

Miscellaneous Information

Name: _____

SSN: _____

General Information

Yes No

- | <input type="checkbox"/> | <input type="checkbox"/> | 1. Were there any changes to your filing status or number of dependents during 2013? |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Can you or your spouse be claimed as a dependent by someone else? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur any childcare expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you have a change in residence or job location during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you move during 2013? From where? _____ Date of move _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you reside in more than one state during 2013? If yes, which states? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach. |

Income Information

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you received all W-2s from all employers? How many W-2s are attached? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you use your vehicle on the job other than for commuting to work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you work out of town at any time during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any disability income during the year? \$ _____. Attach 1099-R. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Did you have any income from, or pay taxes to, a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Did you engage in any bartering transactions during 2013? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Did you surrender any U.S. Savings Bonds during 2013? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Did you receive any state or local income tax refunds from prior years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you or your spouse have any IRA accounts? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Did you recharacterize any IRAs this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Did you receive any type of prize, award, or gambling winnings during 2013? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Did you receive any income not shown in this organizer? If so, please list. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Does anyone owe you money that has become uncollectible? |

Comments: _____

Miscellaneous Information

Name:

SSN:

Business Information

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you start a new business or purchase any rental property during 2013? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use?
If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you own rental property? What percentage of time did you spend managing your rentals? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use? |

Other Information

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were any tuition costs paid during 2013 (even if classes were attended in another year)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did anyone in your household attend higher education classes in 2013? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur a loss due to damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you refinance your principal home or your second home or make a home equity loan during the year?
If yes, please provide all escrow, closing, and other pertinent documentation and information. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you purchase or sell a home that you used as a principal residence?
If yes, please provide closing documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. If yes to question 6, was the First-Time Homebuyer Credit taken? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you make any gifts to any one person in 2013 in excess of \$14,000? If so, are you splitting this gift with your spouse? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)? |

To itemize deductions, bring receipts and documentation for these types of expenses:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Prescriptions, first-aid |
| <input type="checkbox"/> | State/local income taxes |
| <input type="checkbox"/> | Mortgage interest |
| <input type="checkbox"/> | Tax preparation fees |
| <input type="checkbox"/> | Gambling losses (up to amount of winnings) |
| <input type="checkbox"/> | Cash donations to charity (provide all receipts) |
| <input type="checkbox"/> | Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals) |
| <input type="checkbox"/> | Real estate and personal property taxes paid in 2013 |
| <input type="checkbox"/> | Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C) |
| <input type="checkbox"/> | Fair market value of property donated to charity |
| <input type="checkbox"/> | Purchase price of new goods donated or used in volunteer work |

Comments: _____

Personal Data

Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household	
Taxpayer Name	SSN
Spouse Name	SSN
Address	Apt no.
City	State Zip
Foreign State/Province	Foreign Postal Code
Foreign Country	
Taxpayer Date of Birth	Spouse Date of Birth
Occupation	Occupation
Daytime phone: Ext:	Daytime phone: Ext:
Evening phone: Ext:	Evening phone: Ext:
Cell:	Cell:
E-mail	E-mail
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind	<input type="checkbox"/> Full time student <input type="checkbox"/> Blind
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>

Date and time of this year's appointment

Income Taxes Paid

Federal	2013 estimate date due	2013 estimated amount	Amount paid	Date paid	Check no.
2012 Refund	April 17, 2013				
2012 Refund applied to 2013	June 15, 2013				
2012 Balance Due	Sept. 15, 2013				
	Jan. 15, 2014				

Additional payments made	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.

Resident State	2013 estimate date due	2013 estimated amount	Amount paid	Date paid	Check no.
2012 Refund	April 17, 2013				
2012 Refund applied to 2013	June 15, 2013				
2012 Balance Due	Sept. 17, 2013				
	Jan. 15, 2014				

Additional payments made	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.

Local	2013 estimate date due	2013 estimated amount	Amount paid	Date paid	Check no.
2012 Refund	April 17, 2013				
2012 Refund applied to 2013	June 15, 2013				
2012 Balance Due	Sept. 17, 2013				
	Jan. 15, 2014				

Additional payments made	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.

Dependents

Name:					SSN:				
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			<input type="checkbox"/>		2013		2012
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			<input type="checkbox"/>		2013		2012
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			<input type="checkbox"/>		2013		2012
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			<input type="checkbox"/>		2013		2012
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			<input type="checkbox"/>		2013		2012
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			<input type="checkbox"/>		2013		2012
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Does this dependent have income over \$1000?			<input type="checkbox"/>		2013		2012
Child Care Credit - qualifying expenses incurred and paid in 2013									
Child Care Credit - portion of qualifying expenses provided by employer									

Child and Dependent Care

Name: _____ **SSN:** _____

Child Care Provider's Information 2013 2012

Social Security Number or Employer ID Number	Amount Paid		
--	-------------	--	--

Name _____

Street Address _____

City _____ Phone _____

U.S. Only State, ZIP

Foreign Only Province/State, Country, Postal Code

Child Care Provider's Information 2013 2012

Social Security Number or Employer ID Number	Amount Paid		
--	-------------	--	--

Name _____

Street Address _____

City _____ Phone _____

U.S. Only State, ZIP

Foreign Only Province/State, Country, Postal Code

Child Care Provider's Information 2013 2012

Social Security Number or Employer ID Number	Amount Paid		
--	-------------	--	--

Name _____

Street Address _____

City _____ Phone _____

U.S. Only State, ZIP

Foreign Only Province/State, Country, Postal Code

Child Care Provider's Information 2013 2012

Social Security Number or Employer ID Number	Amount Paid		
--	-------------	--	--

Name _____

Street Address _____

City _____ Phone _____

U.S. Only State, ZIP

Foreign Only Province/State, Country, Postal Code

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2013	2012	Federal tax 2013
					2012
		State wages	2013	2012	State tax 2013
					2012
		Local wages	2013	2012	Local tax 2013
					2012

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2013	2012	Federal tax 2013
					2012
		State wages	2013	2012	State tax 2013
					2012
		Local wages	2013	2012	Local tax 2013
					2012

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2013	2012	Federal tax 2013
					2012
		State wages	2013	2012	State tax 2013
					2012
		Local wages	2013	2012	Local tax 2013
					2012

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2013	2012	Federal tax 2013
					2012
		State wages	2013	2012	State tax 2013
					2012
		Local wages	2013	2012	Local tax 2013
					2012

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2013	2012	Federal tax 2013
					2012
		State wages	2013	2012	State tax 2013
					2012
		Local wages	2013	2012	Local tax 2013
					2012

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2013	2012	Federal tax 2013
					2012
		State wages	2013	2012	State tax 2013
					2012
		Local wages	2013	2012	Local tax 2013
					2012

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS

Employer's name and address:

Federal EIN _____

	2013	2012			2013	2012
Wages, tips, other compensation			State	State I.D.		
Federal income tax withheld			State wages			
Social Security wages			State income tax			
Social Security tax withheld			Locality name			
Medicare wages and tips			Local wages			
Medicare tax withheld			Local income tax			
Social Security tips			State	State I.D.		
Allocated tips			State wages			
Dependent care benefits			State income tax			
			Locality name			
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages			
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax			
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>				

TS

Employer's name and address:

Federal EIN _____

	2013	2012			2013	2012
Wages, tips, other compensation			State	State I.D.		
Federal income tax withheld			State wages			
Social Security wages			State income tax			
Social Security tax withheld			Locality name			
Medicare wages and tips			Local wages			
Medicare tax withheld			Local income tax			
Social Security tips			State	State I.D.		
Allocated tips			State wages			
Dependent care benefits			State income tax			
			Locality name			
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages			
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax			
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>				

Interest Income

Please attach all 1099(s) relating to interest income.

Name:

SSN:

TSJ	Name of payer (If seller financed mortgage enter SSN and address of payer)	Interest Income	Federal Income Tax Withheld	Foreign Tax Paid	Tax Exempt Interest	Amount of Resident State Municipal Interest	Nominee Interest

Did you have a financial interest in or signature authority over a financial account located in a foreign country? Yes No

Please attach additional sheets if necessary.

Profit or Loss From Business Schedule C

Name: _____ SSN: _____

TS Principal business or profession Business code
Employer I.D. number

Business name _____
Business address _____

City _____

U.S. Only State, ZIP _____

Foreign Only Province/State, Country, Postal Code _____

Accounting method, if not cash Accrual Other _____

Activity type _____ Some investment is NOT at risk

You started or acquired this business during 2013 You disposed of this property during 2013

Did you make any payments in 2013 that would require you to file Form(s) 1099? Yes No

If "Yes," did you or will you file all required Forms 1099? Yes No

Income	2013	2012	2013	2012
Gross receipts or sales				
Returns and allowances				

Expenses	2013	2012	2013	2012
Advertising			Taxes and licenses	
Car and truck expenses			Travel	
Commissions and fees			Total meals and entertainment	
Contract labor			Utilities	
Depletion			Wages	
Employee benefit programs			Other expenses (list):	
Insurance (other than health)				
Mortgage interest (paid to banks, etc.)				
Other interest				
Legal & professional services				
Office expenses				
Pension and profit sharing plans				
Rent or lease (vehicles, machinery, and equipment)				
Rent (other business property)				
Repairs and maintenance			Other (Detail)	
Supplies			Family Health Coverage	

Cost of goods sold	2013	2012	2013	2012
Inventory method, if not Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other _____			There was a change of inventory method <input type="checkbox"/>	
Inventory at beginning of the year			Materials and supplies	
Purchases (less cost of items withdrawn for personal use)			Other costs	
Cost of labor			Inventory at end of year	

Profit or Loss From Business

Schedule C General Information

Name:		SSN:	
TS	<input type="checkbox"/> Principal business or profession	Business code	
Employer I.D. number			
Business name			
Business address			
City			
U.S. Only		State, ZIP	
Foreign Only		Province/State, Country, Postal Code	
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
Inventory method, if not cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other		Change of inventory method <input type="checkbox"/> Yes <input type="checkbox"/> No	
Activity type			Some investment is NOT at risk <input type="checkbox"/>
You started or acquired this business during 2013 <input type="checkbox"/>		You disposed of this property during 2013 <input type="checkbox"/>	
Did you make any payments in 2013 that would require you to file Form(s) 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did you or will you file all required Forms 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other information		2013	2012
Family Health Coverage			
Income		2013	2012
Gross receipts or sales			
Returns and allowances			
Other income			
Cost of Goods Sold		2013	2012
Inventory at beginning of the year			
Purchases (less cost of items withdrawn for personal use)			
Cost of labor			
Materials and supplies			
Other costs (list on detail worksheet)			
Inventory at end of year			

Sale of Home

Name:

SSN:

Enter the date you purchased the home		Enter the date you sold the home	
Enter the purchase price of your old home		Seller-paid points for old home if bought after 1990	
Enter the selling price of the old home		Enter any expenses from the sale of the old home	
Settlement fees or closing costs for old home.			
Abstract and recording fees			
Legal fees			
Surveys			
Title insurance			
Transfer or stamp taxes			
Amounts the seller owed that you agreed to pay			
Other fees or closing cost			
Cost of capital improvements to old home			
Special tax assessments paid on old home for local improvements, such as streets			
Other increases to basis:			
Describe:			
If home was used for business, enter any depreciation claimed			
Other decreases to basis:			
Describe:			
Information on time lived in the home sold		You	Spouse
Enter the date that you first used the property as a main home			
Enter the date that you first owned the property as a main home			
Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, answer the following: Enter date of most recent sale of another home on which you excluded the gain			
First-Time Homebuyer Credit repayment information.			
Year the home was purchased		Amount of First-Time Homebuyer Credit taken	
Amount of credit repaid in prior years			
Mark the box below that applies if there was a change in the use of the main home or disposition of the home other than a sale to an unrelated party.			
Date home ceased to be a main home if not sold			
<input type="checkbox"/> I sold the home to a related person			
<input type="checkbox"/> I converted the home to a rental or business OR I still own the home but it is no longer my main home			
<input type="checkbox"/> I transferred the home to spouse (or ex-spouse as part of my divorce settlement) Ex-spouse's Name _____			
<input type="checkbox"/> My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years			
<input type="checkbox"/> My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years			
<input type="checkbox"/> The taxpayer who claimed the credit died in 2013			
Please bring the contract for the sale of the home to your appointment.			

Casualties and Thefts

Name: _____ SSN: _____

Description of property

Location of property

Was property Personal Business Income-producing Employee income-producing

Date acquired		Fair market value before incident
Cost or other basis		Fair market value after incident
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident

Section C Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment		Percentage of qualified investment
Subsequent investments		Actual recovery
Income reported in prior years		Potential insurance / SIPC recovery
Withdrawals		

Part II Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	
U.S. Only State, Zip	
Foreign Only Province/State, Country, Postal Code	

Description of property

Location of property

Was property Personal Business Income-producing Employee income-producing

Date acquired		Fair market value before incident
Cost or other basis		Fair market value after incident
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident

Section C Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment		Percentage of qualified investment
Subsequent investments		Actual recovery
Income reported in prior years		Potential insurance / SIPC recovery
Withdrawals		

Part II Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	
U.S. Only State, Zip	
Foreign Only Province/State, Country, Postal Code	

Installment Sale Income

Name:

SSN:

TSJ		Description of property:	
Date acquired		Date sold	
		2013	Prior Years
Selling price			
Mortgages assumed			
Cost of property sold			
Depreciation allowed			
Commissions and expense of sale			
Gross profit percentage			
Interest received			
Principal payments received			
TSJ		Description of property:	
Date acquired		Date sold	
		2013	Prior Years
Selling price			
Mortgages assumed			
Cost of property sold			
Depreciation allowed			
Commissions and expense of sale			
Gross profit percentage			
Interest received			
Principal payments received			
TSJ		Description of property:	
Date acquired		Date sold	
		2013	Prior Years
Selling price			
Mortgages assumed			
Cost of property sold			
Depreciation allowed			
Commissions and expense of sale			
Gross profit percentage			
Interest received			
Principal payments received			

Supplemental Income and Loss
Part I - Income or Loss From Rental Real Estate and Royalties

Name:

SSN:

TSJ Property description Activity Type

Did you make any payments in 2013 that would require you to file Form(s) 1099? Yes No

If "Yes," did you or will you file all required Forms 1099? Yes No

Property Address

City

U.S. Only State, ZIP

Foreign Only Province/State, Country, Postal Code

Single Family Residence Vacation / Short Term Rental Land Self-Rental

Multi-Family Residence Commercial Royalties Other

Fair Rental Days Personal use days Qualified Joint Venture

If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer

This is your main home Some investment is NOT at risk Property was 100% disposed of in 2013 Property is a Single Member LLC

Income:	2013	2012
Rent Income		
Royalties from oil, gas, mineral, copyright or patent		

Expenses:	Direct expense		Indirect expense	
	2013	2012	2013	2012
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
Legal and professional fees				
Management fees				
Interest - mortgage				
Interest - other				
Repairs				
Supplies				
Taxes				
Utilities				
Other: (list)				

Ownership Percentage

Farm Rental Income and Expenses

Name: _____ SSN: _____

TSJ: _____ EIN: _____ Activity type: _____ Description: _____

Farm was 100% disposed of in 2013 Farm is a single member LLC

Farm received applicable subsidy in 2013 Some of the investment is NOT at risk

Income	2013	2012
Income from production of livestock, grains, and other crops		
Total cooperative distributions received		
Taxable amount		
Agricultural program payments received		
Taxable amount		
Commodity Credit Corporation (CCC) loans:		
CCC loans reported under election		
CCC loans forfeited or repaid with certificates		
Taxable amount		
Crop insurance proceeds and certain disaster payments:		
Amount received in 2013		
Taxable amount		
Do you elect to defer to next year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount deferred from last year		
Other income		

Expenses	2013	2012	2013	2012
Car and truck expenses			Seeds and plants purchased	
Chemicals			Storage and warehousing	
Conservation expenses			Supplies purchased	
Custom hire (machine work)			Taxes	
Employee benefit programs			Utilities	
Feed purchased			Veterinary, breeding, & medicine	
Fertilizers and lime			Other expenses (list):	
Freight and trucking				
Gasoline, fuel, and oil				
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other:				
Labor hired (less jobs credit)				
Pension & profit-sharing plans				
Rent - vehicles, machinery and equipment				
Rent - other (land, animals, etc.)				
Repairs and maintenance				

Profit or Loss From Farming

Name:

SSN:

TSJ		Principal product	Activity code
Accounting method, if not cash <input type="checkbox"/> Accrual		Employer ID number	
You did NOT materially participate in the operation of this business during 2013 <input type="checkbox"/>			
Did you make any payments in 2013 that would require you to file Form(s) 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did you or will you file all required Forms 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Some investment is NOT at risk		<input type="checkbox"/> Farm was 100% disposed of in 2013	
<input type="checkbox"/> Farm is a Single Member LLC			

Income	2013	2012	2013	2012
Sales of livestock / other items			Crop insurance received	
Cost of items bought for resale			Taxable amount	
Sale of products you raised			Do you elect to defer to 2014? <input type="checkbox"/> Yes	
Total cooperative distributions			Amount deferred last year	
Taxable amount			Custom hire income	
Total agricultural payments			Other income	
Taxable amount			Beginning inventory for accrual	
Commodity Credit Corp (CCC) loans reported			Ending inventory for accrual	
Forfeited amount			Did you use unit-livestock-price or farm-price method of valuing inventory? <input type="checkbox"/> Yes	
Taxable amount				

Expenses	2013	2012	2013	2012
Car and truck expenses			Repairs and maintenance	
Chemicals			Seeds and plants purchased	
Conservation expenses			Storage and warehousing	
Custom hire (machine work)			Supplies purchased	
Employee benefit programs			Taxes	
Feed purchased			Utilities	
Fertilizers and lime			Veterinary, breeding, & medicine	
Freight and trucking			Other expenses (list):	
Gasoline, fuel, and oil				
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other				
Labor hired (less jobs credit)				
Pension and profit-sharing plans				
Rent - vehicles, machinery, and equipment				
Rent - other (land, animals, etc.)			Family health coverage payments	

Form 1099-G Unemployment Compensation

Name:

SSN:

TSJ Payer's Federal I.D. Number:

Payer's name:

Payer's address:

City:

U.S. Only State, ZIP:

Foreign Only Province/State, Country, Postal Code:

Payer's phone:

Account number:

	2013	2012		2013	2012
Unemployment compensation			<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year			Market gain		
State/local tax refunds/credits			State <input type="checkbox"/> State I.D. <input type="checkbox"/>		
Tax year			State unemployment		
Federal tax withheld			State withholding		
RTAA payments			<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants					
Agriculture					

TSJ Payer's Federal I.D. Number:

Payer's name:

Payer's address:

City, State, Zip:

U.S. Only State, ZIP:

Foreign Only Province/State, Country, Postal Code:

Payer's phone:

Account number:

	2013	2012		2013	2012
Unemployment compensation			<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year			Market gain		
State/local tax refunds/credits			State <input type="checkbox"/> State I.D. <input type="checkbox"/>		
Tax year			State unemployment		
Federal tax withheld			State withholding		
RTAA payments			<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants					
Agriculture					

Form 1099-MISC

Please attach all 1099-M(s)

Name:

SSN:

TS For Payer's Federal ID number:

Payer's name:

Address:

City:

U.S. Only State, ZIP:

Foreign Only Province/State, Country, Postal Code:

	2013	2012			2013	2012
Rents			State	State I.D.		
Royalties			State tax withheld			
Other income			State income			
Description			Name of locality			
Federal tax withheld			Local tax withheld			
Fishing boat proceeds			Local income			
Medical and health care payments			State	State I.D.		
Non-employee compensation			State tax withheld			
Substitute payments			State income			
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality			
Crop insurance proceeds			Local tax withheld			
Excess golden parachute			Local income			
Gross attorney proceeds						
Taxable Proceeds						
Section 409A deferrals						
Section 409A income						

Social Security Benefit Statement

	2013	2012			2013	2012
TS <input type="checkbox"/>			TS <input type="checkbox"/>			
Net benefits			Net benefits			
Medicare premiums			Medicare premiums			
Income tax withheld			Income tax withheld			

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name:				SSN:			
TS				Payer's name:			
				Payer's Federal ID Number:			
Address:				City:			
U.S. Only		State, Zip				2013	2012
Foreign Only		Province/State, Country, Postal Code					
	2013	2012	State		State I.D.		
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld				
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution				
Gross distribution			Name of locality				
Taxable amount			Local income tax withheld				
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution				
Capital gain			State		State I.D.		
Federal income tax withheld			State income tax withheld				
Employee contributions or insurance premiums			State distribution				
Distribution code(s)			Name of locality				
IRA/SEP/SIMPLE Roth: Y/N	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld				
Your percentage of total distribution			Local distribution				

TS				Payer's name:			
				Payer's Federal ID Number:			
Address:				City:			
U.S. Only		State, Zip				2013	2012
Foreign Only		Province/State, Country, Postal Code					
	2013	2012	State		State I.D.		
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld				
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution				
Gross distribution			Name of locality				
Taxable amount			Local income tax withheld				
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution				
Capital gain			State		State I.D.		
Federal income tax withheld			State income tax withheld				
Employee contributions or insurance premiums			State distribution				
Distribution code(s)			Name of locality				
IRA/SEP/SIMPLE Roth: Y/N	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld				
Your percentage of total distribution			Local distribution				

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name:

SSN:

Part I - General Information

Taxpayer's foreign address

Foreign city

Province/State, Country, Postal code

Occupation

Employer's name

Employer's U.S. address

City ST Zip

Employer's Foreign address

City

Province/State, Country, Postal code

Employer is: (check any that apply) A foreign entity A U.S. company Self
 A foreign affiliate of a U.S. company Other (specify):

If you have previously filed Form 2555, enter the last year you filed Form 2555.

If you claimed an exclusion in an earlier year (after 1981), have you ever revoked your choice? Yes No

If Yes, give the type of exclusion and tax year

Of what country are you a citizen/national?

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? Yes No

If Yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country	Number of Days			
	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>			
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List your tax home(s) during your tax year and date(s) established

Home	Date Established			
	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>			
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Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name: _____ SSN: _____

Part II - Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Kind of living quarters in foreign country Purchased house Rented house or apartment
 Rented room Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? Yes No

If Yes, who and for what period	Relationship	For what Period

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? Yes No

Are you required to pay income tax to the country where you claim bona fide residence? Yes No

If you were present in the United States during the tax year, enter the information below.

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business	Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business

List any contractual terms or other conditions relating to the length of your employment abroad:

List the type of visa under which you entered the foreign country:

Did your visa limit the length of your stay or employment in a foreign country? (If Yes, attach explanation) Yes No

Did you maintain a home in the United States while living abroad? Yes No

If Yes, enter address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address		Relationship of occupant:
<input type="checkbox"/> Was the home rented?	Name of occupant:	

Part III - Physical Presence Test/Waiver

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year: _____

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." Do not include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name:	SSN:		
Foreign Earned Income		2013	2012
Total wages, salaries, bonuses, commissions, etc.			
Allowable share of income for personal services performed:			
In a business (including farming) or profession			
In a partnership (list name, address, and type of income)			
Noncash income:			
Home (lodging)			
Meals			
Car			
Other property or facility (specify)			
Allowances, reimbursements, or expenses paid on your behalf for services performed:			
Cost of living and overseas differential			
Family			
Education			
Home leave			
Quarters			
Other (specify)			
Other foreign earned income (specify):			
Meals and lodging that are excludable			
For Taxpayers Claiming the Housing Exclusion and/or Deduction			
Qualified housing expenses for the tax year			
Location where housing expenses incurred			
Limit on housing expenses			
Enter the number of days in qualifying period that fall within your 2013 tax year			
Enter employer-provided amounts			
For Taxpayers claiming the foreign earned income exclusion			
Enter the number of days in qualifying period that fall within your 2013 tax year			

Moving Expenses

Name:

SSN:

TSJ		2013	2012
	Enter the number of miles from your OLD home to your NEW workplace		
	Enter the number of miles from your OLD home to your OLD workplace		
	Enter the amount you paid for transportation and storage of household goods and personal effects		
	Enter the amount you paid for travel and lodging incurred during move (do NOT include cost of meals)		
	Enter the amount of moving expenses reimbursed to you by your employer		
	Was this a military move? <input type="checkbox"/> Yes		

Self-Employed Health Insurance

TSJ		2013	2012
	Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents		
	Enter the qualified long term care amount		
	Enter your medicare wages from an S corporation		

Self-Employed Pensions

TSJ		2013	2012
	Enter your plan contribution rate as a decimal		
	Enter your allowable elective deferrals made during 2013		
	Enter your catch-up contributions		
	Enter the amount of designated ROTH contributions included above		

Nondeductible IRAs

TS		2013	2012
	Total traditional IRA contributions made for 2013		
	Total basis in traditional IRAs		
	Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers)		
	Amount of traditional IRAs converted to ROTH IRAs		
	IRA basis before conversion		
	Total ROTH IRA contributions made for 2013		

Health Savings Account

TSJ		2013	2012
	HSA contributions made for 2013		
	Total distributions from all HSAs during 2013		
	Distributions included above that were rolled over		
	Unreimbursed qualified medical expenses		

Noncash Charitable Contributions

Name:		SSN:
TSJ	Donee I.D.	
Name of donee organization		
Address of donee organization		
City		
U.S. Only	State, ZIP	
Foreign Only	Province/State, Country, Postal Code	
Description of donated property		Donor's cost or adjusted basis
Valuation method used		Fair market value
Physical condition of donated property		Average security price
How was it acquired?		Bargain sale price
Date acquired		<input type="checkbox"/> Capital Gain property
Date contributed		
Property Type (if over \$5,000)		<input type="checkbox"/> Donated property is publicly traded security
<input type="checkbox"/> Art valued more than \$20,000	<input type="checkbox"/> Equipment	<input type="checkbox"/> Collectibles
<input type="checkbox"/> Qualified conservation - qualified farmer/rancher	<input type="checkbox"/> Art valued less than \$20,000	<input type="checkbox"/> Intellectual Property
<input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher	<input type="checkbox"/> Other real estate	<input type="checkbox"/> Vehicles
<input type="checkbox"/> Qualified conservation	<input type="checkbox"/> Securities	<input type="checkbox"/> Other
TSJ	Donee I.D.	
Name of donee organization		
Address of donee organization		
City		
U.S. Only	State, ZIP	
Foreign Only	Province/State, Country, Postal Code	
Description of donated property		Donor's cost or adjusted basis
Valuation method used		Fair market value
Physical condition of donated property		Average security price
How was it acquired?		Bargain sale price
Date acquired		<input type="checkbox"/> Capital Gain property
Date contributed		
Property Type (if over \$5,000)		<input type="checkbox"/> Donated property is publicly traded security
<input type="checkbox"/> Art valued more than \$20,000	<input type="checkbox"/> Equipment	<input type="checkbox"/> Collectibles
<input type="checkbox"/> Qualified conservation - qualified farmer/rancher	<input type="checkbox"/> Art valued less than \$20,000	<input type="checkbox"/> Intellectual Property
<input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher	<input type="checkbox"/> Other real estate	<input type="checkbox"/> Vehicles
<input type="checkbox"/> Qualified conservation	<input type="checkbox"/> Securities	<input type="checkbox"/> Other

Other Income and Adjustments

Name:

SSN:

Income

	Taxpayer		Spouse	
	2013	2012	2013	2012
Taxable scholarships not reported on W-2				
Other income not reported above or on Form W-2				
<input type="checkbox"/> Household income <input type="checkbox"/> Prisoner income				
Interest income (If over \$1,500 report only on Interest sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest sheet)				
Dividend income (If over \$1,500 report only on Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions received				
Unemployment compensation received				
Portion of unemployment repaid in 2013				
Total Social Security received				
Lump sum benefits - earlier years				
Net railroad Tier One benefits received for 2013				
Other income (please list):	Investment income			
NOL carryforward or carryback				
Real estate tax recovery				
Personal property rental income				
Gambling winnings				
Alaska Permanent Fund				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Other Adjustments

Name:

SSN:

Adjustments

	Taxpayer		Spouse	
	2013	2012	2013	2012
Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employed health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2013				
Student loan interest				
Jury duty pay given to employer				
Forestation or reforestation expense				
Repaid sub-pay previously reported				
Contributions to Section 501(c)(18) pension plan				
Expenses from casual rental or personal property				
Whistleblower fees				
Contributions by certain chaplains to Section 403(b) plans				
Certain fees and costs for actions involving unlawful discrimination claims				
Other adjustments (please list):				

Itemized Deductions

Name:

SSN:

MEDICAL and DENTAL	2013	2012	GIFTS TO CHARITY (attach receipts)	2013	2012
Health insurance premiums			Total gifts by cash or check		
Long term care premiums Age:			30% limitation		
Long term care premiums Age:			Charitable miles		
Number of medical miles			Other than by cash or check		
Other medical and dental expenses (list):			Carryover from prior year subject to:		
			QCC - qualified farmer or rancher		
			QCC - non-qualified farmer or rancher		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
TAXES YOU PAID			JOB EXPENSES (list):		
State and local income taxes			Unreimbursed employee expenses		
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
INTEREST YOU PAID					
Home mortgage interest and points on Form 1098					
Home mortgage interest not on Form 1098			Tax preparation fees		
SSN/EIN:			Other Expense (list):		
Name:					
Street:					
City:					
U.S. Only State, ZIP					
Foreign Only Province/State, Country, Postal Code					
			MISCELLANEOUS DEDUCTIONS		
			Other deductions not subject to 2% limit		
Portion of mortgage interest above that is home equity interest					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					

Mortgage Interest

Name:					SSN:					
TSJ		For		Business name	Product					
Recipient/Lender Information:						2013	2012			
Federal ID #					Mortgage interest received					
Name					Points paid					
Address					Refund overpaid interest					
City					Mortgage insurance premiums					
U.S. Only State, ZIP					Real Estate taxes paid					
Foreign Only Province/State, Country, Postal Code										
Account number										
TSJ		For		Business name	Product					
Recipient/Lender Information:						2013	2012			
Federal ID #					Mortgage interest received					
Name					Points paid					
Address					Refund overpaid interest					
City					Mortgage insurance premiums					
U.S. Only State, ZIP					Real Estate taxes paid					
Foreign Only Province/State, Country, Postal Code										
Account number										
TSJ		For		Business name	Product					
Recipient/Lender Information:						2013	2012			
Federal ID					Mortgage interest received					
Name					Points paid					
Address					Refund overpaid interest					
City					Mortgage insurance premiums					
U.S. Only State, ZIP					Real Estate taxes paid					
Foreign Only Province/State, Country, Postal Code										
Account number										
TSJ		For		Business name	Product					
Recipient/Lender Information:						2013	2012			
Federal ID #					Mortgage interest received					
Name					Points paid					
Address					Refund overpaid interest					
City					Mortgage insurance premiums					
U.S. Only State, ZIP					Real Estate taxes paid					
Foreign Only Province/State, Country, Postal Code										
Account number										

Expenses for Business Use of Your Home

Name:

SSN:

TSJ For

	2013	2012
Business Use of Home		
Square feet of home used exclusively for business		
Total square feet of home		
Use of Home for Daycare	2013	2012
Area used part time for business		
Total hours used for daycare		
Total hours available		

Did you live in the home all year? Yes No

Expenses

	Expenses directly related to business use only		Total Household expenses	
	2013	2012	2013	2012
Did you claim office in home expenses last year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Deductible mortgage interest				
Real estate taxes				
Excess mortgage interest				
Insurance				
Rent				
Repairs and maintenance				
Utilities				
Other expenses				

	2013	2012
Cost of Home		
Enter the smaller of your home's adjusted basis or its fair market value		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Value of land		
Date placed in service		
Date taken out of service		

Employee Business Expense

Name:

SSN:

TS Occupation

Part I - Employee Business Expense and Reimbursements

2013

2012

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do Not include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for

Other business expenses

Meals and entertainment expenses

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

Qualifying performing artist Fee-based state or local government official Pastor

Business Vehicle Expenses

Vehicle Description

Vehicle 1

Vehicle 2

2013

2012

2013

2012

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2013

Business miles

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)

Enter cost or other basis

Enter section 179 deduction

Enter depreciation method and percentage

If an employer provided vehicle, was personal use during off duty hours permitted? Yes No

Do you or your spouse have another vehicle available for personal use? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Credit for Federal Tax on Fuels

9:		SSN:		Gallons USED	2012
ff-highway business use					
se on a farm for farming purposes					
ther non-taxable use of gasoline		Type			
xported					
viation gasoline used in commercial aviation					
viation gasoline other nontaxable use		Type			
xported					
UST tax on aviation fuels used in foreign trade					
ontaxable use		Type	Visible evidence of dye		
Use on a farm for farming purposes					
Use in trains					
Use in certain intercity and local buses					
Exported					
Nontaxable use taxed at \$.244		Type	Visible evidence of dye		
Use on a farm for farming purposes					
Use in certain intercity and local buses					
Exported					
Nontaxable use taxed at \$.044		Type			
Nontaxable use taxed at \$.219		Type			
Kerosene taxed at \$.244					
Kerosene taxed at \$.219					
Nontaxable use taxed at \$.244		Type			
Nontaxable use taxed at \$.219		Type			
LUST tax on aviation fuel used in foreign trade					
Ultimate vendor ID #					
Use by a state or local government			Visible evidence of dye		
Use in certain intercity and local buses					
Ultimate vendor ID #					
Use by state and local government			Visible evidence of dye		
Sales from blocked pump					
Use in certain intercity and local buses					
Ultimate vendor ID #					
Use in commercial aviation taxed at \$.219					
Use in commercial aviation taxed at \$.244					
Nonexempt use in noncommercial aviation					
Other nontaxable uses taxed at \$.244		Type			
Other nontaxable uses taxed at \$.219		Type			
LUST tax on aviation fuels used in foreign trade					

Credit for Federal Tax on Fuels

Name:		SSN:		Gallons USED	2012
10	Registration number				
10a	Biodiesel (other than agri-biodiesel) mixtures				
10b	Agri-biodiesel mixtures				
10c	Renewable diesel mixtures				
11a	Liquefied petroleum gas (LPG)	Type			
11b	"P series" fuels	Type			
11c	Compressed natural gas (GGE = 126.67 cu. ft.)	Type			
11d	Liquefied hydrogen	Type			
11e	Fischer-Tropsch process liquid fuel from coal	Type			
11f	Liquid fuel derived from biomass	Type			
11g	Liquefied natural gas (LNG)	Type			
11h	Liquefied gas derived from biomass	Type			
12	Ultimate Vendor ID #				
12a	Liquefied petroleum gas (LPG)				
12b	"P series" fuels				
12c	Compressed natural gas (GGE = 121 cu. ft.)				
12d	Liquefied hydrogen				
12e	Fischer-Tropsch process liquid fuel from coal				
12f	Liquid fuel from biomass				
12g	Liquefied natural gas (LNG)				
12h	Liquefied gas derived from biomass				
12i	Compressed gas derived from biomass (GGE = 121 cu. ft.)				
13	Registration number				
13a	State or local government diesel				
13b	State or local government kerosene				
13c	State or local government aviation taxed at \$.219				
14a	Nontaxable use	Type			
14b	Exported				
15	Registration number				
15a	Blender credit				
16a	Exported dyed diesel and exported gasoline blendstocks taxed at \$.001				
16b	Exported dyed kerosene				

Residential Energy Credits

Name:

SSN:

TSJ

Residential Energy Efficient Property Credit

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Was qualified fuel cell property installed on or in your main home in US?

Yes No

Address of main home

City, State, ZIP

Qualified fuel cell property costs

Kilowatt capacity of property on line 22

Amount of unused credit from 2012 Form 5695, line 28

Were improvements or costs made to your main home located in the US?

Yes No

Address of main home

City, State, ZIP

Were improvements or costs related to the construction of this main home?

Yes No

Enter the nonbusiness energy property credit that you took in:

2006	2007	2009	2010	2011	2012
------	------	------	------	------	------

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain

Exterior doors that meet or exceed Energy Star requirements

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain

Exterior windows and skylights that meet or exceed Energy Star requirements

Enter the amount of window expense you claimed in:

2006	2007	2009	2010	2011	2012
------	------	------	------	------	------

Residential energy property costs

Energy efficient building property costs

Qualified natural gas, propane, or oil furnace or hot water boiler

Advanced main air circulating fan used in a natural gas, propane, or oil furnace

Energy Credits

Name:

SSN:

8834 - Qualified Electric Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
Year of vehicle			
Make of vehicle			
Model of vehicle			
Vehicle Identification Number			
Date vehicle was placed in service			
Cost of vehicle			
Business/investment use percentage			
Section 179 expense deduction			
Credits from passive activities			

8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
Year of vehicle			
Make of vehicle			
Model of vehicle			
How many wheels does the vehicle have			
Vehicle Identification Number			
Date vehicle was placed in service			
Tentative Credit			
Business/investment use percentage			
Section 179 expense deduction			

Form 8908 - Energy Efficient Home Credit

	TSJ		
		Total number of qualified energy efficient homes meeting the 50% standard that were sold during the year	
		Total number of qualified energy efficient manufactured homes meeting the 30% standard that were sold during the tax year	

Form 8910 - Alternative Motor Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
Year of vehicle			
Make of vehicle			
Model of vehicle			
Vehicle Identification Number			
Date vehicle was placed in service			
Maximum credit allowable			
Business/investment use percentage			

Auto Expense Worksheet

Name:

SSN:

For

Business name and Profession/Product

Description

Date placed in service

Do you or your spouse have another vehicle available for personal use? Yes No

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

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

2013

2012

a Business miles

b Commuting

c Other

Expenses:

2013

2012

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %