

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.

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

Name of child who lived with you but is not your dependent _____ [49]
 Social security number of qualifying person _____ [50]

Dependent Codes

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

Preparer - Enter on Screen Contact

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

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Car telephone number _____ [11] _____ [19]

Fax telephone number _____ [12] _____ [20]

Mobile telephone number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

 Telephone number _____ [16] _____ [24]

 Extension _____ [17] _____ [25]

Preferred method of contact:
 Email, Work phone, Home phone, Fax, Mobile phone, Car phone _____ [18] _____ [26]

NOTES/QUESTIONS:

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 Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

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

Refund - U.S. Series I Savings Bond Purchases

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

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

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

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

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

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

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bond 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 bond 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]

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.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
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:

2013 State Estimated Tax Payments

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	_____

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 ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

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

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

Seller Financed Mortgage Interest Income

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

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]

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

T/S/J	Description of Property ^[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
-	-	-	-	+	+
-	-	-	-	+	+
-	-	-	-	+	+
-	-	-	-	+	+
-	-	-	-	+	+
-	-	-	-	+	+
-	-	-	-	+	+
-	-	-	-	+	+
-	-	-	-	+	+
-	-	-	-	+	+
-	-	-	-	+	+
-	-	-	-	+	+
-	-	-	-	+	+
-	-	-	-	+	+
-	-	-	-	+	+
-	-	-	-	+	+
-	-	-	-	+	+
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-	-	-	-	+	+
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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 (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding (Box 12)	+	_____	[17]
Local withholding (Box 15)	+	_____	[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]

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

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 (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding (Box 12)	+	_____	[17]
Local withholding (Box 15)	+	_____	[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]

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

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 (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding (Box 12)	+	_____	[17]
Local withholding (Box 15)	+	_____	[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]

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

Social Security, Tier 1 Railroad Benefits

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

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

Social Security Benefits

	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) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	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: 60px; width: 100%;"></div>
Portion of Tier 1 Paid in 2013 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 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:

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:

Other Income

		2013 Information		[1]	
		Taxpayer	Spouse		
State and local income tax refunds		+ _____	+	_____	[1]
Alimony received		+ _____	+	_____	[3] [4]
Unemployment compensation		+ _____	+	_____	[8] [9]
Unemployment compensation federal withholding		+ _____	+	_____	[8] [9]
Unemployment compensation state withholding		+ _____	+	_____	[8] [9]
Unemployment compensation repaid		+ _____	+	_____	[11] [12]
Alaska Permanent Fund dividends		+ _____	+	_____	[17] [18]

Prior Year Information

T/S/J	Self- Employment Income ? (Y, N)	2013 Information		[14]	
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	Taxable scholarships		
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	
—	—	_____	+	_____	

Prior Year Information

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+

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

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 = Statute 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]

Control Totals+

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

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 = Statute 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]

Control Totals+

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2013 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__ [1]	
Payer name	_____	[3]	
State postal code	_____	[4]	
Mark if professional gambler		__ [9]	
Gross winnings (Box 1)	+ _____	[11]	_____
Date won (Box 2)	_____	[13]	_____
Type of wager (Box 3)	_____	[15]	_____
Federal withholding (Box 4)	+ _____	[17]	_____
Transaction (Box 5)	_____	[19]	_____
Race (Box 6)	_____	[21]	_____
Identical wager winnings (Box 7)	+ _____	[23]	_____
Cashier (Box 8)	_____	[25]	_____
Taxpayer identification number (Box 9)	_____	[27]	_____
Window (Box 10)	_____	[28]	_____
First ID (Box 11)	_____	[30]	_____
Second ID (Box 12)	_____	[31]	_____
Payer's state ID no. (Box 13)	_____	[32]	_____
State winnings (Box 14)	_____	[33]	_____
State withholding (Box 15)	+ _____	[34]	_____
Local winnings (Box 16)	_____	[36]	_____
Local withholding (Box 17)	_____	[37]	_____
Name of locality (Box 18)	_____	[40]	_____

Control Totals+

Gambling Winnings #2

Please provide all copies of Form W-2G.

2013 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__ [1]	
Payer name	_____	[3]	
State postal code	_____	[4]	
Mark if professional gambler		__ [9]	
Gross winnings (Box 1)	+ _____	[11]	_____
Date won (Box 2)	_____	[13]	_____
Type of wager (Box 3)	_____	[15]	_____
Federal withholding (Box 4)	+ _____	[17]	_____
Transaction (Box 5)	_____	[19]	_____
Race (Box 6)	_____	[21]	_____
Identical wager winnings (Box 7)	+ _____	[23]	_____
Cashier (Box 8)	_____	[25]	_____
Taxpayer identification number (Box 9)	_____	[27]	_____
Window (Box 10)	_____	[28]	_____
First ID (Box 11)	_____	[30]	_____
Second ID (Box 12)	_____	[31]	_____
Payer's state ID no. (Box 13)	_____	[32]	_____
State winnings (Box 14)	_____	[33]	_____
State withholding (Box 15)	+ _____	[34]	_____
Local winnings (Box 16)	_____	[36]	_____
Local withholding (Box 17)	_____	[37]	_____
Name of locality (Box 18)	_____	[40]	_____

Control Totals+

NOTES/QUESTIONS:

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 _____

	2013 Information	Prior Year Information
Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs (Include Small Employer Health Insurance Premiums credit):		_____
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		_____
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		_____
Mortgage (Paid to banks, etc.)		_____
_____	+ _____ [22]	_____
_____	+ _____	_____
_____	+ _____	_____
Other:		_____
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [29]	_____
Pension and profit sharing:		_____
_____	+ _____ [31]	_____
_____	+ _____	_____
Rent or lease:		_____
Vehicles, machinery, and equipment		_____
_____	+ _____ [33]	_____
Other business property		_____
_____	+ _____ [35]	_____
Repairs and maintenance	+ _____ [37]	_____
Supplies	+ _____ [39]	_____
Taxes and licenses:		_____
_____	+ _____ [41]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel, meals, and entertainment:		_____
Travel		_____
_____	+ _____ [43]	_____
Meals and entertainment		_____
_____	+ _____ [45]	_____
Meals (Enter 100% subject to DOT 80% limit)		_____
_____	+ _____ [47]	_____
Utilities	+ _____ [51]	_____
Wages (Less employment credit):		_____
_____	+ _____ [53]	_____
_____	+ _____	_____
Other expenses:		_____
_____	+ _____ [55]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Control Totals+

Preparer use only

Principal business or profession _____

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

NOTES/QUESTIONS:

Preparer use only

	2013 Information	Prior Year Information
Description _____	[2]	
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]
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

Refinancing points paid -

Recipient's/Lender's name _____ [92]
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2013 _____
 Total points paid _____
 Points deemed as paid in current year (**Preparer use only**) _____

Refinancing points paid -

Recipient's/Lender's name _____
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2013 _____
 Total points paid _____
 Points deemed as paid in current year (**Preparer use only**) _____

Refinancing points paid -

Recipient's/Lender's name _____
 Date of refinance _____
 Total # Payments _____
 Reported on 1098 in 2013 _____
 Total points paid _____
 Points deemed as paid in current year (**Preparer use only**) _____

Vacation Home Information

2013 Information

Prior Year Information

Number of days home was used personally _____ [6]
 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

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

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

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

	Preparer use only		
	Carryovers	Regular	AMT
Enter on K1-4	Operating	[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]

	Preparer use only		
	Carryovers	Regular	AMT
Enter on K1-4	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]

	Preparer use only		
	Carryovers	Regular	AMT
Enter on K1-4	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]

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

Form 6252 - Current Year Installment Sale

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

Form 6252 - Related Party Installment Sale Information

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

NOTES/QUESTIONS:

Prior Year Installment Sale

Preparer use only

	2013 Information	Prior Year Information
Description _____	[3]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[16]	
Date sold _____	[17]	
Gross sales price of property sold + _____	[18]	
Mortgage and other debts the buyer assumed + _____	[20]	
Cost or other basis + _____	[22]	
Commissions and other expenses of the sale + _____	[24]	
Gross profit percentage _____	[26]	
Total current year principal payments received + _____	[32]	
Prior year principal payments received + _____	[34]	
Total ordinary income to recapture + _____	[36]	
Total ordinary income previously recaptured + _____	[38]	
Control Totals+		

Prior Year Installment Sale

Preparer use only

	2013 Information	Prior Year Information
Description _____	[3]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[16]	
Date sold _____	[17]	
Gross sales price of property sold + _____	[18]	
Mortgage and other debts the buyer assumed + _____	[20]	
Cost or other basis + _____	[22]	
Commissions and other expenses of the sale + _____	[24]	
Gross profit percentage _____	[26]	
Total current year principal payments received + _____	[32]	
Prior year principal payments received + _____	[34]	
Total ordinary income to recapture + _____	[36]	
Total ordinary income previously recaptured + _____	[38]	
Control Totals+		

NOTES/QUESTIONS:

Preparer use only

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

Sale Information

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

Form 4797, Part III - Recapture

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

Form 6252 - Current Year Installment Sale

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

Form 6252 - Related Party Installment Sale Information

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

NOTES/QUESTIONS:

Like-Kind Exchange General Information

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) If other, specify type _____ [8]
 Country of citizenship _____ [11]
 If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:
 City/Country _____ [12] Days _____
 City/Country _____ Days _____
 List tax home(s) during the tax year and dates established:
 Tax home _____ [13] Date _____
 Tax home _____ Date _____

Foreign Earned Income Allocation Information

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

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

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____

Foreign days worked before and after foreign assignment _____ [17] Total days worked before and after foreign assignment _____ [18]
 Total number of days worked during year (defaults to 240) _____ [19]

Bona Fide Residence Test

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

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

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

Physical Presence Test

Principal country of employment _____ [31]

Foreign Earned Income Exclusion

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

Foreign Earned Income

***Please use the Foreign Earned Income Allocation Codes located below**

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

*Foreign Earned Income Allocation Codes
1 = 100% foreign during assignment
2 = 100% U.S. during assignment
3 = U.S. and foreign days worked during assignment
4 = U.S. and foreign days before/after assignment
5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

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

Housing Exclusion/Deduction

Qualified housing expense _____		+	_____ [47]
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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 (Box 1)	+ _____ [6]	
Total contributions made in 2013 (Box 2)	+ _____ [8]	
Total HSA or Archer MSA contributions made in 2014 for 2013 (Box 3)	+ _____ [10]	
Rollover contribution (Box 4)	+ _____ [13]	
Fair market value of HSA, Archer MSA, or MA MSA (Box 5)	+ _____ [15]	
Box 6 -		
HSA	_____ [17]	
Archer MSA	_____ [18]	
MA (Medicare Advantage) MSA	_____ [19]	

Additional Information

	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]
 Name of Trustee _____ [4]
 State postal code _____ [2]
 Gross distributions received (**Box 1**) + _____ [7]
 Earnings on excess contributions (**Box 2**) + _____ [9]
 Distribution code (**Box 3**) _____ [11]
 Fair Market Value on date of death (**Box 4**) + _____ [12]
Box 5 -
 HSA _____ [13]
 Archer MSA _____ [14]
 MA MSA _____ [15]
 All distributions were used to pay unreimbursed qualified medical expenses _____ [17]
 If some distributions were used to pay for other than qualified medical expenses, enter
 the unreimbursed qualified medical expenses for 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]
 Social security number of insured _____ [40]
 Gross long-term care (LTC) benefits paid (**Box 1**) + _____ [42]
 Accelerated death benefits paid (**Box 2**) + _____ [44]
 Check one (**Box 3**)
 Per diem _____ [46]
 Reimbursed amount _____ [47]
 Qualified contract (**Box 4**) _____ [48]
 Check, if applicable (**Box 5**)
 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:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2013 Information	Prior Year Information
			+ _____ [1]	
Address				
			+ _____	
Address				
			+ _____	
Address				

	2013 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
	+ _____ [3]	+ _____ [4]	
	+ _____	+ _____	
Self-employed health insurance premiums: (Not entered elsewhere)			
	+ _____ [6]	+ _____ [7]	
	+ _____	+ _____	
Self-employed long-term care premiums: (Not entered elsewhere)			
	+ _____ [9]	+ _____ [10]	
	+ _____	+ _____	
Other adjustments:			
	+ _____ [14]	+ _____ [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="background-color: #cccccc; border: 1px solid black; padding: 2px;"> _____ _____ _____ </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) (Box 1)	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Tuition billed (Enter only the amount actually paid) (Box 2)	_____	
Educational institution changed its reporting method for 2013 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2014 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
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]	Prior Year Information <div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px; min-height: 40px;"> _____ _____ _____ </div>
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 (Box 1)	+ _____ [30]	Prior Year Information <div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px; min-height: 100px;"> _____ _____ _____ _____ _____ _____ </div>
Earnings (Box 2)	+ _____ [32]	
Basis (Box 3)	+ _____ [34]	
Trustee-to-trustee rollover (Box 4)	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
Box 5 -		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

NOTES/QUESTIONS:

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

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

	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+		Form ID: FAFSA
--	------------------------	--	-----------------------

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]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

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]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

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 ^{2]}	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]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

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

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

Refinancing Points paid in 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] _____ + _____ [16]
 — _____ + _____
 — _____ + _____
 — _____ + _____
 — _____ + _____
 — _____ + _____
 — _____ + _____
 — _____ + _____

Charitable Contributions

T/S/J	2013 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)		
[2] _____	+ _____ [3]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
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]	
_____	+ _____	

Home Mortgage Interest Subject To Limitations

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

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

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

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

	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:

Employee Business Expenses

Preparer use only

2013 Information

Prior Year Information

Taxpayer/Spouse (T, S) [2]

Occupation in which expenses were incurred [3]

State postal code [5]

If the employee expenses were from an occupation listed below, enter the applicable code [6]

1 = Qualified performing artist, 2 = Handicapped employee, 3 = Fee-basis official

Mark if these employee expenses are related to qualified services as a minister or religious worker [10]

Parking fees and tolls + [17]

Local transportation + [19]

Travel expenses + [22]

Other business expenses: [25]

Multiple lines for entering other business expenses, each with a plus sign and a bracketed number [25].

Nonvehicle depreciation + [28]

Meals and entertainment + [31]

Meals for individuals subject to DOT hours of service limitation + [33]

Large vertical shaded area for entering Prior Year Information.

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

2013 Information

Prior Year Information

Reimbursements for other expenses not included on Form W-2 + [60]

Reimbursements for meals and entertainment not included on Form W-2 + [62]

Reimbursements for meals for DOT service limitation not included on Form W-2 + [64]

Small box for entering Prior Year Information for reimbursements.

Control Totals+

Preparer use only

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

Vehicle Questions

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

	2013 Information	Prior Year Information
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]

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

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]

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

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]

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

Contributions of Motor Vehicles, Boats & Airplanes

Please provide all Forms 1098-C

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

Donee's name _____ [4]

State postal code _____ [3]

Date of contribution (Box 1) _____ [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]

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]

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:

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

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 #1 first name _____ [2]

Child #1 last name _____ [3]

Child #1 date of birth (mm/dd/yyyy) _____ [4]

Child #2 social security number _____ [1]

Child #2 first name _____ [2]

Child #2 last name _____ [3]

Child #2 date of birth (mm/dd/yyyy) _____ [4]

Child #3 social security number _____ [1]

Child #3 first name _____ [2]

Child #3 last name _____ [3]

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

Child #4 social security number _____ [1]

Child #4 first name _____ [2]

Child #4 last name _____ [3]

Child #4 date of birth (mm/dd/yyyy) _____ [4]

Child #5 social security number _____ [1]

Child #5 first name _____ [2]

Child #5 last name _____ [3]

Child #5 date of birth (mm/dd/yyyy) _____ [4]

Child #6 social security number _____ [1]

Child #6 first name _____ [2]

Child #6 last name _____ [3]

Child #6 date of birth (mm/dd/yyyy) _____ [4]

Child #7 social security number _____ [1]

Child #7 first name _____ [2]

Child #7 last name _____ [3]

Child #7 date of birth (mm/dd/yyyy) _____ [4]

Child #8 social security number _____ [1]

Child #8 first name _____ [2]

Child #8 last name _____ [3]

Child #8 date of birth (mm/dd/yyyy) _____ [4]

Child #9 social security number _____ [1]

Child #9 first name _____ [2]

Child #9 last name _____ [3]

Child #9 date of birth (mm/dd/yyyy) _____ [4]

Child #10 social security number _____ [1]

Child #10 first name _____ [2]

Child #10 last name _____ [3]

Child #10 date of birth (mm/dd/yyyy) _____ [4]

Child #11 social security number _____ [1]

Child #11 first name _____ [2]

Child #11 last name _____ [3]

Child #11 date of birth (mm/dd/yyyy) _____ [4]

Child #12 social security number _____ [1]

Child #12 first name _____ [2]

Child #12 last name _____ [3]

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 [6] Income	Tax Exempt Income	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
		+				
		+				
		+				
		+				
		+				
		+				

****Interest Codes**

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

Children's Dividend Income

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

Type Code (** See codes below)	Ordinary ^[8] Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information

****Dividend Codes**

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:

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:

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

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

Prior C/O Year	A	B	C	D
	_____ [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:

**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:

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:		