other expenses, such as: Supplies & Security system	+ _____ [57]	+ _____ [58]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Excess casualty losses		+ _____ [60]	
Carryovers:			
Operating expenses		+ _____ [61]	
Casualty losses		+ _____ [62]	
Depreciation		+ _____ [64]	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [65]	
Depreciation		+ _____ [69]	

NOTES/QUESTIONS:

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

Preparer use only

Description of business or profession _____ [3]

Vehicles 1 - 2

Vehicle 1 - Date placed in service _____ [4]
 Description _____ [5]
 Comments _____

Vehicle 2 - Date placed in service _____ [41]
 Description _____ [42]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____ [9]		_____ [46]	
Commuting miles	_____ [11]		_____ [48]	
Business miles	_____ [13]		_____ [50]	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	___ [16]	---	___ [53]	---
Was another vehicle available for personal use? (Y, N)	___ [18]	---	___ [55]	---
Do you have evidence to support your deduction? (Y, N)	___ [20]	---	___ [57]	---
Is this evidence written? (Y, N)	___ [22]	---	___ [59]	---
Parking, fees and tolls	+ _____ [24]	---	+ _____ [61]	---
Gasoline, oil, repairs, insurance, etc.	+ _____ [26]	---	+ _____ [63]	---
Interest	+ _____ [28]	---	+ _____ [65]	---
Registration	+ _____ [30]	---	+ _____ [67]	---
Property taxes	+ _____ [32]	---	+ _____ [69]	---
Vehicle rentals	+ _____ [34]	---	+ _____ [71]	---
Inclusion amount (Preparer use only)	+ _____ [36]	---	+ _____ [73]	---
Depreciation	+ _____ [38]	---	+ _____ [75]	---

Vehicles 3 - 4

Vehicle 3 - Date placed in service _____ [78]
 Description _____ [79]
 Comments _____

Vehicle 4 - Date placed in service _____ [115]
 Description _____ [116]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____ [83]		_____ [120]	
Commuting miles	_____ [85]		_____ [122]	
Business miles	_____ [87]		_____ [124]	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	___ [90]	---	___ [127]	---
Was another vehicle available for personal use? (Y, N)	___ [92]	---	___ [129]	---
Do you have evidence to support your deduction? (Y, N)	___ [94]	---	___ [131]	---
Is this evidence written? (Y, N)	___ [96]	---	___ [133]	---
Parking, fees and tolls	+ _____ [98]	---	+ _____ [135]	---
Gasoline, oil, repairs, insurance, etc.	+ _____ [100]	---	+ _____ [137]	---
Interest	+ _____ [102]	---	+ _____ [139]	---
Registration	+ _____ [104]	---	+ _____ [141]	---
Property taxes	+ _____ [106]	---	+ _____ [143]	---
Vehicle rentals	+ _____ [108]	---	+ _____ [145]	---
Inclusion amount (Preparer use only)	+ _____ [110]	---	+ _____ [147]	---
Depreciation	+ _____ [112]	---	+ _____ [149]	---

Control Totals +

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2012.

	2012 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under \$20 per month and not reported to employer	+ _____ [3]	+ _____ [4]	<div style="border: 1px solid black; width: 100%; height: 20px; background-color: #cccccc;"></div>

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2012	Total tips reported in 2012
Taxpayer information [1]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information [2]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

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

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
Spouse information [7]	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____

**** Reason Codes**

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.

C = I received other correspondence from the IRS that states I am an employee.

G = I filed Form SS-8 with the IRS and have not received a reply.

H = I received a Form W-2 and a Form 1099-MISC from this firm for 2012. The amount on Form 1099-MISC should have been included as wages on Form W-2.

Enter parent's information for children under age 19 on 1/1/13 or a full-time student under age 24 who have investment income of more than \$1,900.

Parent's social security number (Enter the name and social security number of the parent listed first on the return) _____ [4]

Parent's first name _____ [5]

Parent's last name _____ [6]

Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) _____ [7]

All Other Children's Information

Enter information for each child with investment income of more than \$1,900.

Child #1 social security number _____ [25]

Child #1 first name _____ [26]

Child #1 last name _____ [27]

Child #1 birthdate (mm/dd/yyyy) _____ [28]

Child #2 social security number _____ [38]

Child #2 first name _____ [39]

Child #2 last name _____ [40]

Child #2 birthdate (mm/dd/yyyy) _____ [41]

Child #3 social security number _____ [51]

Child #3 first name _____ [52]

Child #3 last name _____ [53]

Child #3 birthdate (mm/dd/yyyy) _____ [54]

Child #4 social security number _____ [64]

Child #4 first name _____ [65]

Child #4 last name _____ [66]

Child #4 birthdate (mm/dd/yyyy) _____ [67]

Child #5 social security number _____ [77]

Child #5 first name _____ [78]

Child #5 last name _____ [79]

Child #5 birthdate (mm/dd/yyyy) _____ [80]

Child #6 social security number _____ [90]

Child #6 first name _____ [91]

Child #6 last name _____ [92]

Child #6 birthdate (mm/dd/yyyy) _____ [93]

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.
Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number _____ [1]
Child's date of birth _____ [2]
Child's name _____ [4]
Taxpayer/Spouse/Joint (T, S, J) _____ [5]

Type Code (**See codes below)	Payer	Interest Income [6]	Tax Exempt Income	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
---	_____	+ _____	_____	_____	_____	
---	_____	+ _____	_____	_____	_____	
---	_____	+ _____	_____	_____	_____	
---	_____	+ _____	_____	_____	_____	
---	_____	+ _____	_____	_____	_____	
---	_____	+ _____	_____	_____	_____	

**Interest Codes					
Blank = Regular Interest	3 = Nominee Distribution	4 = Accrued Interest	5 = OID Adjustment	6 = ABP Adjustment	

Children's Dividend Income

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

Type Code (** See codes below)	Ordinary [8] Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
1	Payer									
	Amounts	+								
2	Payer									
	Amounts	+								
3	Payer									
	Amounts	+								
4	Payer									
	Amounts	+								
5	Payer									
	Amounts	+								
6	Payer									
	Amounts	+								

**Dividend Codes	
Blank = Other	3 = Nominee

Alaska Permanent Fund dividends:		2012 Information [10]	Prior Year Information
_____	+	_____	
_____	+	_____	

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S) _____ [1]
 Employer identification number _____ [2]

Total cash wages subject to social security taxes + _____ [4]
 Total cash wages subject to Medicare taxes + _____ [5]
 Federal income tax withheld + _____ [6]
 State disability plan social security & Medicare withheld + _____ [7]

Did you:
 (A) pay any household employee cash wages of \$1,800 or more in 2012? (Y, N) _____ [8]
 (B) withhold Federal income tax for any household employee? (Y, N) _____ [9]
 (C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2011 or 2012? (Y, N) _____ [10]

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.

Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax + _____ [11]
 Did you pay all state unemployment contributions for 2012 by 4/15/13? (Y, N) * _____ [12]

State #1 information
 State postal code where you have to pay unemployment contributions * _____ [13]
 State reporting number as shown on state unemployment tax return _____ [14]
 Taxable wages (as defined in state act) + _____ [15]
 State experience rate period:
 From _____ [16]
 To _____ [17]
 State experience rate (xxx.xx) _____ [18]
 Contributions paid to state unemployment fund * + _____ [19]

State #2 information
 State postal code where you have to pay unemployment contributions _____ [20]
 State reporting number as shown on state unemployment tax return _____ [21]
 Taxable wages (as defined in state act) + _____ [22]
 State experience rate period:
 From _____ [23]
 To _____ [24]
 State experience rate (xxx.xx) _____ [25]
 Contributions paid to state unemployment fund + _____ [26]

NOTES/QUESTIONS:

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, and the home is no longer used as your main residence, you may have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address _____ [1]

City/State/Zip code _____ [2] _____ [3] _____ [4]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) _____ [5]

Purchase price of the home _____ [6]

Date the home was sold or ceased being used as principal residence _____ [13]

If you sold your home, enter the selling price _____ [14]

If you sold your home, enter the expense of sale _____ [15]

Were you and your spouse married on the purchase date? (Y, N) _____ [18]

If your home was transferred to your ex-spouse due to a divorce settlement,
enter his or her full name _____ [19]

If you own the principal residence with another person enter their name and allocation percentage
Other owner name _____ [22]

Allocation percentage _____

NOTES/QUESTIONS:

Child and Dependent Care Expenses

**Please enter all amounts paid in 2012 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2011 employer-provided dependent care benefits used during 2012 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2012	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2012		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2012 + _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2012 + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2012 + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2012 + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2012 + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2012, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

Taxpayer

Spouse

Nontaxable disability/pension income received in 2012

+ _____ [7]

+ _____ [8]

Taxable disability income received in 2012

+ _____ [9]

+ _____ [10]

NOTES/QUESTIONS:

Residential Energy Credit

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any 2006, 2007, 2009, 2010 or 2011 Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)	_____	[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)	_____	[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____	[4]
Enter the total amount of costs for exterior windows	+ _____	[5]
Enter the total amount of costs for exterior doors	+ _____	[6]
Enter the total amount of costs for qualified metal roofs	+ _____	[7]
Enter the total amount of costs for energy-efficient building property	+ _____	[8]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____	[9]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+ _____	[10]
Enter the total amount of costs for qualified solar electric property	+ _____	[11]
Enter the total amount of costs for qualified solar water heating property	+ _____	[12]
Enter the total amount of costs for qualified small wind energy property	+ _____	[13]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____	[14]
Enter the total amount of costs for qualified fuel cell property	+ _____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_____	[16]

NOTES/QUESTIONS:

Adoption Credit

Complete this form if you paid qualified adoption expenses in 2012. Indicate if the adoption was final in or before 2012.
Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.
Please provide copies of legal documents approving the adoption.

	Child 1 ^[1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '95 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2011 for this child	_____	_____	_____
Employer-provided benefits received in 2011 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2012 for this child	_____	_____	_____
Employer-provided benefits received in 2012 for this child	_____	_____	_____
Adoption final in (1 = '12, 2 = Pre '12)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '95 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2011 for this child	_____	_____	_____
Employer-provided benefits received in 2011 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2012 for this child	_____	_____	_____
Employer-provided benefits received in 2012 for this child	_____	_____	_____
Adoption final in (1 = '12, 2 = Pre '12)	_____	_____	_____

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

	[5]
	[6]
	[7]

NOTES/QUESTIONS:

Fuel Tax Credit

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of gasoline -			
Off-highway business use		\$0.183	+ _____ [1]
Use on a farm		0.183	+ _____ [2]
Other nontaxable use	____ [3]	0.183	+ _____ [4]
Exported		0.184	+ _____ [5]
Nontaxable use of aviation gasoline -			
Commercial aviation		0.15	+ _____ [6]
Other nontaxable use	____ [7]	0.193	+ _____ [8]
Exported		0.194	+ _____ [9]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [10]
Nontaxable use of undyed diesel fuel -			
Explanation of evidence of dyes:			
_____ [11]			

Other nontaxable use	____ [12]	0.243	+ _____ [13]
Use on a farm		0.243	+ _____ [14]
Trains		0.243	+ _____ [15]
Intercity / local bus		0.17	+ _____ [16]
Exported		0.244	+ _____ [17]
Nontaxable use of undyed kerosene (other than aviation) -			
Explanation of evidence of dyes:			
_____ [18]			

Other nontaxable use	____ [19]	0.243	+ _____ [20]
Use on a farm		0.243	+ _____ [21]
Intercity / local buses		0.17	+ _____ [22]
Exported		0.244	+ _____ [23]
Other nontaxable use taxed at \$.044	____ [24]	0.043	+ _____ [25]
Other nontaxable use taxed at \$.219	____ [26]	0.218	+ _____ [27]
Kerosene used in aviation -			
Kerosene taxed at \$.244		0.200	+ _____ [28]
Kerosene taxed at \$.219		0.175	+ _____ [29]
Other nontaxable use taxed at \$.244	____ [30]	0.243	+ _____ [31]
Other nontaxable use taxed at \$.219/.044	____ [32]	0.218	+ _____ [33]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [34]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Fuel Tax Credit

*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -		
Registration Number		_____ [1]
Explanation of evidence of dyes:		_____ [2]
		_____ [3]
State / local government	0.243	+ _____ [3]
Intercity / local buses	0.17	+ _____ [4]
Sales by registered ultimate vendors of undyed kerosene -		
Registration Number		_____ [5]
Explanation of evidence of dyes:		_____ [6]
		_____ [7]
Use by state/local government	0.243	+ _____ [7]
Sales from a blocked pump	0.243	+ _____ [8]
Intercity / local buses	0.17	+ _____ [9]
Sales by registered ultimate vendors of kerosene in aviation -		
Registration Number		_____ [10]
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____ [11]
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	+ _____ [12]
Nonexempt use in noncommercial aviation	0.025	+ _____ [13]
Other nontaxable uses taxed at \$.244 _____ [14]	0.243	+ _____ [15]
Other nontaxable uses taxed at \$.219/.044 _____ [16]	0.218	+ _____ [17]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [18]
Alcohol fuel mixture credit -		
Field not applicable		_____ [20]
Field not applicable		+ _____ [21]
Field not applicable		+ _____ [22]
Biodiesel or renewable diesel mixture credit -		
Registration Number		_____ [23]
Biodiesel mixtures	1.00	+ _____ [24]
Agri-biodiesel mixtures	1.00	+ _____ [25]
Renewable diesel mixtures	1.00	+ _____ [26]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Fuel Tax Credit

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -			
Liquified petroleum gas (LPG)	____ [1]	0.183	+ _____ [2]
"P Series" fuels	____ [3]	0.183	+ _____ [4]
Compressed natural gas (CNG)	____ [5]	0.183	+ _____ [6]
Liquified hydrogen	____ [7]	0.183	+ _____ [8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	____ [9]	0.243	+ _____ [10]
Liquid hydrocarbons derived from biomass	____ [11]	0.243	+ _____ [12]
Liquified natural gas (LNG)	____ [13]	0.243	+ _____ [14]
Liquified gas derived from biomass	____ [15]	0.183	+ _____ [16]
Alternative fuel credit and alternative fuel mixture credit -			
Registration Number			_____ [17]
Liquified petroleum gas (LPG)		0.50	+ _____ [18]
"P Series" fuels		0.50	+ _____ [19]
Compressed natural gas		0.50	+ _____ [20]
Liquified hydrogen		0.50	+ _____ [21]
Any liquid fuel derived from coal through the Fischer-Tropsch process		0.50	+ _____ [22]
Liquid hydrocarbons derived from biomass		0.50	+ _____ [23]
Liquified natural gas (LNG)		0.50	+ _____ [24]
Liquified gas derived from biomass		0.50	+ _____ [25]
Compressed gas derived from biomass		0.50	+ _____ [26]
Registered credit card users -			
Registration Number			_____ [27]
Diesel for state / local government		0.243	+ _____ [28]
Kerosene for state / local government		0.243	+ _____ [29]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	+ _____ [30]
Nontaxable use of a diesel-water fuel emulsion -			
Other nontaxable use	____ [31]	0.197	+ _____ [32]
Exported		0.198	+ _____ [33]
Diesel-water fuel emulsion blending -			
Registration Number			_____ [34]
Blender credit		0.046	+ _____ [35]
Exported dyed fuels -			
Exported dyed diesel fuel		0.001	+ _____ [36]
Exported dyed kerosene		0.001	+ _____ [37]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Foreign Tax Credit

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2012.

Preparer use only

Description _____ [2]
 Taxpayer/Spouse (T, S) _____ [3]
 Taxes claimed (1 = Paid, 2 = Accrued) _____ [6]
 Category of income* _____ [7]
 Country of residence code/name _____ [8] _____ [9]
 Description of income _____ [10]

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

Foreign Income or Loss

	A	B	C
Country code _____ [14]		_____ [16]	_____ [18]
Country name _____ [15]		_____ [17]	_____ [19]
Foreign gross income	+ _____ [20]	+ _____ [21]	+ _____ [22]
Definitely related expenses:			
_____ [23]	+ _____ [23]	+ _____ [24]	+ _____ [25]
_____ [23]	+	+	+
_____ [23]	+	+	+
_____ [23]	+	+	+
Foreign source losses	+ _____ [26]	+ _____ [27]	+ _____ [28]

Foreign Taxes Paid or Accrued

	A	B	C
Foreign taxes paid or accrued:			
Date paid or accrued _____ [29]		_____ [30]	_____ [31]
In foreign currency - taxes withheld on:			
Dividends	+ _____ [32]	+ _____ [33]	+ _____ [34]
Rents & royalties	+ _____ [35]	+ _____ [36]	+ _____ [37]
Interest	+ _____ [38]	+ _____ [39]	+ _____ [40]
Other foreign taxes	+ _____ [41]	+ _____ [42]	+ _____ [43]
In US dollars - taxes withheld on:			
Dividends	+ _____ [47]	+ _____ [48]	+ _____ [49]
Rents & Royalties	+ _____ [50]	+ _____ [51]	+ _____ [52]
Interest	+ _____ [53]	+ _____ [54]	+ _____ [55]
Other foreign taxes	+ _____ [56]	+ _____ [57]	+ _____ [58]

NOTES/QUESTIONS:

Preparer use only

Description _____
 Taxpayer/Spouse (T, S) _____
 Category of income* _____

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

AMT Foreign Income or Loss

	A	B	C
Country code	_____	_____	_____
Country name	_____	_____	_____
Foreign gross income	+ _____ [11]	+ _____ [12]	+ _____ [13]
Definitely related expenses	+ _____ [14]	+ _____ [15]	+ _____ [16]
Foreign source losses	+ _____ [17]	+ _____ [18]	+ _____ [19]

NOTES/QUESTIONS:

Instructions
 Enter carryovers as positive numbers.
 Enter utilizations as negative numbers.
 Enter utilizations only for those losses shown on organizer form.
 Enter carrybacks as reductions of loss in the year the loss was created,
 rather than as utilizations in carryback years.

Indefinite Carryovers	2011 to 2012 Amounts
Excess section 179 for Sch A	+ _____ [1]
Excess section 179 for Sch A - AMT	+ _____ [2]
Minimum tax credit	+ _____ [3]
Investment interest	+ _____ [4]
Investment interest - AMT	+ _____ [5]
Short-term capital loss	+ _____ [6]
Short-term capital loss - AMT	+ _____ [7]
Long-term capital loss	+ _____ [8]
Long-term capital loss - AMT	+ _____ [9]
Residential energy credit	+ _____ [10]
D.C. first-time homebuyer credit	+ _____ [11]
Tax credit bonds	+ _____ [12]

Charitable Contribution Carryover Items

Prior C/O Year	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
2006					+ _____ [53]	+ _____ [65]
2007	+ _____ [13]	+ _____ [18]	+ _____ [23]	+ _____ [28]	+ _____ [54]	+ _____ [66]
2008	+ _____ [14]	+ _____ [19]	+ _____ [24]	+ _____ [29]	+ _____ [55]	+ _____ [67]
2009	+ _____ [15]	+ _____ [20]	+ _____ [25]	+ _____ [30]	+ _____ [56]	+ _____ [68]
2010	+ _____ [16]	+ _____ [21]	+ _____ [26]	+ _____ [31]	+ _____ [57]	+ _____ [69]
2011	+ _____ [17]	+ _____ [22]	+ _____ [27]	+ _____ [32]	+ _____ [58]	+ _____ [70]

AMT Charitable Contribution Carryover Items

Prior C/O Year	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions	50% AMT Qual Conservation Contributions	100% AMT Qual Conservation Contributions
2006					+ _____ [59]	+ _____ [71]
2007	+ _____ [33]	+ _____ [38]	+ _____ [43]	+ _____ [48]	+ _____ [60]	+ _____ [72]
2008	+ _____ [34]	+ _____ [39]	+ _____ [44]	+ _____ [49]	+ _____ [61]	+ _____ [73]
2009	+ _____ [35]	+ _____ [40]	+ _____ [45]	+ _____ [50]	+ _____ [62]	+ _____ [74]
2010	+ _____ [36]	+ _____ [41]	+ _____ [46]	+ _____ [51]	+ _____ [63]	+ _____ [75]
2011	+ _____ [37]	+ _____ [42]	+ _____ [47]	+ _____ [52]	+ _____ [64]	+ _____ [76]

NOL and Other Carryover Items

Prior C/O Year	Net Operating Loss	AMT NOL	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
1997	+ _____ [87]	+ _____ [102]		
1998	+ _____ [88]	+ _____ [103]		
1999	+ _____ [89]	+ _____ [104]		
2000	+ _____ [90]	+ _____ [105]		
2001	+ _____ [91]	+ _____ [106]		
2002	+ _____ [92]	+ _____ [107]		
2003	+ _____ [93]	+ _____ [108]		
2004	+ _____ [94]	+ _____ [109]		
2005	+ _____ [95]	+ _____ [110]		
2006	+ _____ [96]	+ _____ [111]		
2007	+ _____ [97]	+ _____ [112]	+ _____ [77]	+ _____ [82]
2008	+ _____ [98]	+ _____ [113]	+ _____ [78]	+ _____ [83]
2009	+ _____ [99]	+ _____ [114]	+ _____ [79]	+ _____ [84]
2010	+ _____ [100]	+ _____ [115]	+ _____ [80]	+ _____ [85]
2011	+ _____ [101]	+ _____ [116]	+ _____ [81]	+ _____ [86]

Control Totals +

Description

A	_____	[2]
B	_____	[2]
C	_____	[2]
D	_____	[2]

Prior C/O Year	A	B	C	D
	_____ [1]	_____ [1]	_____ [1]	_____ [1]
1997	+ _____	+ _____ [3]	+ _____ [3]	+ _____ [3]
1998	+ _____	+ _____ [4]	+ _____ [4]	+ _____ [4]
1999	+ _____	+ _____ [5]	+ _____ [5]	+ _____ [5]
2000	+ _____	+ _____ [6]	+ _____ [6]	+ _____ [6]
2001	+ _____	+ _____ [7]	+ _____ [7]	+ _____ [7]
2002	+ _____	+ _____ [8]	+ _____ [8]	+ _____ [8]
2003	+ _____	+ _____ [9]	+ _____ [9]	+ _____ [9]
2004	+ _____	+ _____ [10]	+ _____ [10]	+ _____ [10]
2005	+ _____	+ _____ [11]	+ _____ [11]	+ _____ [11]
2006	+ _____	+ _____ [13]	+ _____ [13]	+ _____ [13]
2007	+ _____	+ _____ [15]	+ _____ [15]	+ _____ [15]
2008	+ _____	+ _____ [17]	+ _____ [17]	+ _____ [17]
2009	+ _____	+ _____ [19]	+ _____ [19]	+ _____ [19]
2010	+ _____	+ _____ [21]	+ _____ [21]	+ _____ [21]
2011	+ _____	+ _____ [22]	+ _____ [22]	+ _____ [22]

NOTES/QUESTIONS:

Schedule F - Farm income/-loss:

2011	+ _____	[1]
2010	+ _____	[2]
2009	+ _____	[3]
2008	+ _____	[4]
2007	+ _____	[5]

Schedule C - Farm commodity processing income/-loss:

2011	+ _____	[6]
2010	+ _____	[7]
2009	+ _____	[8]
2008	+ _____	[9]
2007	+ _____	[10]

Schedule E - Partnership/S corporation farm income/-loss:

2011	+ _____	[11]
2010	+ _____	[12]
2009	+ _____	[13]
2008	+ _____	[14]
2007	+ _____	[15]

Form 4835 - Farm rent income/-loss:

2011	+ _____	[16]
2010	+ _____	[17]
2009	+ _____	[18]
2008	+ _____	[19]
2007	+ _____	[20]

Gain/-loss on sale of farming property:

2011	+ _____	[21]
2010	+ _____	[22]
2009	+ _____	[23]
2008	+ _____	[24]
2007	+ _____	[25]

AMT Gain/-loss on sale of farming property:

2011	+ _____	[26]
2010	+ _____	[27]
2009	+ _____	[28]
2008	+ _____	[29]
2007	+ _____	[30]

AMT Adjustments/Preferences to farm income/-loss:

2011	+ _____	[31]
2010	+ _____	[32]
2009	+ _____	[33]
2008	+ _____	[34]
2007	+ _____	[35]

NOTES/QUESTIONS:

This form is used to report financial accounts and assets in foreign countries, as required by the Internal Revenue Service.

Foreign Deposit and Custodial Accounts

	2012 Information	Prior Year Information
Type of Account: (D= Deposit, C = Custodial)	__ [5]	—
Account number or other designation	_____ [7]	
Account opened during the tax year	__ [8]	
Account closed during the tax year	__ [10]	
Account jointly owned with spouse	__ [11]	
Maximum value of account	_____ [13]	
Name of financial institution	_____ [18]	
Address of financial institution	_____ [19]	
City, state, zip code	_____ [20]	__ [21] _____ [22]
Foreign country code/name	__ [23] _____ [24]	
Foreign province/county	_____ [25]	
Foreign postal code	_____ [26]	

Other Foreign Assets

	2012 Information	Prior Year Information
Asset description	_____ [27]	—
Asset identifying number or other designation	_____ [28]	
Date asset acquired	_____ [29]	
Date asset disposed	_____ [31]	
Asset jointly owned with spouse	__ [32]	
Maximum value of asset	_____ [34]	

Asset foreign entity information - (enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity: (P = Partnership, C = Corporation, T = Trust, E = Estate) __ [39]

Foreign entity name _____ [40]

Foreign entity address _____ [41]

City, state, zip code _____ [42] __ [43] _____ [44]

Foreign country code/name __ [45] _____ [46]

Foreign province/county _____ [47]

Foreign postal code _____ [48]

Asset issuer or counterparty information - (enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) __ [49]

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) __

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) __

Individual or organization name _____

Address of issuer or counterparty _____

City, state, zip code _____

Foreign country code/name __ _____

Foreign province/county _____

Foreign postal code _____

Asset issuer or counterparty information - (enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) __

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) __

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) __

Individual or organization name _____

Address of issuer or counterparty _____

City, state, zip code _____

Foreign country code/name __ _____

Foreign province/county _____

Foreign postal code _____

Treasury Department Report of Foreign Bank Accounts #1

This form is used to report a financial interest in, signature authority or other authority over financial accounts in foreign countries, as required by the Department of the Treasury Regulations.

	2012 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__ [1]	[]
Number of foreign accounts filer has a financial interest in, if 25 or more	__ [2]	
Filer has signature authority over 25 or more foreign accounts	__ [3]	
Information is reported for a financial account which is: (2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest)	__ [10]	
Type of Account: Bank	__ [11]	
Securities	__ [12]	
Other	__ [13]	
Maximum value of account	__ [14]	
Account number or other designation	__ [16]	
Financial institution	__ [17]	
Address of financial institution	__ [18]	
City, state, zip code	__ [19] __ [20] __ [21]	
Country, foreign postal code	__ [23] __ [25]	
Number of joint owners (Not including taxpayer)	__ [39]	
Parts III and IV -		
Joint owner is spouse		__ [26]
Taxpayer identification number of account holder/joint owner		__ [27]
Last name or organization name of account holder/joint owner		__ [28]
First name and middle initial of account holder/joint owner		__ [29] __ [30]
Address and apartment		__ [31] __ [32]
City, state, zip code		__ [33] __ [34] __ [35]
Country, foreign postal code		__ [37] __ [38]
Part IV -		
Filer's title with this owner		__ [40]

Treasury Department Report of Foreign Bank Accounts #2

This form is used to report a financial interest in, signature authority or other authority over financial accounts in foreign countries, as required by the Department of the Treasury Regulations.

	2012 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__ [1]	[]
Number of foreign accounts filer has a financial interest in, if 25 or more	__ [2]	
Filer has signature authority over 25 or more foreign accounts	__ [3]	
Information is reported for a financial account which is: (2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest)	__ [10]	
Type of Account: Bank	__ [11]	
Securities	__ [12]	
Other	__ [13]	
Maximum value of account	__ [14]	
Account number or other designation	__ [16]	
Financial institution	__ [17]	
Address of financial institution	__ [18]	
City, state, zip code	__ [19] __ [20] __ [21]	
Country, foreign postal code	__ [23] __ [25]	
Number of joint owners (Not including taxpayer)	__ [39]	
Parts III and IV -		
Joint owner is spouse		__ [26]
Taxpayer identification number of account holder/joint owner		__ [27]
Last name or organization name of account holder/joint owner		__ [28]
First name and middle initial of account holder/joint owner		__ [29] __ [30]
Address and apartment		__ [31] __ [32]
City, state, zip code		__ [33] __ [34] __ [35]
Country, foreign postal code		__ [37] __ [38]
Part IV -		
Filer's title with this owner		__ [40]

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2008 Amounts	2009 Amounts	2010 Amounts	2011 Amounts
Filing Status (1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)	_____	_____	_____	_____
Salaries and wages	_____	_____	_____	_____
Interest income	_____	_____	_____	_____
Tax-exempt interest	_____	_____	_____	_____
Dividend income	_____	_____	_____	_____
Qualified dividends	_____	_____	_____	_____
Business income/loss	_____	_____	_____	_____
Capital gains and losses	_____	_____	_____	_____
Other gains and losses	_____	_____	_____	_____
IRA distributions, pensions, annuities	_____	_____	_____	_____
Rent, royalty, farm rental income	_____	_____	_____	_____
Partnership/S corp income	_____	_____	_____	_____
Estate or trust income	_____	_____	_____	_____
Farm income/loss	_____	_____	_____	_____
Other income/loss	_____	_____	_____	_____
Total income -	_____	_____	_____	_____
Total adjustments to income	_____	_____	_____	_____
Adjusted gross income -	_____	_____	_____	_____
Medical expenses	_____	_____	_____	_____
State and local taxes	_____	_____	_____	_____
Interest expenses	_____	_____	_____	_____
Charitable contributions	_____	_____	_____	_____
Other itemized deductions	_____	_____	_____	_____
Allowable itemized deductions	_____	_____	_____	_____
Standard deduction	_____	_____	_____	_____
Standard or itemized deduction taken -	_____	_____	_____	_____
Exemptions	_____	_____	_____	_____
Taxable income -	_____	_____	_____	_____
Tax on taxable income	_____	_____	_____	_____
Alternative minimum tax	_____	_____	_____	_____
Total credits	_____	_____	_____	_____
Net tax liability -	_____	_____	_____	_____
Self-employment taxes	_____	_____	_____	_____
Other taxes	_____	_____	_____	_____
Total tax -	_____	_____	_____	_____
Income tax withheld	_____	_____	_____	_____
Estimated tax payments	_____	_____	_____	_____
Other payments	_____	_____	_____	_____
Total payments -	_____	_____	_____	_____
Tax due/-refund -	_____	_____	_____	_____
Penalties and interest	_____	_____	_____	_____
Net tax due/-refund -	_____	_____	_____	_____
Refund applied to estimated tax payments	_____	_____	_____	_____
Refund received	_____	_____	_____	_____
Marginal tax rate -	_____ %	_____ %	_____ %	_____ %
Effective tax rate -	_____ %	_____ %	_____ %	_____ %

NOTES/QUESTIONS:

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040

Dependent Information

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

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2012 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

General: Info

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution: Routing transit number _____ Name _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount up to \$5,000.** _____

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

**To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2012 _____ Amount received in 2011 _____

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

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

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

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2012 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2012 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

Traditional IRA Contributions for 2012 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2012

Roth IRA Contributions for 2012 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2012

Educate: Educate

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2012 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2012 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2012.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	_____
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	_____
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2012 Information	Prior Year Information
_____	_____	_____	_____	_____
Street address	_____			
City, State and Zip code	_____			

Taxpayer

Spouse

Prior Year Information

Educator expenses:

_____	_____	_____	_____
-------	-------	-------	-------

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1

Medical and Dental Expenses

T/S/J		2012 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

***Do not include pre-tax amounts paid by an employer-sponsored plan or amounts paid for your self-employed business

Itemized: A1

Tax Expenses

T/S/J		2012 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2011 state and local income taxes paid in 2012	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2

Interest Expenses

T/S/J		2012 Information	Prior Year Information
—	Home mortgage interest: From Form 1098	_____	_____
Other, such as: Home mortgage interest paid to individuals			
T/S/J	Payee's Name	SSN or EIN	2012 Information
—	_____	_____	_____
	Address	City	State Zip Code
—	_____	_____	_____
T/S/J		2012 Information	Prior Year Information
—	Investment interest expense, other than on K-1s:	_____	_____
	Refinance #1		Refinance #2
Refinancing Information:			
T/S/J	_____	_____	_____
	Recipient/Lender name	_____	_____
	Total points paid at time of refinance	_____	_____
	Date of refinance	_____	_____
	Term of new loan (in months)	_____	_____
	Reported on Form 1098 in 2012	_____	_____

Itemized: A3

Charitable Contributions

T/S/J		2012 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3

Miscellaneous Deductions

T/S/J		2012 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
	Other expenses, subject to 2% AGI limitation:		
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
—	Investment expenses, other than on K1s:	_____	_____
	Other expenses, not subject to the 2% AGI limitation:		
—	_____	_____	_____
—	Gambling losses: (Enter only if you have gambling income)	_____	_____

Depreciation - Asset Acquisitions

Preparer use only

Activity name _____

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

		Description of Asset Acquired	Date Acquired	Cost or Basis
	EXAMPLE	2012 Model T - (EXAMPLE ASSET)	03/09/12	25,750
		Comments: 22,500 job-related miles, 25,000 total miles		
1		Comments:		
2		Comments:		
3		Comments:		
4		Comments:		
5		Comments:		
6		Comments:		
7		Comments:		
8		Comments:		
9		Comments:		
10		Comments:		
11		Comments:		
12		Comments:		
13		Comments:		
14		Comments:		
15		Comments:		
16		Comments:		
17		Comments:		
18		Comments:		
19		Comments:		
20		Comments:		
21		Comments:		
22		Comments:		
23		Comments:		
24		Comments:		
25		Comments:		

Virginia General Information

Virginia city or county of residence on January 1, 2013; last lived in or business location _____ [1]
 Mark to indicate name has changed from last year (Resident and nonresident only) _____ [2]
 Mark to indicate filing status has changed from last year (Resident only) _____ [3]
 Mark to indicate address has changed from last year (Resident and nonresident only) _____ [4]
 Mark to indicate that a Virginia return was not filed last year (Resident only) _____ [5]

Use Tax

Consumer's Use Tax _____ [6]

Contributions

Amount of contributions you wish to make to:

Political Contributions

Virginia Democratic Party _____ [7] Virginia Republican Party _____ [8]

Charitable Contributions

If you contributed to a public school foundation, provide the supporting information to your accountant

Virginia Nongame Wildlife Fund _____ [9]	Tuition Assistance Grant Fund _____ [20]
US Olympic Committee _____ [10]	Spay and Neuter Fund _____ [21]
Virginia Housing Program _____ [11]	Cancer Centers in the Commonwealth _____ [22]
Elderly and Disabled Transportation Fund _____ [12]	Martin Luther King, Jr. Fund _____ [23]
Community Policing Fund _____ [13]	Celebrating Special Children _____ [24]
Virginia Arts Foundation _____ [14]	Chesapeake Bay Restoration Fund _____ [25]
Open Space Recreation and Conservation _____ [15]	Family and Children's Trust Fund (FACT) _____ [26]
Historic Resources Fund _____ [16]	Virginia State Forests Fund _____ [27]
Children of America Finding Hope _____ [17]	Virginia Uninsured Medical Catastrophe Fund _____ [28]
Virginia War Memorial and National D-Day Memorial _____ [18]	Home Energy Assistance _____ [29]
Virginia Federation of Humane Societies _____ [19]	Virginia Military Family Relief Fund _____ [30]

Part-year Resident Information

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

	Spouse	Taxpayer
Part-year residency dates:		
From	_____ [31]	_____ [33]
To	_____ [32]	_____ [34]

Nonresident Information

State of residence (Nonresidents only) _____ [35]

NOTES/QUESTIONS: