

## 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	76	Fuel tax credit	77, 78, 79
Alaska Permanent Fund dividends	20, 69	Gambling winnings	7, 20, 22
Alimony paid	46	Gambling losses	54
Alimony received	20	Health savings account (HSA)	43, 44
Annuity payments received	7, 15, 18	Household employee taxes	70
Automobile information -		Installment sales	38, 39
Business or profession	65	Interest income	8, 10
Employee business expense	57	Interest paid	53
Farm	65	Investment expenses	54
Farm rental	65	Investment interest expenses	53
Rent and royalty	65	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	64	Long-term care services and contracts (LTC)	44
Cancellation of debt	21	Medical and dental expenses	52
Casualty and theft losses, business	60, 62	Medical savings account (MSA)	43, 44
Casualty and theft losses, personal	61, 63	Minister earnings and expenses	9, 25, 56, 67
Child and dependent care expenses	72	Miscellaneous income	20, 20a, 20b
Children's interest and dividend	68, 69	Miscellaneous adjustments	46
Charitable contributions	54, 58, 59	Miscellaneous itemized deductions	54
Contracts and straddles	24	Mortgage interest expense	53, 55
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, 50
Business or profession	87, 88	Pension distributions	7, 15, 18
Employee business expense	87, 88	Personal property taxes paid	52
Farm	87, 88	Railroad retirement benefits	16
Farm rental	87, 88	Real estate taxes	52
Rent and royalty	87, 88	REMIC's	13
Direct deposit information	3	Rent and royalty, vacation home, income and expenses	28, 29
Disability income	15, 73	Residential energy credit	74
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	49	Sale of business property	38, 39
Education Savings Account & Qualified Tuition Programs	50	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	56	Self-employed Keogh, SEP and SIMPLE 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)	51	Statutory employee	9, 25
Federal withholding	9, 15, 16, 22	Student loan interest paid	48
First-time homebuyer credit repayment	71	Taxes paid	52
Foreign bank accounts & financial assets	84, 85	Trust income	36
Foreign dividend income	11	Unemployment compensation	20
Foreign earned income & housing deduction	41, 42	Unreported tip or unreported wage income	66
Foreign interest income	10	U.S. savings bonds educational exclusion	47
Foreign taxes paid	75	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)

First Name <sup>[48]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months <sup>***</sup> 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><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you</li> <li>3 = Other dependent</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit</li> </ul> <p><b>***Months</b></p> <ul style="list-style-type: none"> <li>77 = Reported on odd year return</li> <li>88 = Reported on even year return</li> <li>99 = Not reported on return</li> </ul>	<p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul>
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### 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]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) \_\_\_\_\_[2]

If 1 or 2, 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]

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**NOTES/QUESTIONS:**

If you have an overpayment of 2013 taxes, do you want the excess:

Refunded \_\_\_\_\_ [47]

Applied to 2014 estimated tax liability \_\_\_\_\_ [48]

Do you expect a considerable change in your 2014 income? (Y, N) \_\_\_\_\_ [49]

If yes, please explain any differences:

\_\_\_\_\_ [50]

\_\_\_\_\_ [51]

\_\_\_\_\_ [52]

\_\_\_\_\_ [53]

Do you expect a considerable change in your deductions for 2014? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences:

\_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in the amount of your 2014 withholding? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences:

\_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a change in the number of dependents claimed for 2014? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences:

\_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes \_\_\_\_\_ [69]

**2013 Federal Estimated Tax Payments**

2012 overpayment applied to 2013 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.

	<b>Date Due</b>	<b>Date Paid if After Date Due</b>	<b>Amount Paid</b>	<b>Calculated Amount</b>
1st quarter payment	4/15/13	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/17/13	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/16/13	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/15/14	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

**NOTES/QUESTIONS:**

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

State postal code \_\_\_\_\_[2]

Amount paid with 2012 return + \_\_\_\_\_[3]

2012 overpayment applied to '13 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]	

**2013 City Estimated Tax Payments**

City #1		City #2	
City name _____[28]		City name _____[50]	
Amount paid with 2012 return + _____[31]		Amount paid with 2012 return + _____[53]	
2012 overpayment applied to '13 estimates + _____[32]		2012 overpayment applied to '13 estimates + _____[54]	
Treat calculated amounts as paid _____[36]		Treat calculated amounts as paid _____[58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____[37]	+ _____[38]	1st quarter payment _____[59]	+ _____[60]
2nd quarter payment _____[39]	+ _____[40]	2nd quarter payment _____[61]	+ _____[62]
3rd quarter payment _____[41]	+ _____[42]	3rd quarter payment _____[63]	+ _____[64]
4th quarter payment _____[43]	+ _____[44]	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	_____

City #3		City #4	
City name _____[72]		City name _____[94]	
Amount paid with 2012 return + _____[75]		Amount paid with 2012 return + _____[97]	
2012 overpayment applied to '13 estimates + _____[76]		2012 overpayment applied to '13 estimates + _____[98]	
Treat calculated amounts as paid _____[80]		Treat calculated amounts as paid _____[102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____[81]	+ _____[82]	1st quarter payment _____[103]	+ _____[104]
2nd quarter payment _____[83]	+ _____[84]	2nd quarter payment _____[105]	+ _____[106]
3rd quarter payment _____[85]	+ _____[86]	3rd quarter payment _____[107]	+ _____[108]
4th quarter payment _____[87]	+ _____[88]	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	_____







# Wages and Salaries #1

Please provide all copies of Form W-2.

2013 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Employer name \_\_\_\_\_ [3]  
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) \_\_\_\_\_ [5]  
 Mark if this is your current employer \_\_\_\_\_ [6]  
 Federal wages and salaries (**Box 1**) + \_\_\_\_\_ [10]  
 Federal tax withheld (**Box 2**) + \_\_\_\_\_ [12]  
 Social security wages (**Box 3**) (If different than federal wages) + \_\_\_\_\_ [14]  
 Social security tax withheld (**Box 4**) + \_\_\_\_\_ [16]  
 Medicare wages (**Box 5**) (If different than federal wages) + \_\_\_\_\_ [18]  
 Medicare tax withheld (**Box 6**) + \_\_\_\_\_ [21]  
 SS tips (**Box 7**) + \_\_\_\_\_ [23]  
 Allocated tips (**Box 8**) + \_\_\_\_\_ [25]  
 Dependent care benefits (**Box 10**) + \_\_\_\_\_ [27]  
**Box 13 -**  
     Statutory employee \_\_\_\_\_ [29]  
     Retirement plan \_\_\_\_\_ [30]  
     Third-party sick pay \_\_\_\_\_ [31]  
 State postal code (**Box 15**) \_\_\_\_\_ [32]  
 State wages (**Box 16**) (If different than federal wages) + \_\_\_\_\_ [34]  
 State tax withheld (**Box 17**) + \_\_\_\_\_ [36]  
 Local wages (**Box 18**) + \_\_\_\_\_ [38]  
 Local tax withheld (**Box 19**) \_\_\_\_\_ [40]  
 Name of locality (**Box 20**) \_\_\_\_\_ [43]

	<b>Control Totals +</b>
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# Wages and Salaries #2

Please provide all copies of Form W-2.

2013 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Employer name \_\_\_\_\_ [3]  
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) \_\_\_\_\_ [5]  
 Mark if this your current employer \_\_\_\_\_ [6]  
 Federal wages and salaries (**Box 1**) + \_\_\_\_\_ [10]  
 Federal tax withheld (**Box 2**) + \_\_\_\_\_ [12]  
 Social security wages (**Box 3**) (If different than federal wages) + \_\_\_\_\_ [14]  
 Social security tax withheld (**Box 4**) + \_\_\_\_\_ [16]  
 Medicare wages (**Box 5**) (If different than federal wages) + \_\_\_\_\_ [18]  
 Medicare tax withheld (**Box 6**) + \_\_\_\_\_ [21]  
 SS tips (**Box 7**) + \_\_\_\_\_ [23]  
 Allocated tips (**Box 8**) + \_\_\_\_\_ [25]  
 Dependent care benefits (**Box 10**) + \_\_\_\_\_ [27]  
**Box 13 -**  
     Statutory employee \_\_\_\_\_ [29]  
     Retirement plan \_\_\_\_\_ [30]  
     Third-party sick pay \_\_\_\_\_ [31]  
 State postal code (**Box 15**) \_\_\_\_\_ [32]  
 State wages (**Box 16**) (If different than federal wages) + \_\_\_\_\_ [34]  
 State tax withheld (**Box 17**) + \_\_\_\_\_ [36]  
 Local wages (**Box 18**) + \_\_\_\_\_ [38]  
 Local tax withheld (**Box 19**) \_\_\_\_\_ [40]  
 Name of locality (**Box 20**) \_\_\_\_\_ [43]

	<b>Control Totals +</b>
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# 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 <small>(**See codes below)</small>	Interest Income <sup>[1]</sup>	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	Payer						
		Amounts	+					

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

Control Totals +

# 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 J	Type 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	+											

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee

## Seller Financed Mortgage Interest Income

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

**2013 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 2013 + \_\_\_\_\_ [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 2013 + \_\_\_\_\_ [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 2013 + \_\_\_\_\_ [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 2013 + \_\_\_\_\_ [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 2013 + \_\_\_\_\_ [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 2013 + \_\_\_\_\_ [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 2013 + \_\_\_\_\_ [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 2013 + \_\_\_\_\_ [1]

**Control Totals +**

# Income from REMICs

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 \_\_\_\_\_

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**NOTES/QUESTIONS:**







## Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

**2013 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding <b>(Box 12)</b>	+	_____	[17]
Local withholding <b>(Box 15)</b>	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]
Mark if distribution was from an inherited IRA		_____	[24]


	<b>Control Totals +</b>	
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## Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

**2013 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding <b>(Box 12)</b>	+	_____	[17]
Local withholding <b>(Box 15)</b>	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]
Mark if distribution was from an inherited IRA		_____	[24]


	<b>Control Totals +</b>	
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## Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

**2013 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding <b>(Box 12)</b>	+	_____	[17]
Local withholding <b>(Box 15)</b>	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]
Mark if distribution was from an inherited IRA		_____	[24]


	<b>Control Totals +</b>	
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## 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

	2013 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2013 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [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

	2013 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 2013 <b>(Box 5)</b>	+ _____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

### Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2013 or receive any prior year benefits in 2013. 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 2013	+ _____[5]	+ _____[6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2013	+ _____[11]	+ _____[12]
Enter the nondeductible contribution amount made in 2014 for use in 2013	+ _____[13]	+ _____[14]
Traditional IRA basis	+ _____[15]	+ _____[16]
Value of all your traditional IRA's on December 31, 2013:	+ _____[17]	+ _____[18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

## Roth IRA

**Please provide copies of any 1998 through 2012 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 2013	+ _____[29]	+ _____[30]
Enter the total amount of Roth IRA conversion recharacterizations for 2013	+ _____[37]	+ _____[38]
Enter the total contribution Roth IRA basis on December 31, 2012	+ _____[41]	+ _____[42]
Enter the total Roth IRA contribution recharacterizations for 2013	+ _____[43]	+ _____[44]
Enter the Roth conversion IRA basis on December 31, 2012	+ _____[45]	+ _____[46]
Value of all your Roth IRA's on December 31, 2013:	+ _____[47]	+ _____[48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**NOTES/QUESTIONS:**

## Canadian Registered Retirement Plans #1

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

	2013 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 2013	+ _____[21]	

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

	2013 Information	Prior Year Information
Undistributed earnings		
Interest income	+ _____[38]	
Ordinary dividends	+ _____[40]	
Qualified dividends	+ _____[42]	
Total capital gains	+ _____[44]	
Other income:		
_____	+ _____[46]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

	<b>Control Totals +</b>	
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## Canadian Registered Retirement Plans #2

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

	2013 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 2013	+ _____[21]	

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

	2013 Information	Prior Year Information
Undistributed earnings		
Interest income	+ _____[38]	
Ordinary dividends	+ _____[40]	
Qualified dividends	+ _____[42]	
Total capital gains	+ _____[44]	
Other income:		
_____	+ _____[46]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

	<b>Control Totals +</b>	
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**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 2013 + \_\_\_\_\_ [8]
- Enter the total amount of contributions made to a Solo 401(k) plan in 2013 + \_\_\_\_\_ [9]
- Enter the total amount of contributions made to a SEP plan in 2013 + \_\_\_\_\_ [10]
- Enter the total amount of contributions made to a SARSEP plan in 2013 + \_\_\_\_\_ [11]
- Enter the total amount of contributions made to a defined benefit plan in 2013 + \_\_\_\_\_ [12]
- Enter the total amount of contributions made to a profit-sharing plan in 2013 + \_\_\_\_\_ [13]
- Enter the total amount of contributions made to a money purchase plan in 2013 + \_\_\_\_\_ [14]
- Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2013 + \_\_\_\_\_ [15]
- Enter the total amount of contributions to a SIMPLE IRA plan in 2013 + \_\_\_\_\_ [16]

**Catch-up Contributions**

- Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2013 + \_\_\_\_\_ [17]
- Enter the amount of catch-up contributions made to a SIMPLE Plan in 2013 + \_\_\_\_\_ [18]

**Elective Deferrals**

- Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2013 + \_\_\_\_\_ [19]
- Enter the amount of elective deferrals designated as Roth contributions in 2013 + \_\_\_\_\_ [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]
Foreign tax paid (Box 11)	+ _____	[32]
Foreign country or US possession (Box 12)	_____	[34]
Excess golden parachute payments (Box 13)	+ _____	[35]
Gross proceeds paid to an attorney (Box 14)	+ _____	[37]
Section 409A deferrals (Box 15a)	+ _____	[39]
Section 409A income (Box 15b)	+ _____	[41]
State tax withheld (Box 16)	+ _____	[43]
State/Payer's state no. (Box 17)	_____	[45]
State income (Box 18)	+ _____	[46]

**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]
Foreign tax paid (Box 11)	+ _____	[32]
Foreign country or US possession (Box 12)	_____	[34]
Excess golden parachute payments (Box 13)	+ _____	[35]
Gross proceeds paid to an attorney (Box 14)	+ _____	[37]
Section 409A deferrals (Box 15a)	+ _____	[39]
Section 409A income (Box 15b)	+ _____	[41]
State tax withheld (Box 16)	+ _____	[43]
State/Payer's state no. (Box 17)	_____	[45]
State income (Box 18)	+ _____	[46]

**Control Totals +**

## Taxable Distributions Received from Cooperatives #1

Please provide all Forms 1099-PATR

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**Preparer use only**

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

	<b>Control Totals +</b>	
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## Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

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**Preparer use only**

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

	<b>Control Totals +</b>	
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**NOTES/QUESTIONS:**



## Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

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**Preparer use only**

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

\_\_\_\_\_ [51]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]

State postal code \_\_\_\_\_ [6]

Name of creditor/lender \_\_\_\_\_ [3]

### Form 1099-C Cancellation of Debt

Date of identifiable event **(Box 1)** \_\_\_\_\_ [10]

Amount of debt discharged **(Box 2)** + \_\_\_\_\_ [11]

Interest if included in box 2 **(Box 3)** + \_\_\_\_\_ [12]

Personally liable for repayment of the debt (if checked) **(Box 5)** \_\_\_\_\_ [13]

Identifiable event code **(Box 6)** (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate  
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) \_\_\_\_\_ [14]

Fair market value of property **(Box 7)** + \_\_\_\_\_ [15]

### Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment **(Box 1)** \_\_\_\_\_ [16]

Balance of principal outstanding **(Box 2)** + \_\_\_\_\_ [17]

Fair market value of property **(Box 4)** + \_\_\_\_\_ [18]

Personally liable for repayment of the debt (if checked) **(Box 5)** \_\_\_\_\_ [19]

	<b>Control Totals +</b>
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## Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

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**Preparer use only**

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

\_\_\_\_\_ [51]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]

State postal code \_\_\_\_\_ [6]

Name of creditor \_\_\_\_\_ [3]

### Form 1099-C Cancellation of Debt

Date of identifiable event **(Box 1)** \_\_\_\_\_ [10]

Amount of debt discharged **(Box 2)** + \_\_\_\_\_ [11]

Interest if included in box 2 **(Box 3)** + \_\_\_\_\_ [12]

Personally liable for repayment of the debt (if checked) **(Box 5)** \_\_\_\_\_ [13]

Identifiable event code **(Box 6)** (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate  
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) \_\_\_\_\_ [14]

Fair market value of property **(Box 7)** + \_\_\_\_\_ [15]

### Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment **(Box 1)** \_\_\_\_\_ [16]

Balance of principal outstanding **(Box 2)** + \_\_\_\_\_ [17]

Fair market value of property **(Box 4)** + \_\_\_\_\_ [18]

Personally liable for repayment of the debt (if checked) **(Box 5)** \_\_\_\_\_ [19]

	<b>Control Totals +</b>
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**NOTES/QUESTIONS:**



## Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2013 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 <b>(Box 1a)</b>	+ _____ [9]		
Unrecaptured section 1250 gain <b>(Box 1b)</b>	+ _____ [11]		
Section 1202 gain <b>(Box 1c)</b>	+ _____ [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 <b>(Box 1d)</b>	+ _____ [17]		
Tax paid by the RIC or REIT on the box 1a gains <b>(Box 2)</b>	+ _____ [19]		
<b>Control Totals +</b>			

## Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2013 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 <b>(Box 1a)</b>	+ _____ [9]		
Unrecaptured section 1250 gain <b>(Box 1b)</b>	+ _____ [11]		
Section 1202 gain <b>(Box 1c)</b>	+ _____ [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 <b>(Box 1d)</b>	+ _____ [17]		
Tax paid by the RIC or REIT on the box 1a gains <b>(Box 2)</b>	+ _____ [19]		
<b>Control Totals +</b>			

## Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2013 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 <b>(Box 1a)</b>	+ _____ [9]		
Unrecaptured section 1250 gain <b>(Box 1b)</b>	+ _____ [11]		
Section 1202 gain <b>(Box 1c)</b>	+ _____ [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 <b>(Box 1d)</b>	+ _____ [17]		
Tax paid by the RIC or REIT on the box 1a gains <b>(Box 2)</b>	+ _____ [19]		
<b>Control Totals +</b>			

**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**

	2013 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) _____	[2]	
Employer identification number _____	[3]	
Business name _____	[5]	
Principal business/profession _____	[6]	
Business code _____	[11]	
Business address, if different from home address on Organizer Form ID: 1040		
Address _____	[14]	
City/State/Zip _____ [15] _____ [16] _____	[17]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____	[18]	
If other: _____	[20]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____	[21]	
If other enter explanation: _____	[23]	
_____		
_____		
Enter an explanation if there was a change in determining your inventory: _____	[24]	
_____		
_____		
Did you "materially participate" in this business? (Y, N) _____	[25]	
If not, number of hours you did significantly participate _____	[27]	
Mark if you began or acquired this business in 2013 _____	[29]	
Did you make any payments in 2013 that require you to file Form(s) 1099? (Y, N) _____	[30]	
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[32]	
Mark if this business is considered related to qualified services as a minister or religious worker _____	[34]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____	[36]	
Medical insurance premiums paid by this activity + _____	[40]	
Long-term care premiums paid by this activity + _____	[42]	
Amount of wages received as a statutory employee + _____	[45]	

**Business Income**

	2013 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [50]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [53]	
Other income:		
_____	+ _____ [55]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Cost of Goods Sold**

	2013 Information	Prior Year Information
Beginning inventory	+ _____ [57]	
Purchases	+ _____ [59]	
Labor:		
_____	+ _____ [61]	
_____	+ _____	
Materials	+ _____ [63]	
Other costs:		
_____	+ _____ [65]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [67]	

**Control Totals +**



**Preparer use only**

Principal business or profession \_\_\_\_\_

<b>Preparer use only Carryovers</b>	<b>Regular</b>		<b>AMT</b>	
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

	2013 Information	Prior Year Information	
Description _____	[2]	<div style="border:1px solid black; height:100%; width:100%;"></div>	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____[4]		
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 2013 that require you to file Form(s) 1099? (Y,N) _____	[16]		_____
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]		_____
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]		
Percentage of ownership if not 100% _____	[22]		
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]		

**Rent and Royalty Income**

	2013 Information	Prior Year Information
Rents and royalties :	_____ + _____[33]	_____
_____	_____	_____

**Rent and Royalty Expenses**

	2013 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____[35]	_____ [36]	<div style="border:1px solid black; height:100%; width:100%;"></div>
Auto	+ _____[38]	_____ [39]	
Travel	+ _____[41]	_____ [42]	
Cleaning and maintenance	+ _____[44]	_____ [45]	
Commissions:			
_____	+ _____[47]	_____ [49]	
_____	+ _____	_____	
Insurance:			
_____	+ _____[50]	_____ [52]	
_____	+ _____	_____	
Legal and professional fees	+ _____[54]	_____ [55]	
Management fees:			
_____	+ _____[57]	_____ [59]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)			
_____	+ _____[60]	_____ [62]	
_____	+ _____	_____	
Other mortgage interest	+ _____[63]	_____ [65]	
Qualified mortgage insurance premiums	+ _____[66]	_____ [67]	
Other interest:			
_____	+ _____[69]	_____ [71]	
_____	+ _____	_____	
Repairs	+ _____[72]	_____ [73]	
Supplies	+ _____[75]	_____ [76]	
Taxes:			
_____	+ _____[78]	_____ [80]	
_____	+ _____	_____	
Utilities	+ _____[81]	_____ [82]	
Depreciation	+ _____[84]	_____ [85]	
Depletion	+ _____[87]	_____ [88]	
Other expenses:			
_____	+ _____[90]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	

**Control Totals +**



**Preparer use only**  
Description \_\_\_\_\_

**Refinancing Points**

Preparer - Enter on Screen Rent

	2013 Information	Prior Year Information	
<b>Refinancing points paid -</b>			
Recipient's/Lender's name _____	[92]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>	
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2013 _____			
Total points paid _____			
Points deemed as paid in current year <b>(Preparer use only)</b> _____			
<b>Refinancing points paid -</b>			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2013 _____			
Total points paid _____			
Points deemed as paid in current year <b>(Preparer use only)</b> _____			
<b>Refinancing points paid -</b>			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2013 _____			
Total points paid _____			
Points deemed as paid in current year <b>(Preparer use only)</b> _____			

**Vacation Home Information**

	2013 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 365 _____	[10]	
Carryover of disallowed operating expenses into 2013 + _____	[20]	
Carryover of disallowed depreciation expenses into 2013 + _____	[21]	

**Passive and Other Information**

<b>Preparer use only</b>		<b>Regular</b>		<b>AMT</b>
Carryovers				
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]

**Control Totals +**

# Farm Income - General Information

Please provide all Forms 1099-K

Preparer use only

	2013 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	<div style="border:1px solid black; height:100%; width:100%;"></div>
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 2013 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	+ _____ [22]	_____
Long-term care premiums paid by this activity	+ _____ [24]	_____

## Schedule F Income

Sales Code**	Income description	2013 Information	Prior Year Information
—	_____	+ _____ [34]	<div style="border:1px solid black; height:100%; width:100%;"></div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**\*\* Sales Codes**

<b>1 = Cash sales of items bought for resale</b>	<b>4 = Custom hire (machine work)</b>
<b>2 = Cash sales of items raised</b>	<b>5 = Other income</b>
<b>3 = Accrual sales</b>	

	2013 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [36]	<div style="border:1px solid black; height:100%; width:100%;"></div>
Beginning inventory of livestock and other items (Accrual method)	+ _____ [38]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [40]	
Ending Inventory of livestock and other items (Accrual method)	+ _____ [42]	
Total cooperative distributions you received	+ _____ [44]	
Taxable cooperative distributions you received	+ _____ [46]	

	2013 Total	2013 Taxable	Prior Year Information
Agricultural program payments			<div style="border:1px solid black; height:100%; width:100%;"></div>
_____ + _____		+ _____ [48]	
_____ + _____		+ _____	

	2013 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [51]	<div style="border:1px solid black; height:100%; width:100%;"></div>
Commodity credit loans reported under election:	+ _____ [53]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [55]	
Taxable commodity credit loans forfeited	+ _____ [57]	

	2013 Total	2013 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2013			<div style="border:1px solid black; height:100%; width:100%;"></div>
_____ + _____		+ _____ [59]	
_____ + _____		+ _____	
Mark if electing to defer crop insurance proceeds to 2014		_____ [62]	_____
Crop insurance proceeds deferred from 2012		+ _____ [64]	

**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**

	2013 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
State postal code	_____ [5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	_____ [6]	

**Income Items**

	2013 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
_____	+ _____ [16]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Total cooperative distributions you received	+ _____ [18]	
Taxable cooperative distributions you received	+ _____ [20]	

	2013 Total	2013 Taxable	Prior Year Information
Agricultural program payments:			
_____	+ _____ [22]	+ _____ [23]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2013 Information	Prior Year Information
Commodity credit loans reported under election:		
_____	+ _____ [25]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [27]	
Taxable commodity credit loans forfeited	+ _____ [29]	

	2013 Total	2013 Taxable	Prior Year Information
Crop insurance proceeds you received in 2013			
_____	+ _____ [31]	+ _____ [32]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2013 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2014	_____ [34]	_____
Crop insurance proceeds deferred from 2012	_____ [36]	
Other income:		
_____	+ _____ [39]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Preparer use only**

Description \_\_\_\_\_

**2013 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]

<b>Preparer use only Carryovers</b>		<b>Regular</b>		<b>AMT</b>	
Operating	+	_____	+	_____	[66]
Short-term capital	+	_____	+	_____	[68]
Long-term capital	+	_____	+	_____	[70]
28% rate capital	+	_____	+	_____	[72]
Section 1231 loss	+	_____	+	_____	[74]
Ordinary business gain/loss	+	_____	+	_____	[76]
Section 179	+	_____	+	_____	[78]
Excess farm loss	+	_____	+	_____	[82]

**Control Totals +**

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]

	<b>Preparer use only</b>		
	<b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-4</b>	Operating	[51]	[52]
	Short-term capital	[53]	[54]
	Long-term capital	[55]	[56]
	28% rate capital	[57]	[58]
	Section 1231 loss	[59]	[60]
	Ordinary business gain/loss	[61]	[62]
	Other losses - 1040 pg.1	[63]	[64]
	Comm revitalization	[65]	[66]
	Section 179	[69]	[70]
	Excess farm loss	[71]	[72]

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]

	<b>Preparer use only</b>		
	<b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-4</b>	Operating	[51]	[52]
	Short-term capital	[53]	[54]
	Long-term capital	[55]	[56]
	28% rate capital	[57]	[58]
	Section 1231 loss	[59]	[60]
	Ordinary business gain/loss	[61]	[62]
	Other losses - 1040 pg.1	[63]	[64]
	Comm revitalization	[65]	[66]
	Section 179	[69]	[70]
	Excess farm loss	[71]	[72]

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]

	<b>Preparer use only</b>		
	<b>Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-4</b>	Operating	[51]	[52]
	Short-term capital	[53]	[54]
	Long-term capital	[55]	[56]
	28% rate capital	[57]	[58]
	Section 1231 loss	[59]	[60]
	Ordinary business gain/loss	[61]	[62]
	Other losses - 1040 pg.1	[63]	[64]
	Comm revitalization	[65]	[66]
	Section 179	[69]	[70]
	Excess farm loss	[71]	[72]

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	[70]	[71]
	Short-term capital	[72]	[73]
	Long-term capital	[74]	[75]
	28% rate capital	[76]	[77]
	Section 1231 loss	[78]	[79]
	Ordinary business gain/loss	[80]	[81]
	Comm revitalization	[82]	[83]

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	[70]	[71]
	Short-term capital	[72]	[73]
	Long-term capital	[74]	[75]
	28% rate capital	[76]	[77]
	Section 1231 loss	[78]	[79]
	Ordinary business gain/loss	[80]	[81]
	Comm revitalization	[82]	[83]

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	[70]	[71]
	Short-term capital	[72]	[73]
	Long-term capital	[74]	[75]
	28% rate capital	[76]	[77]
	Section 1231 loss	[78]	[79]
	Ordinary business gain/loss	[80]	[81]
	Comm revitalization	[82]	[83]

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	[70]	[71]
	Short-term capital	[72]	[73]
	Long-term capital	[74]	[75]
	28% rate capital	[76]	[77]
	Section 1231 loss	[78]	[79]
	Ordinary business gain/loss	[80]	[81]
	Comm revitalization	[82]	[83]



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) \_\_\_\_\_ [19]

	<b>Taxpayer</b>	<b>Spouse</b>
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**

	2013 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]	
<b>Control Totals +</b>		

## Prior Year Installment Sale

**Preparer use only**

	2013 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]	
<b>Control Totals +</b>		

**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]

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 \_\_\_\_\_ + \_\_\_\_\_ [47]

**NOTES/QUESTIONS:**

## Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2013 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 2013 and 2014 for 2013 <b>(Box 1)</b>	+ _____ [6]	
Total contributions made in 2013 <b>(Box 2)</b>	+ _____ [8]	
Total HSA or Archer MSA contributions made in 2014 for 2013 <b>(Box 3)</b>	+ _____ [10]	
Rollover contribution <b>(Box 4)</b>	+ _____ [13]	
Fair market value of HSA, Archer MSA, or MA MSA <b>(Box 5)</b>	+ _____ [15]	
<b>Box 6 -</b>		
HSA	_____ [17]	
Archer MSA	_____ [18]	
MA (Medicare Advantage) MSA	_____ [19]	

### Additional Information

	2013 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 2013	_____ [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 2013	+ _____ [23]	
Excess contributions for 2012 taken as constructive contributions for 2013	+ _____ [25]	

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

Amount of annual deductible	+ _____ [28]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____ [31]	
If self-employed, enter earned income from business under which plan was established	+ _____ [35]	

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2013? (Y, N) \_\_\_\_\_ [37]

**NOTES/QUESTIONS:**

## Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2013 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]	
Gross distributions received <b>(Box 1)</b>	+ _____ [7]	
Earnings on excess contributions <b>(Box 2)</b>	+ _____ [9]	
Distribution code <b>(Box 3)</b>	_____ [11]	
Fair Market Value on date of death <b>(Box 4)</b>	+ _____ [12]	
<b>Box 5 -</b>		
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 2013	+ _____ [19]	
Withdrawal of excess contributions by the due date of the return	+ _____ [21]	
Amount of distribution rolled over for 2013	+ _____ [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 12/31/12	+ _____ [27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2012 and in effect for the month of December 2012? (Y, N)	_____ [29]	
Was the high deductible health plan coverage ended before 12/31/13? (Y, N)	_____ [30]	

## Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2013 Information	Prior Year Information
Name of the insured chronically ill individual	_____ [39]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Social security number of insured	_____ [40]	
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>	+ _____ [42]	
Accelerated death benefits paid <b>(Box 2)</b>	+ _____ [44]	
Check one <b>(Box 3)</b>		
Per diem	_____ [46]	
Reimbursed amount	_____ [47]	
Qualified contract <b>(Box 4)</b>	_____ [48]	
Check, if applicable <b>(Box 5)</b>		
Chronically ill	_____ [49]	
Terminally ill	_____ [50]	
Are there other individuals who received LTC payments during 2013? (Y, N)	_____ [52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	_____ [53]	
Number of days during the long-term care period	_____ [54]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____ [55]	

**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 2013 that were issued after 1989, and you paid qualified higher education expenses in 2013 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 2013 for person listed above	+	_____ [1]
Enter any nontaxable educational benefits received for 2013 for person listed above	+	_____
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program)		_____
Financial institution name (ESA) or name of program (QTP)		_____
Financial institution address (ESA) or address of program (QTP)		_____
City, state and zip code		_____
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 2013 for person listed above	+	_____ [1]
Enter any nontaxable educational benefits received for 2013 for person listed above	+	_____
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program)		_____
Financial institution name (ESA) or name of program (QTP)		_____
Financial institution address (ESA) or address of program (QTP)		_____
City, state and zip code		_____
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 2013 for person listed above	+	_____ [1]
Enter any nontaxable educational benefits received for 2013 for person listed above	+	_____
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program)		_____
Financial institution name (ESA) or name of program (QTP)		_____
Financial institution address (ESA) or address of program (QTP)		_____
City, state and zip code		_____
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2013	+	_____ [3]

**NOTES/QUESTIONS:**

## Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2013 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2013. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender		2013 Interest Paid	Prior Year Information
—	_____	+	_____ [1]	<div style="border: 1px solid black; padding: 5px;">                     _____                      _____                      _____                 </div>
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

**NOTES/QUESTIONS:**

## Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

**Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.**

**Preparer - Enter on Screen Educate2**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [8]  
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3 = Tuition and Fees Deduction) \_\_\_\_\_  
 Student's social security number \_\_\_\_\_  
 Student's first name \_\_\_\_\_  
 Student's last name \_\_\_\_\_

### Institution Information

**Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.**

Institution's federal identification number \_\_\_\_\_ [8]  
 Institution's name \_\_\_\_\_  
 Institution's street address \_\_\_\_\_  
 Institution's city, state, zip code \_\_\_\_\_

### Tuition Paid and Related Information

**Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2013.**

**Enter the amount actually paid during 2013.**

	2013 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) <b>(Box 1)</b>	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Tuition billed (Enter only the amount actually paid) <b>(Box 2)</b>	_____	
Educational institution changed its reporting method for 2013 <b>(Box 3)</b>	_____	
Adjustments made for a prior year <b>(Box 4)</b>	_____	
Scholarships or grants <b>(Box 5)</b>	_____	
Adjustments to scholarships or grants for a prior year <b>(Box 6)</b>	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2014 <b>(Box 7)</b>	_____	
At least half-time student <b>(Box 8)</b>	_____	
Graduate student <b>(Box 9)</b>	_____	
Insurance contract reimbursement/refund <b>(Box 10)</b>	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2013

**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]

	2013 Information	
Amount contributed in current year	+ _____ [14]	<b>Prior Year Information</b> _____ _____ _____
Basis of this account at 12/31/12	+ _____ [17]	
Value of this account at 12/31/13	+ _____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

### Payments from Qualified Education Programs

	2013 Information	
Gross distribution ( <b>Box 1</b> )	+ _____ [30]	<b>Prior Year Information</b> _____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings ( <b>Box 2</b> )	+ _____ [32]	
Basis ( <b>Box 3</b> )	+ _____ [34]	
Trustee-to-trustee rollover ( <b>Box 4</b> )	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
<b>Box 5 -</b>		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary ( <b>Box 6</b> )	_____ [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**

	2013 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**

	2013 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 +**

## Schedule A - Medical and Dental Expenses

T/S/J		2013 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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	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		2013 Information	Prior Year Information
	State/local income taxes paid:		
__ [18]	_____	+ _____ [19]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	2012 state and local income taxes paid in 2013:		
__ [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	2013 Interest Paid <sup>[2]</sup>	2013 Points Paid	Type*	2013 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	2013 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
<b>Address</b>				
<b>City, state and zip code</b>				
			+	
<b>Address</b>				
<b>City, state and zip code</b>				

**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 2013 -**

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 2013 (**Preparer use only**) + \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2013 \_\_\_\_\_  
 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 2013 (**Preparer use only**) + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2013 \_\_\_\_\_

T/S/J	2013 Information
Investment interest expense, other than on Schedule(s) K-1:	
[15]	+
	+
	+
	+
	+
	+
	+
	+
	+
	+

## Charitable Contributions

T/S/J		2013 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		2013 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 or Form(s) 1099-DIV/1099-INT:		
__ [26]	_____	+ _____ [27]	
—	_____	+ _____	
—	_____	+ _____	
	Other expenses, not subject to the 2% AGI limitation:		
__ [30]	_____	+ _____ [31]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	Gambling losses: (Enter only if you have gambling income)		
__ [33]	_____	+ _____ [34]	
—	_____	+ _____	

**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.**

	2013 Information	Prior Year Information
Description of loan/property _____	[2]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2013, 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 2013 + _____	[11]	
Interest paid during 2013 + _____	[13]	
Points reported on Form 1098 for 2013 + _____	[15]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____	[18]	
Recipient SSN or EIN _____	[19]	
Recipient address _____	[20]	
Recipient city, state, zip code _____ [21] _____ [22] _____	[23]	
Grandfather debt as of 12/31/12 (or first day mortgage was outstanding) + _____	[24]	
Grandfather debt as of 12/31/13 (or last day mortgage was outstanding) + _____	[26]	
Home acquisition/improvement debt as of 12/31/12 (or first day mortgage was outstanding) + _____	[28]	
Home acquisition/improvement debt as of 12/31/13 (or last day mortgage was outstanding) + _____	[30]	
Home equity debt as of 12/31/12 (or first day mortgage was outstanding) + _____	[32]	
Home equity debt as of 12/31/13 (or last day mortgage was outstanding) + _____	[34]	
Average balance in 2013 of grandfather debt + _____	[37]	
Average balance in 2013 of home acquisition/improvement debt + _____	[39]	
Average balance for 2013 all types of debt + _____	[41]	

**NOTES/QUESTIONS:**



**Preparer use only**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [2]  
 Occupation in which expenses were incurred \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]

**Vehicle Questions**

**2013 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) \_\_\_\_\_ [5]  
 Was another vehicle available for personal use? (Y, N) \_\_\_\_\_ [7]  
 Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) \_\_\_\_\_ [9]

	—
	—

**Vehicle Information**

Vehicle 1 -	Date placed in service	_____	[11]
	Description	_____	[12]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[62]
	Description	_____	[63]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[109]
	Description	_____	[110]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[156]
	Description	_____	[157]
	Comments	_____	

**Vehicles Actual Expenses**

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____ [20]		_____ [69]		_____ [116]		_____ [163]	
Business mileage	_____ [24]		_____ [71]		_____ [118]		_____ [165]	
Average daily round trip commuting mileage	_____ [26]		_____ [73]		_____ [120]		_____ [167]	
Total commuting mileage	_____ [28]		_____ [75]		_____ [122]		_____ [169]	
Gasoline	+ _____ [30]		+ _____ [77]		+ _____ [124]		+ _____ [171]	
Oil	+ _____ [32]		+ _____ [79]		+ _____ [126]		+ _____ [173]	
Repairs	+ _____ [34]		+ _____ [81]		+ _____ [128]		+ _____ [175]	
Maintenance	+ _____ [36]		+ _____ [83]		+ _____ [130]		+ _____ [177]	
Tires	+ _____ [38]		+ _____ [85]		+ _____ [132]		+ _____ [179]	
Car washes	+ _____ [40]		+ _____ [87]		+ _____ [134]		+ _____ [181]	
Insurance	+ _____ [42]		+ _____ [89]		+ _____ [136]		+ _____ [183]	
Interest	+ _____ [44]		+ _____ [91]		+ _____ [138]		+ _____ [185]	
Registration	+ _____ [46]		+ _____ [93]		+ _____ [140]		+ _____ [187]	
Licenses	+ _____ [48]		+ _____ [95]		+ _____ [142]		+ _____ [189]	
Property taxes (Plates, tags, etc)	_____ [50]		+ _____ [97]		+ _____ [144]		+ _____ [191]	
Vehicle rentals	+ _____ [52]		+ _____ [99]		+ _____ [146]		+ _____ [193]	
Inclusion amt (Preparer only)*	_____ [54]		+ _____ [101]		+ _____ [148]		+ _____ [195]	
Other vehicle expenses	+ _____ [56]		+ _____ [103]		+ _____ [150]		+ _____ [197]	
Value of employer provided vehicle	+ _____ [58]		+ _____ [105]		+ _____ [152]		+ _____ [199]	
Depreciation	+ _____ [60]		+ _____ [107]		+ _____ [154]		+ _____ [201]	

## Noncash Contributions Exceeding \$500

**For donated securities, include the company name and number of shares in the donated property description, below**

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]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		[12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		[15]
If other:	_____	[16]

	<b>Control Totals +</b>	
--	-------------------------	--

## Noncash Contributions Exceeding \$500

**For donated securities, include the company name and number of shares in the donated property description, below**

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]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		[12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		[15]
If other:	_____	[16]

	<b>Control Totals +</b>	
--	-------------------------	--

## Noncash Contributions Exceeding \$500

**For donated securities, include the company name and number of shares in the donated property description, below**

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]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		[12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		[15]
If other:	_____	[16]

	<b>Control Totals +</b>	
--	-------------------------	--

## 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) \_\_\_\_\_ [9]

Year of vehicle (Box 2a) \_\_\_\_\_ [10]

Make of vehicle (Box 2b) \_\_\_\_\_ [11]

Model of vehicle (Box 2c) \_\_\_\_\_ [12]

Vehicle or other identification number (Box 3) \_\_\_\_\_ [13]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a) \_\_\_\_\_ [14]

Date of sale (Box 4b) \_\_\_\_\_ [15]

Gross proceeds from sale (Box 4c) + \_\_\_\_\_ [16]

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) \_\_\_\_\_ [17]

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) \_\_\_\_\_ [18]

Detailed description of material improvements or significant intervening use and duration of use (Box 5c) \_\_\_\_\_ [19]

\_\_\_\_\_ [19]

\_\_\_\_\_ [19]

\_\_\_\_\_ [19]

Did you provide goods or services in exchange for the vehicle? (Box 6a) Yes \_\_\_ [20] No \_\_\_ [21]

Value of goods and services provided in exchange for the vehicle (Box 6b) + \_\_\_\_\_ [22]

Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c) \_\_\_\_\_ [23]

Description of goods and services (Box 6c) \_\_\_\_\_ [24]

\_\_\_\_\_ [24]

\_\_\_\_\_ [24]

\_\_\_\_\_ [24]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7) \_\_\_\_\_ [25]

### Other Information for Donated Property

Overall physical condition of property \_\_\_\_\_ [30]

Vehicle mileage on date of contribution \_\_\_\_\_ [31]

Date property was acquired by donor \_\_\_\_\_ [32]

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [33]

Donor's cost or basis + \_\_\_\_\_ [34]

Fair market value on date of contribution + \_\_\_\_\_ [35]

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [36]

If other: \_\_\_\_\_ [37]

Bargain sale amount received \_\_\_\_\_ [38]

Donee's address, and ZIP code \_\_\_\_\_ [42]

\_\_\_\_\_ [43] \_\_\_\_\_ [44] \_\_\_\_\_ [45]

Donee's telephone number \_\_\_\_\_ [46]

**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:**



## Casualty and Theft - Personal Use Properties

**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 \_\_\_\_\_ [29]  
 Description of casualty or theft - Property C \_\_\_\_\_ [41]  
 Description of casualty or theft - Property D \_\_\_\_\_ [52]

	A	B	C	D
Date acquired	_____ [23]	_____ [35]	_____ [47]	_____ [58]
Cost or other basis of property	+ _____ [24]	+ _____ [36]	+ _____ [48]	+ _____ [59]
Insurance or other reimbursement	+ _____ [25]	+ _____ [37]	+ _____ [49]	+ _____ [60]
Fair market value before casualty	+ _____ [27]	+ _____ [39]	+ _____ [50]	+ _____ [61]
Fair market value after casualty	+ _____ [28]	+ _____ [40]	+ _____ [51]	+ _____ [62]

### Personal Use Replacement Information

Description of replacement property A \_\_\_\_\_ [63]  
 Description of replacement property B \_\_\_\_\_ [67]  
 Description of replacement property C \_\_\_\_\_ [71]  
 Description of replacement property D \_\_\_\_\_ [75]

	A	B	C	D
Mark if property was acquired from a related party	_____ [64]	_____ [68]	_____ [72]	_____ [76]
Date acquired	_____ [65]	_____ [69]	_____ [73]	_____ [77]
Cost of replacement property	+ _____ [66]	+ _____ [70]	+ _____ [74]	+ _____ [78]

**NOTES/QUESTIONS:**

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:**

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 2012 + \_\_\_\_\_ [7]

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

Description of casualty or theft - Property A \_\_\_\_\_ [15]  
 Description of casualty or theft - Property B \_\_\_\_\_ [23]  
 Description of casualty or theft - Property C \_\_\_\_\_ [31]  
 Description of casualty or theft - Property D \_\_\_\_\_ [39]

	[32]	A	B	C	D
Date acquired		_____ [17]	_____ [25]	_____ [33]	_____ [41]
Cost or other basis of property	+	_____ [18]	+ _____ [26]	+ _____ [34]	+ _____ [42]
Insurance or other reimbursement	+	_____ [19]	+ _____ [27]	+ _____ [35]	+ _____ [43]
Principal residence exclusion taken	+	_____ [20]	+ _____ [28]	+ _____ [36]	+ _____ [44]
Fair market value before casualty	+	_____ [21]	+ _____ [29]	+ _____ [37]	+ _____ [45]
Fair market value after casualty	+	_____ [22]	+ _____ [30]	+ _____ [38]	+ _____ [46]

**Personal Use Replacement Information**

Description of replacement property A \_\_\_\_\_ [47]  
 Description of replacement property B \_\_\_\_\_ [53]  
 Description of replacement property C \_\_\_\_\_ [59]  
 Description of replacement property D \_\_\_\_\_ [65]

	A	B	C	D	
Date acquired	_____ [48]	_____ [54]	_____ [60]	_____ [66]	
Prior year cost of replacement property	+	_____ [49]	+ _____ [55]	+ _____ [61]	+ _____ [67]
Cost of replacement property	+	_____ [50]	+ _____ [56]	+ _____ [62]	+ _____ [68]
Postponed gain	+	_____ [51]	+ _____ [57]	+ _____ [63]	+ _____ [69]
Adjusted basis of replacement property	+	_____ [52]	+ _____ [58]	+ _____ [64]	+ _____ [70]

**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**

	2013 Information	Prior Year Information
Total area of home	_____ [12]	_____
Area used exclusively for business	_____ [14]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [16]	_____
Total hours used this year, if less than 8760	_____ [18]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [20]	_____
Area used partly for day-care business	_____ [22]	_____

**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.**

	2013 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [27]	+ _____ [29]	_____
Mortgage insurance premiums	+ _____ [32]	+ _____ [33]	_____
Real estate taxes:	+ _____ [35]	+ _____ [37]	_____
Excess mortgage interest and insurance premiums	+ _____ [40]	+ _____ [41]	_____
Insurance	+ _____ [43]	+ _____ [45]	_____
Rent	+ _____ [49]	+ _____ [50]	_____
Repairs & maintenance	+ _____ [52]	+ _____ [53]	_____
Utilities	+ _____ [55]	+ _____ [56]	_____
Other expenses, such as: Supplies & Security system	+ _____ [58]	+ _____ [59]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [61]	_____
Carryovers:			
Operating expenses		+ _____ [62]	_____
Casualty losses		+ _____ [63]	_____
Depreciation		+ _____ [65]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [66]	_____
Depreciation		+ _____ [70]	_____

**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

Vehicle 1 -	Date placed in service _____ [4]	
	Description _____ [5]	
	Comments _____	
Vehicle 2 -	Date placed in service _____ [9]	
	Description _____ [10]	
	Comments _____	
Vehicle 3 -	Date placed in service _____ [14]	
	Description _____ [15]	
	Comments _____	
Vehicle 4 -	Date placed in service _____ [19]	
	Description _____ [20]	
	Comments _____	

## Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	_ [60]	_	_ [62]	_	_ [64]	_	_ [66]	_
Was another vehicle available for personal use? (Y, N)	_ [68]	_	_ [70]	_	_ [72]	_	_ [74]	_
Do you have evidence to support your deduction? (Y, N)	_ [76]	_	_ [78]	_	_ [80]	_	_ [82]	_
Is this evidence written? (Y, N)	_ [84]	_	_ [86]	_	_ [88]	_	_ [90]	_

## Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]		_____ [34]		_____ [36]		_____ [38]	
Commuting miles	_____ [42]		_____ [44]		_____ [46]		_____ [48]	
Business miles	_____ [52]		_____ [54]		_____ [56]		_____ [58]	
Parking fees	+ _____ [92]		+ _____ [94]		+ _____ [96]		+ _____ [98]	
Tolls	+ _____ [100]		+ _____ [102]		+ _____ [104]		+ _____ [106]	
Gasoline	+ _____ [108]		+ _____ [110]		+ _____ [112]		+ _____ [114]	
Oil	+ _____ [116]		+ _____ [118]		+ _____ [120]		+ _____ [122]	
Repairs	+ _____ [124]		+ _____ [126]		+ _____ [128]		+ _____ [130]	
Maintenance	+ _____ [132]		+ _____ [134]		+ _____ [136]		+ _____ [138]	
Tires	+ _____ [140]		+ _____ [142]		+ _____ [144]		+ _____ [146]	
Car washes	+ _____ [148]		+ _____ [150]		+ _____ [152]		+ _____ [154]	
Insurance	+ _____ [156]		+ _____ [158]		+ _____ [160]		+ _____ [162]	
Interest	+ _____ [164]		+ _____ [166]		+ _____ [168]		+ _____ [170]	
Registration	+ _____ [172]		+ _____ [174]		+ _____ [176]		+ _____ [178]	
Licenses	+ _____ [180]		+ _____ [182]		+ _____ [184]		+ _____ [186]	
Property taxes	+ _____ [188]		+ _____ [190]		+ _____ [192]		+ _____ [194]	
Other vehicle expenses	+ _____ [196]		+ _____ [198]		+ _____ [200]		+ _____ [202]	
Vehicle rentals	+ _____ [204]		+ _____ [206]		+ _____ [208]		+ _____ [210]	
Inclusion amt (Preparer only)*	_____ [212]		+ _____ [214]		+ _____ [216]		+ _____ [218]	
Depreciation	+ _____ [220]		+ _____ [222]		+ _____ [224]		+ _____ [226]	

**Control Totals +**

## Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2013.

	2013 Information	Spouse	Prior Year Information
Total cash and charge tips under \$20 per month and not reported to employer	Taxpayer	Spouse	[ ]
	+ _____ [3]	+ _____ [4]	[ ]

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 2013	Total tips reported in 2013
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 2013. The amount on Form 1099-MISC should have been included as wages on Form W-2.

	<b>Taxpayer</b>	<b>Spouse</b>
State postal code	____[1]	____[2]

	<b>Taxpayer</b>	<b>Spouse</b>	<b>Prior Year Information</b>
If you received a parsonage provided by the church, please complete the following information:			
Fair rental value of parsonage provided by church	+ _____[5]	+ _____[6]	_____
Actual parsonage utilities expense	+ _____[11]	+ _____[12]	_____
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance, if separate from parsonage allowance	+ _____[17]	+ _____[18]	_____
Actual parsonage expense	+ _____[20]	+ _____[21]	_____
Fair rental value of home	+ _____[23]	+ _____[24]	_____
Actual utilities expense	+ _____[26]	+ _____[27]	_____
Mark if you have claimed exemption from self-employment tax			
by filing Form 4361 with the IRS	____[29]	____[32]	_____
If you are a self-employed minister, enter any tax-deductible			
contributions to a 403(b) retirement plan	+ _____[31]	+ _____[34]	_____

**NOTES/QUESTIONS:**

Enter parent's information for children under age 19 on 1/1/14 or a full-time student under age 24 with unearned income of more than \$2,000.

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 unearned income of more than \$2,000.

Preparer - Enter on Screen 8615Sib

Child #1 social security number \_\_\_\_\_ [1] Child #2 social security number \_\_\_\_\_ [1]

Child #1 first name \_\_\_\_\_ [2] Child #2 first name \_\_\_\_\_ [2]

Child #1 last name \_\_\_\_\_ [3] Child #2 last name \_\_\_\_\_ [3]

Child #1 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4] Child #2 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #3 social security number \_\_\_\_\_ [1] Child #4 social security number \_\_\_\_\_ [1]

Child #3 first name \_\_\_\_\_ [2] Child #4 first name \_\_\_\_\_ [2]

Child #3 last name \_\_\_\_\_ [3] Child #4 last name \_\_\_\_\_ [3]

Child #3 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4] Child #4 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #5 social security number \_\_\_\_\_ [1] Child #6 social security number \_\_\_\_\_ [1]

Child #5 first name \_\_\_\_\_ [2] Child #6 first name \_\_\_\_\_ [2]

Child #5 last name \_\_\_\_\_ [3] Child #6 last name \_\_\_\_\_ [3]

Child #5 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4] Child #6 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #7 social security number \_\_\_\_\_ [1] Child #8 social security number \_\_\_\_\_ [1]

Child #7 first name \_\_\_\_\_ [2] Child #8 first name \_\_\_\_\_ [2]

Child #7 last name \_\_\_\_\_ [3] Child #8 last name \_\_\_\_\_ [3]

Child #7 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4] Child #8 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #9 social security number \_\_\_\_\_ [1] Child #10 social security number \_\_\_\_\_ [1]

Child #9 first name \_\_\_\_\_ [2] Child #10 first name \_\_\_\_\_ [2]

Child #9 last name \_\_\_\_\_ [3] Child #10 last name \_\_\_\_\_ [3]

Child #9 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4] Child #10 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

Child #11 social security number \_\_\_\_\_ [1] Child #12 social security number \_\_\_\_\_ [1]

Child #11 first name \_\_\_\_\_ [2] Child #12 first name \_\_\_\_\_ [2]

Child #11 last name \_\_\_\_\_ [3] Child #12 last name \_\_\_\_\_ [3]

Child #11 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4] Child #12 date of birth (mm/dd/yyyy) \_\_\_\_\_ [4]

**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
—	_____	+	_____	_____	_____	_____	_____ _____ _____ _____ _____
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	

<b>**Interest Codes</b>
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)	1	Payer	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 +										

<b>**Dividend Codes</b>
Blank = Other                      3 = Nominee

Alaska Permanent Fund dividends:

	+	_____	2013 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]
Total cash wages subject to Additional Medicare Tax withholding	+ _____	[6]
Federal income tax withheld	+ _____	[7]
State disability plan social security & Medicare withheld	+ _____	[8]
Did you:		
(A) pay any household employee cash wages of \$1800 or more in 2013? (Y, N)		_____[9]
(B) withhold Federal income tax for any household employee? (Y, N)		_____[10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2012 or 2013? (Y, N)		_____[11]

### 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	+ _____	[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]
Contributions for 2013 paid after 4/15/14	+ _____	[20]
State #2 information		
State postal code where you have to pay unemployment contributions		_____[21]
State reporting number as shown on state unemployment tax return	_____	[22]
Taxable wages (as defined in state act)	+ _____	[23]
State experience rate period:		
From	_____	[24]
To	_____	[25]
State experience rate (xxx.xx)		_____[26]
Contributions paid to state unemployment fund	+ _____	[27]
Contributions for 2013 paid after 4/15/14	+ _____	[28]

#### 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 2013 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
2012 employer-provided dependent care benefits used during 2013 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2013	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2013		_____ [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 2013 \_\_\_\_\_ + \_\_\_\_\_ [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 2013 \_\_\_\_\_ + \_\_\_\_\_

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 2013 \_\_\_\_\_ + \_\_\_\_\_

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 2013 \_\_\_\_\_ + \_\_\_\_\_

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 2013 \_\_\_\_\_ + \_\_\_\_\_

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 2013, 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 2013	+ _____ [7]	+ _____ [8]
Taxable disability income received in 2013	+ _____ [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, 2011 or 2012 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	+ _____	[5]
Enter the total amount of costs for exterior windows	+ _____	[7]
Enter the total amount of costs for exterior doors	+ _____	[9]
Enter the total amount of costs for qualified metal roofs	+ _____	[11]
Enter the total amount of costs for energy-efficient building property	+ _____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____	[8]
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	+ _____	[12]
Enter the total amount of costs for qualified solar water heating property	+ _____	[14]
Enter the total amount of costs for qualified small wind energy property	+ _____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____	[13]
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	_____	[17]

**NOTES/QUESTIONS:**

## Foreign Tax Credit

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2013.

Preparer use only

Description \_\_\_\_\_ [3]  
 Taxpayer/Spouse (T, S) \_\_\_\_\_ [8]  
 Category of income\* \_\_\_\_\_ [10]  
 Description of income \_\_\_\_\_ [11]

*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

Country code \_\_\_\_\_ [18]  
 Country name \_\_\_\_\_ [19]

	Regular	AMT, if different
Foreign gross income	+ _____ [22]	+ _____ [23]
Definitely related expenses:		
_____	+ _____ [30]	+ _____ [31]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
Foreign source losses	+ _____ [44]	+ _____ [45]

### Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:		
Date paid or accrued		_____ [46]
In foreign currency - taxes withheld on:		
Dividends	+ _____	_____ [47]
Rents & royalties	+ _____	_____ [48]
Interest	+ _____	_____ [49]
Other foreign taxes	+ _____	_____ [50]
In US dollars - taxes withheld on:		
Dividends	+ _____	_____ [52]
Rents & Royalties	+ _____	_____ [53]
Interest	+ _____	_____ [54]
Other foreign taxes	+ _____	_____ [55]

**NOTES/QUESTIONS:**

## Adoption Credit

**Complete this form if you paid qualified adoption expenses in 2013. Indicate if the adoption was final in or before 2013. 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 '96 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 2012 for this child	_____	_____	_____
Employer-provided benefits received in 2012 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2013 for this child	_____	_____	_____
Employer-provided benefits received in 2013 for this child	_____	_____	_____
Adoption final in (1 = '13, 2 = Pre '13)	_____	_____	_____

	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 '96 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 2012 for this child	_____	_____	_____
Employer-provided benefits received in 2012 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2013 for this child	_____	_____	_____
Employer-provided benefits received in 2013 for this child	_____	_____	_____
Adoption final in (1 = '13, 2 = Pre '13)	_____	_____	_____

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

	[6]
	[7]
	[8]

**NOTES/QUESTIONS:**



# Fuel Tax Credit

\*Select the Type of Use codes from the chart below

	Type of Use*	Rate		Gallons
<b>Nontaxable use of gasoline -</b>				
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]
<b>Nontaxable use of aviation gasoline -</b>				
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]
<b>Nontaxable use of undyed diesel fuel -</b>				
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]
<b>Nontaxable use of undyed kerosene (other than aviation) -</b>				
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]
<b>Kerosene used in aviation -</b>				
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
<b>Sales by registered ultimate vendors of undyed diesel fuel -</b>		
Registration Number		_____ [1]
Explanation of evidence of dyes:		_____ [2]
		_____ [3]
State / local government	0.243	+ _____ [3]
Intercity / local buses	0.17	+ _____ [4]
<b>Sales by registered ultimate vendors of undyed kerosene -</b>		
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]
<b>Sales by registered ultimate vendors of kerosene in aviation -</b>		
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]
<b>Biodiesel or renewable diesel mixture credit -</b>		
Registration Number		_____ [20]
Biodiesel mixtures	1.00	+ _____ [21]
Agri-biodiesel mixtures	1.00	+ _____ [22]
Renewable diesel mixtures	1.00	+ _____ [23]

*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
<b>Nontaxable use of alternative fuel -</b>			
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]
<b>Alternative fuel credit and alternative fuel mixture credit -</b>			
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]
<b>Registered credit card users -</b>			
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]
<b>Nontaxable use of a diesel-water fuel emulsion -</b>			
Other nontaxable use	____ [31]	0.197	+ _____ [32]
Exported		0.198	+ _____ [33]
<b>Diesel-water fuel emulsion blending -</b>			
Registration Number			_____ [34]
Blender credit		0.046	+ _____ [35]
<b>Exported dyed fuels -</b>			
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:**

Instructions  
 Enter carryovers as positive numbers.  
 Enter utilizations as negative numbers.  
 Enter utilizations only for those losses shown on organizer form.

Indefinite Carryovers	2012 to 2013 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					+ _____ [63]	+ _____ [77]
2007					+ _____ [64]	+ _____ [78]
2008	+ _____ [13]	+ _____ [18]	+ _____ [23]	+ _____ [28]	+ _____ [65]	+ _____ [79]
2009	+ _____ [14]	+ _____ [19]	+ _____ [24]	+ _____ [29]	+ _____ [66]	+ _____ [80]
2010	+ _____ [15]	+ _____ [20]	+ _____ [25]	+ _____ [30]	+ _____ [67]	+ _____ [81]
2011	+ _____ [16]	+ _____ [21]	+ _____ [26]	+ _____ [31]	+ _____ [68]	+ _____ [82]
2012	+ _____ [17]	+ _____ [22]	+ _____ [27]	+ _____ [32]	+ _____ [69]	+ _____ [83]

**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					+ _____ [70]	+ _____ [84]
2007					+ _____ [71]	+ _____ [85]
2008	+ _____ [33]	+ _____ [38]	+ _____ [43]	+ _____ [48]	+ _____ [72]	+ _____ [86]
2009	+ _____ [34]	+ _____ [39]	+ _____ [44]	+ _____ [49]	+ _____ [73]	+ _____ [87]
2010	+ _____ [35]	+ _____ [40]	+ _____ [45]	+ _____ [50]	+ _____ [74]	+ _____ [88]
2011	+ _____ [36]	+ _____ [41]	+ _____ [46]	+ _____ [51]	+ _____ [75]	+ _____ [89]
2012	+ _____ [37]	+ _____ [42]	+ _____ [47]	+ _____ [52]	+ _____ [76]	+ _____ [90]

**Section 1231 Nonrecaptured Losses**

	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
2008	+ _____ [53]	+ _____ [58]
2009	+ _____ [54]	+ _____ [59]
2010	+ _____ [55]	+ _____ [60]
2011	+ _____ [56]	+ _____ [61]
2012	+ _____ [57]	+ _____ [62]

**Description**

<b>A</b>	_____	[2]
<b>B</b>	_____	[2]
<b>C</b>	_____	[2]
<b>D</b>	_____	[2]

<b>Prior C/O Year</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
	_____ [1]	_____ [1]	_____ [1]	_____ [1]
1998	+ _____ [3]	+ _____ [3]	+ _____ [3]	+ _____ [3]
1999	+ _____ [4]	+ _____ [4]	+ _____ [4]	+ _____ [4]
2000	+ _____ [5]	+ _____ [5]	+ _____ [5]	+ _____ [5]
2001	+ _____ [6]	+ _____ [6]	+ _____ [6]	+ _____ [6]
2002	+ _____ [7]	+ _____ [7]	+ _____ [7]	+ _____ [7]
2003	+ _____ [8]	+ _____ [8]	+ _____ [8]	+ _____ [8]
2004	+ _____ [9]	+ _____ [9]	+ _____ [9]	+ _____ [9]
2005	+ _____ [10]	+ _____ [10]	+ _____ [10]	+ _____ [10]
2006	+ _____ [11]	+ _____ [11]	+ _____ [11]	+ _____ [11]
2007	+ _____ [13]	+ _____ [13]	+ _____ [13]	+ _____ [13]
2008	+ _____ [15]	+ _____ [15]	+ _____ [15]	+ _____ [15]
2009	+ _____ [17]	+ _____ [17]	+ _____ [17]	+ _____ [17]
2010	+ _____ [19]	+ _____ [19]	+ _____ [19]	+ _____ [19]
2011	+ _____ [21]	+ _____ [21]	+ _____ [21]	+ _____ [21]
2012	+ _____ [22]	+ _____ [22]	+ _____ [22]	+ _____ [22]

**NOTES/QUESTIONS:**

## Schedule F - Farm income/-loss:

2012	+ _____	[1]
2011	+ _____	[2]
2010	+ _____	[3]
2009	+ _____	[4]
2008	+ _____	[5]

## Schedule C - Farm commodity processing income/-loss:

2012	+ _____	[6]
2011	+ _____	[7]
2010	+ _____	[8]
2009	+ _____	[9]
2008	+ _____	[10]

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

2012	+ _____	[11]
2011	+ _____	[12]
2010	+ _____	[13]
2009	+ _____	[14]
2008	+ _____	[15]

## Form 4835 - Farm rent income/-loss:

2012	+ _____	[16]
2011	+ _____	[17]
2010	+ _____	[18]
2009	+ _____	[19]
2008	+ _____	[20]

## Gain/-loss on sale of farming property:

2012	+ _____	[21]
2011	+ _____	[22]
2010	+ _____	[23]
2009	+ _____	[24]
2008	+ _____	[25]

## AMT Gain/-loss on sale of farming property:

2012	+ _____	[26]
2011	+ _____	[27]
2010	+ _____	[28]
2009	+ _____	[29]
2008	+ _____	[30]

## AMT Adjustments/Preferences to farm income/-loss:

2012	+ _____	[31]
2011	+ _____	[32]
2010	+ _____	[33]
2009	+ _____	[34]
2008	+ _____	[35]

**NOTES/QUESTIONS:**

Prior  
C/O Year

	Net Operating Loss	AMT NOL
1998	+ _____ [1]	+ _____ [16]
1999	+ _____ [2]	+ _____ [17]
2000	+ _____ [3]	+ _____ [18]
2001	+ _____ [4]	+ _____ [19]
2002	+ _____ [5]	+ _____ [20]
2003	+ _____ [6]	+ _____ [21]
2004	+ _____ [7]	+ _____ [22]
2005	+ _____ [8]	+ _____ [23]
2006	+ _____ [9]	+ _____ [24]
2007	+ _____ [10]	+ _____ [25]
2008	+ _____ [11]	+ _____ [26]
2009	+ _____ [12]	+ _____ [27]
2010	+ _____ [13]	+ _____ [28]
2011	+ _____ [14]	+ _____ [29]
2012	+ _____ [15]	+ _____ [40]

## 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**

	2013 Information	Prior Year Information
Type of Account: (D= Deposit, C = Custodial)	____[2]	—
Account number or other designation	____[4]	
Account opened during the tax year	____[5]	
Account closed during the tax year	____[7]	
Account jointly owned with spouse	____[8]	
Maximum value of account	____[10]	
Name of financial institution	____[15]	
Address of financial institution	____[16]	
City, state, zip code	____[17]	____[18] ____[19]
Foreign country code/name	____[20]	____[21]
Foreign province/county	____[22]	
Foreign postal code	____[23]	

**Other Foreign Assets**

	2013 Information	Prior Year Information
Asset description	____[24]	—
Asset identifying number or other designation	____[25]	
Date asset acquired	____[26]	
Date asset disposed	____[28]	
Asset jointly owned with spouse	____[29]	
Maximum value of asset	____[31]	

**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) \_\_\_\_[36]

Foreign entity name \_\_\_\_[37]

Foreign entity address \_\_\_\_[38]

City, state, zip code \_\_\_\_[39] \_\_\_\_[40] \_\_\_\_[41]

Foreign country code/name \_\_\_\_[42] \_\_\_\_[43]

Foreign province/county \_\_\_\_[44]

Foreign postal code \_\_\_\_[45]

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

Type: (I = Issuer, C = Counterparty) \_\_\_\_[46]

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 \_\_\_\_\_



**FinCEN Form 114, Report of Foreign Bank Accounts, must be filed through the BSA E-Filing System on or before June 30, 2014**

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

**I/we have a financial interest in 25 or more foreign accounts and maintain the records of those accounts  
(Specific account information is not required for foreign accounts in which you have a financial interest in this case)**

Number of foreign accounts filer has a financial interest in, if 25 or more \_\_\_\_\_[2]

**Complete the following section to report foreign accounts over which you have signature or other authority  
but no financial interest, and to report all foreign accounts in which you have a financial interest**

	2013 Information	Prior Year Information
Information is reported for a financial account which is: 2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest	____[3]	
Type of Account:		
Bank	____[4]	
Securities	____[5]	
Other	____[6]	
Maximum value of account	____[7]	
Account number or other designation	____[9]	
Financial institution	____[10]	
Address of financial institution	____[11]	
City, state, zip code	____[12] ____[13] ____[14]	
Foreign country	____[15]	
For addresses in Mexico, enter state	____[17]	
Foreign postal code	____[20]	

**Parts III and IV -**

Joint owner is spouse	____[21]
Taxpayer identification number of account holder/joint owner	____[22]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	____[23]
Last name or organization name of account holder/joint owner	____[24]
First name and middle initial of account holder/joint owner	____[25] ____[26]
Address and apartment	____[27] ____[28]
City, state, zip code	____[29] ____[30] ____[31]
Foreign country	____[32]
For addresses in Mexico, enter state	____[34]
Foreign postal code	____[35]

**Part III -**

Number of joint owners (Not including taxpayer) \_\_\_\_\_[37]

**Part IV -**

Filer's title with this owner \_\_\_\_\_[38]

**NOTES/QUESTIONS:**

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

	2009 Amounts	2010 Amounts	2011 Amounts	2012 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	_____	_____	_____	_____
<b>Total income -</b>	_____	_____	_____	_____
Total adjustments to income	_____	_____	_____	_____
<b>Adjusted gross income -</b>	_____	_____	_____	_____
Medical expenses	_____	_____	_____	_____
State and local taxes	_____	_____	_____	_____
Interest expenses	_____	_____	_____	_____
Charitable contributions	_____	_____	_____	_____
Other itemized deductions	_____	_____	_____	_____
Allowable itemized deductions	_____	_____	_____	_____
Standard deduction	_____	_____	_____	_____
<b>Standard or itemized deduction taken -</b>	_____	_____	_____	_____
Exemptions	_____	_____	_____	_____
<b>Taxable income -</b>	_____	_____	_____	_____
Tax on taxable income	_____	_____	_____	_____
Alternative minimum tax	_____	_____	_____	_____
Total credits	_____	_____	_____	_____
<b>Net tax liability -</b>	_____	_____	_____	_____
Self-employment taxes	_____	_____	_____	_____
Other taxes	_____	_____	_____	_____
<b>Total tax -</b>	_____	_____	_____	_____
Income tax withheld	_____	_____	_____	_____
Estimated tax payments	_____	_____	_____	_____
Other payments	_____	_____	_____	_____
<b>Total payments -</b>	_____	_____	_____	_____
<b>Tax due/-refund -</b>	_____	_____	_____	_____
Penalties and interest	_____	_____	_____	_____
<b>Net tax due/-refund -</b>	_____	_____	_____	_____
Refund applied to estimated tax payments	_____	_____	_____	_____
Refund received	_____	_____	_____	_____
<b>Marginal tax rate -</b>	_____ %	_____ %	_____ %	_____ %
<b>Effective tax rate -</b>	_____ %	_____ %	_____ %	_____ %

**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 2013 \_\_\_\_\_

**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.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 5 rows of horizontal lines for data entry.

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.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 5 rows of horizontal lines for data entry.

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.

Table with 4 columns: T/S/J, Description, Form, Mark if no longer applicable. Includes 8 rows of horizontal lines for data entry.

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.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 3 rows of horizontal lines for data entry.

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.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 2 rows of horizontal lines for data entry.



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 2013 \_\_\_\_\_ Amount received in 2012 \_\_\_\_\_

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.

	2013 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	2013 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
<b>Traditional IRA Contributions for 2013 -</b>		
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 2013	_____	_____
<b>Roth IRA Contributions for 2013 -</b>		
Mark if you want to contribute the maximum Roth IRA contribution		
Enter the total Roth IRA contributions made for use in 2013	_____	_____

Educate: Educate2

### Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2013 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	2013 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2013.

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	2013 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		2013 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		2013 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2012 state and local income taxes paid in 2013	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2

**Interest Expenses**

T/S/J		2013 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	2013 Information
—	_____	_____	_____
	Address	City	State Zip Code
—	_____	_____	_____
T/S/J		2013 Information	Prior Year Information
—	Investment interest expense, other than on Sch 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 2013	_____	_____

Itemized: A3

**Charitable Contributions**

T/S/J		2013 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		2013 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 Schedule(s) K-1 or Form(s) 1099-DIV/1099-INT:	_____	_____
—	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	2013 Model T - (EXAMPLE ASSET)	03/09/13	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:		