

Income Tax Return Document Organizer

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Miscellaneous Information

Name: _____

SSN: _____

Yes No

General Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Were there any changes to your filing status or number of dependents during 2013?
<input type="checkbox"/>	<input type="checkbox"/>	2. Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur any childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have a change in residence or job location during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you move during 2013? From where? _____ Date of move _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you reside in more than one state during 2013? If yes, which states? _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.

Yes No

Income Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you engage in any bartering transactions during 2013?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you surrender any U.S. Savings Bonds during 2013?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	15. Did you recharacterize any IRAs this year?
<input type="checkbox"/>	<input type="checkbox"/>	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
<input type="checkbox"/>	<input type="checkbox"/>	19. Did you receive any type of prize, award, or gambling winnings during 2013?
<input type="checkbox"/>	<input type="checkbox"/>	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	21. Did you receive any income not shown in this organizer? If so, please list. _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Does anyone owe you money that has become uncollectible?

Comments: _____

Miscellaneous Information

Page 2

Name:

SSN:

Yes No

Business Information

- | | | |
|-----|----|---|
| Yes | No | 1. Did you start a new business or purchase any rental property during 2013? |
| | | 2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use?
If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc. |
| | | 3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale. |
| | | 4. Did you own rental property? What percentage of time did you spend managing your rentals? _____ |
| | | 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use? |

Yes No

Other Information

- | | | |
|-----|----|--|
| Yes | No | 1. Were any tuition costs paid during 2013 (even if classes were attended in another year)? |
| | | 2. Did anyone in your household attend higher education classes in 2013? |
| | | 3. Did you incur a loss due to damaged or stolen property? |
| | | 4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home? |
| | | 5. Did you refinance your principal home or your second home or make a home equity loan during the year?
If yes, please provide all escrow, closing, and other pertinent documentation and information. |
| | | 6. Did you purchase or sell a home that you used as a principal residence?
If yes, please provide closing documentation. |
| | | 7. If yes to question 6, was the First-Time Homebuyer Credit taken? |
| | | 8. Did you make any gifts to any one person in 2013 in excess of \$14,000? If so, are you splitting this gift with your spouse? |
| | | 9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)? |

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

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

Comments: _____

Miscellaneous Information

Page 3

Name:

SSN:

Information to bring to your appointment:

- Driver's license and social security card (for identity verification)
- Copy of your 2012 income tax return (for comparison and review for all includible information)
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: _____

Preparer Notes

Miscellaneous Notes

Personal Data

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

Income Taxes Paid

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

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

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

Dependents

Name:**SSN:**

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

Child and Dependent Care

Name:**SSN:**

Child Care Provider's Information

2013

2012

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP**Foreign Only** Province/State,
Country, Postal Code

2013

2012

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP**Foreign Only** Province/State,
Country, Postal Code

2013

2012

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP**Foreign Only** Province/State,
Country, Postal Code

2013

2012

Social Security Number or Employer ID Number

Amount Paid

Name

Street Address

City

Phone

U.S. Only State, ZIP**Foreign Only** Province/State,
Country, Postal Code

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

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

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS

Employer's name and address:

Federal EIN _____

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

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

Interest Income

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

Name: _____

SSN:

[illegible]

Did you have a financial interest in or signature authority over a financial account located in a foreign country?

☐ Yes ☐ No

Dividend Income

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

Name:

SSN:

[illegible]

Did you have a financial interest in or signature authority over a financial account located in a foreign country?

☐ Yes ☐ No

Profit or Loss From Business

Schedule C

Name:

SSN:

TS		Principal business or profession	Business code
Business name			Employer I.D. number
Business address			
City			
U.S. Only		State, ZIP	
Foreign Only		Province/State, Country, Postal Code	
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
Activity type			Some investment is NOT at risk <input type="checkbox"/>
You started or acquired this business during 2013 <input type="checkbox"/>		You disposed of this property during 2013 <input type="checkbox"/>	
Did you make any payments in 2013 that would require you to file Form(s) 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did you or will you file all required Forms 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Income		2013	2012
Gross receipts or sales			Other income
Returns and allowances			
Expenses		2013	2012
Advertising			Taxes and licenses
Car and truck expenses			Travel
Commissions and fees			Total meals and entertainment
Contract labor			Utilities
Depletion			Wages
Employee benefit programs			Other expenses (list):
Insurance (other than health)			
Mortgage interest (paid to banks, etc.)			
Other interest			
Legal & professional services			
Office expenses			
Pension and profit sharing plans			
Rent or lease (vehicles, machinery, and equipment)			
Rent (other business property)			
Repairs and maintenance			Other (Detail)
Supplies			Family Health Coverage
Cost of goods sold		2013	2012
Inventory method, if not Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other	There was a change of inventory method <input type="checkbox"/>		
Inventory at beginning of the year			Materials and supplies
Purchases (less cost of items withdrawn for personal use)			Other costs
Cost of labor			Inventory at end of year

Profit or Loss From Business

Schedule C General Information

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

Profit or Loss From Business

Schedule C General Information

Page 2

Name:			SSN:	
TS		Business name	Profession or product	
Expenses			2013	2012
Advertising				
Car and truck expenses				
Commissions and fees				
Contract labor				
Depletion				
Employee benefit programs				
Insurance (other than health)				
Mortgage interest (paid to banks, etc.)				
Other interest				
Legal and professional services				
Office expense				
Pension and profit sharing plans				
Rent or lease (vehicles, machinery, and equipment)				
Rent (other business property)				
Repairs and maintenance				
Supplies				
Taxes and licenses (including real estate taxes)				
Travel				
Total meals and entertainment				
Utilities				
Wages				
Other expenses (list):				
Other (Detail)				

Sale of Capital Assets (Stocks, Bonds, etc.)

Name:

SSN:

[illegible]

Sale of Home

Name:

SSN:

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

Casualties and Thefts

Name:

SSN:

Description of property

Location of property

 Was property ☐ Personal ☐ Business ☐ Income-producing ☐ Employee income-producing

Date acquired

Fair market value before incident

Cost or other basis

Fair market value after incident

Insurance or other reimbursement (whether or not you filed a claim)

Date of incident

Section C Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment

Percentage of qualified investment

Subsequent investments

Actual recovery

Income reported in prior years

Potential insurance / SIPC recovery

Withdrawals

Part II Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name

SSN/EIN

Street Address

City

U.S. Only

State, Zip

Province/State,

Foreign Only

Country, Postal Code

Description of property

Location of property

 Was property ☐ Personal ☐ Business ☐ Income-producing ☐ Employee income-producing

Date acquired

Fair market value before incident

Cost or other basis

Fair market value after incident

Insurance or other reimbursement (whether or not you filed a claim)

Date of incident

Section C Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment

Percentage of qualified investment

Subsequent investments

Actual recovery

Income reported in prior years

Potential insurance / SIPC recovery

Withdrawals

Part II Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name

SSN/EIN

Street Address

City

U.S. Only

State, Zip

Province/State,

Foreign Only

Country, Postal Code

Installment Sale Income

Name:

SSN:

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

Supplemental Income and Loss

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

Name:

SSN:

TSJ		Property description	Activity Type		
Did you make any payments in 2013 that would require you to file Form(s) 1099?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes," did you or will you file all required Forms 1099?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Property Address					
City					
U.S. Only		State, ZIP			
Foreign Only		Province/State, Country, Postal Code			
<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Vacation / Short Term Rental	<input type="checkbox"/> Land	<input type="checkbox"/> Self-Rental		
<input type="checkbox"/> Multi-Family Residence	<input type="checkbox"/> Commercial	<input type="checkbox"/> Royalties	<input type="checkbox"/> Other		
Fair Rental Days	Personal use days	Qualified Joint Venture	<input type="checkbox"/>		
If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer					
<input type="checkbox"/> This is your main home	<input type="checkbox"/> Some investment is NOT at risk	<input type="checkbox"/> Property was 100% disposed of in 2013	<input type="checkbox"/> Property is a Single Member LLC		
Income:			2013	2012	
Rent Income					
Royalties from oil, gas, mineral, copyright or patent					
Expenses:	Direct expense		Indirect expense		
	2013	2012	2013	2012	
Advertising					
Auto and travel					
Cleaning and maintenance					
Commissions					
Insurance					
Legal and professional fees					
Management fees					
Interest - mortgage					
Interest - other					
Repairs					
Supplies					
Taxes					
Utilities					
Other: (list)					
Ownership Percentage					

Supplemental Income and Loss

Part II - Income or Loss From Fiduciary

Name:

SSN:

Attach **all** Form 1041 Schedules K-1 received for 2013

Employer
identification
number

**Any changes
in this investment?**

Is K-1 Attached?

TS Name:

[illegible]

Supplemental Income and Loss

Part II - Income or Loss From Partnerships

Name:

SSN:

Attach **all** Form 1065 Schedules K-1 received for 2013

Employer
identification
number

**Any changes
in this investment?**

**Is K-1
Attached?**

TS Name:

[illegible]

Supplemental Income and Loss

Part II - Income or Loss From S Corporations

Name:

SSN:

Attach **all** Form 1120S Schedules K-1 received for 2013

Employer
identification
number

**Any changes
in this investment?**

Is K-1 Attached?

TS Name:

[illegible]

Farm Rental Income and Expenses

Name:

SSN:

TSJ

EIN

Activity type:

Description:

☐

Farm was 100% disposed of in 2013

☐

Farm is a single member LLC

☐

Farm received applicable subsidy in 2013

☐

Some of the investment is NOT at risk

Income**2013****2012**

Income from production of livestock, grains, and other crops

Total cooperative distributions received

Taxable amount

Agricultural program payments received

Taxable amount

Commodity Credit Corporation (CCC) loans:

CCC loans reported under election

CCC loans forfeited or repaid with certificates

Taxable amount

Crop insurance proceeds and certain disaster payments:

Amount received in 2013

Taxable amount

Do you elect to defer to next year? ☐ Yes ☐ No

Amount deferred from last year

Other income

Expenses**2013****2012****2013****2012**

Car and truck expenses

Seeds and plants purchased

Chemicals

Storage and warehousing

Conservation expenses

Supplies purchased

Custom hire (machine work)

Taxes

Employee benefit programs

Utilities

Feed purchased

Veterinary, breeding, & medicine

Fertilizers and lime

Other expenses (list):

Freight and trucking

Gasoline, fuel, and oil

Insurance (other than health)

Interest - mortgage
(paid to banks, etc.)

Interest - other:

Labor hired (less jobs credit)

Pension & profit-sharing plans

Rent - vehicles, machinery
and equipment

Rent - other (land, animals, etc.)

Repairs and maintenance

Profit or Loss From Farming

Name:

SSN:

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

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

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

Form 1099-G Unemployment Compensation

Name:

SSN:

 TSJ Payer's Federal I.D. Number:

Payer's name:

Payer's address:

City:

U.S. Only State, ZIP:

Foreign Only Province/State, Country, Postal Code:

Payer's phone:

Account number:

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

 TSJ Payer's Federal I.D. Number:

Payer's name:

Payer's address:

City, State, Zip:

U.S. Only State, ZIP:

Foreign Only Province/State, Country, Postal Code:

Payer's phone:

Account number:

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

Form 1099-MISC

Please attach all 1099-M(s)

Name:**SSN:**TS For Payer's Federal ID number:

Payer's name:

Address:

City:

U.S. Only State, ZIP:**Foreign Only** Province/State, Country, Postal Code:

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

Social Security Benefit Statement

TS		2013	2012	TS		2013	2012
	Net benefits				Net benefits		
	Medicare premiums				Medicare premiums		
	Income tax withheld				Income tax withheld		

Pension, Annuities, Retirement, Etc. Distributions

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

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

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

Foreign Earned Income

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

Name:

SSN:

Part I - General Information

Taxpayer's foreign address

Foreign city

Province/State, Country, Postal code

Occupation

Employer's name

Employer's U.S. address

City

ST

Zip

Employer's Foreign address

City

Province/State, Country, Postal code

Employer is: (check any that apply)

☐

A foreign entity

☐

A U.S. company

☐

Self

☐

A foreign affiliate of a U.S. company

☐

Other (specify):

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

If you claimed an exclusion in an earlier year (after 1981), have you ever revoked your choice?

☐

Yes

☐

No

If Yes, give the type of exclusion

and tax year

Of what country are you a citizen/national?

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home?

☐

Yes

☐

No

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

City and country

Number of Days

List your tax home(s) during your tax year and date(s) established

Home

Date Established

Foreign Earned Income

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

Page 2

Name:

SSN:

Part II - Bona Fide Residence Test

Date bona fide residence began _____, ended _____

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

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

If Yes, who and for what period

Relationship

For what Period

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? ☐ Yes ☐ NoAre you required to pay income tax to the country where you claim bona fide residence? ☐ Yes ☐ No

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

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

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

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

Did your visa limit the length of your stay or employment in a foreign country? (If Yes, attach explanation) ☐ Yes ☐ NoDid you maintain a home in the United States while living abroad? ☐ Yes ☐ No

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

Address

Name of
occupant:Relationship
of occupant:☐ Was the
home rented?**Part III - Physical Presence Test/Waiver**

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

Enter your principal country of employment during your tax year:

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

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

Foreign Earned Income

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

Page 3

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

Moving Expenses

Name:

SSN:

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

Self-Employed Health Insurance

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

Self-Employed Pensions

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

Nondeductible IRAs

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

Health Savings Account

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

Noncash Charitable Contributions

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

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

Other Income and Adjustments

Name:

SSN:

Income

Taxpayer

Spouse

2013

2012

2013

2012

Taxable scholarships not reported on W-2

Other income not reported above or on Form W-2

☐

Household income

☐

Prisoner income

Interest income (If over \$1,500 report only on Interest sheet)

Tax-exempt interest (If over \$1,500 report only on Interest sheet)

Dividend income (If over \$1,500 report only on Dividend sheet)

Taxable refunds: State taxes

Local taxes

Alimony received

IRA distributions received. Was any portion rolled over? ☐ Yes ☐ No

Pension distributions received

Unemployment compensation received

Portion of unemployment repaid in 2013

Total Social Security received

Lump sum benefits - earlier years

Net railroad Tier One benefits received for 2013

Investment
income

Other income (please list):

NOL carryforward or carryback

Real estate tax recovery

Personal property rental income

Gambling winnings

Alaska Permanent Fund

☐☐☐

Other Adjustments

Name:

SSN:

Adjustments

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

Itemized Deductions

Name:

SSN:

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

Cash Contributions

Name: _____

SSN:

Title

Description

2013

2012

Mortgage Interest

Name:

SSN:

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

Expenses for Business Use of Your Home

Name:

SSN:

TSJ

For

Business Use of Home

2013

2012

Square feet of home used exclusively for business

Total square feet of home

Use of Home for Daycare

2013

2012

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year? ☐ Yes ☐ No

Expenses

Expenses directly related
to business use **only**Total Household
expensesDid you claim office in home expenses last year? ☐ Yes ☐ No

2013

2012

2013

2012

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

Cost of Home

2013

2012

Enter the **smaller** of your home's adjusted basis or its fair market valueDoes this include the value of the land? ☐ Yes ☐ No

Value of land

Date placed in service

Date taken out of service

Employee Business Expense

Name:

SSN:

TS		Occupation	
----	--	------------	--

Part I - Employee Business Expense and Reimbursements

2013

2012

Rural mail carrier

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

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

Other business expenses

Meals and entertainment expenses

DOT meals

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

Other business expenses

Meals and entertainment expenses

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

Portion of total expenses that is for Armed Forces reservist

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

Business Vehicle Expenses

Vehicle Description

Vehicle 1

Vehicle 2

2013

2012

2013

2012

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2013

Business miles

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

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

Enter cost or other basis

Enter section 179 deduction

Enter depreciation method and percentage

If an employer provided vehicle, was personal use during off duty hours permitted? ☐ Yes ☐ NoDo you or your spouse have another vehicle available for personal use? ☐ Yes ☐ NoDo you have evidence to support your deduction? ☐ Yes ☐ NoIf "Yes", is the evidence written? ☐ Yes ☐ No

Asset Listing for 2013

Name:

SSN:

[illegible]

Valid Methods:

For assets purchased	A	ACRS or MACRS tangible property
	M	MACRS tangible property
AFTER 1980	ALT	Alternative MACRS (150 DB election)
	ARR	Residential Rental (27.5 yrs)
	APU	Public Utility
	ARP	Other Real Property (15,18,19,31.5,39.5 yrs)
	ALH	Low Income Housing Property
	ADS	Alternative Depreciation System
	EXP	Section 179 Expense Election

For assets purchased BEFORE 1981 ONLY	D	125% Declining Balance
	DS	125% Declining Balance with SL switch
	DB	150% Declining Balance
	DBS	150% Declining Balance with SL switch
	DC	175% Declining Balance
	DCS	175% Declining Balance with SL switch
	DD	200% Declining Balance
	DDS	200% Declining Balance with SL switch

Listed Property Types:

V Luxury Vehicle
T Trucks and Vans
X Computers, property generally used for entertainment, recreation, or amusement, and cellular phones.

Misc.	NDA Non-Depreciable	SFT Software (3 yrs)
	SL Straight Line	SYD Sum of Years Digits
	AMT Amortization	PTS Amortization of Points (Sch A)

Credit for Federal Tax on Fuels

Name:				SSN:				
							Gallons USED	2012
1a Off-highway business use								
1b Use on a farm for farming purposes								
1c Other non-taxable use of gasoline						Type		
1d Exported								
2a Aviation gasoline used in commercial aviation								
2b Aviation gasoline other nontaxable use						Type		
2c Exported								
2d LUST tax on aviation fuels used in foreign trade								
3a Nontaxable use				Type		Visible evidence of dye		
3b Use on a farm for farming purposes								
3c Use in trains								
3d Use in certain intercity and local buses								
3e Exported								
4a Nontaxable use taxed at \$.244				Type		Visible evidence of dye		
4b Use on a farm for farming purposes								
4c Use in certain intercity and local buses								
4d Exported								
4e Nontaxable use taxed at \$.044						Type		
4f Nontaxable use taxed at \$.219						Type		
5a Kerosene taxed at \$.244								
5b Kerosene taxed at \$.219								
5c Nontaxable use taxed at \$.244						Type		
5d Nontaxable use taxed at \$.219						Type		
5e LUST tax on aviation fuel used in foreign trade								
6 Ultimate vendor ID #								
6a Use by a state or local government						Visible evidence of dye		
6b Use in certain intercity and local buses								
7 Ultimate vendor ID #								
7a Use by state and local government						Visible evidence of dye		
7b Sales from blocked pump								
7c Use in certain intercity and local buses								
8 Ultimate vendor ID #								
8a Use in commercial aviation taxed at \$.219								
8b Use in commercial aviation taxed at \$.244								
8c Nonexempt use in noncommercial aviation								
8d Other nontaxable uses taxed at \$.244						Type		
8e Other nontaxable uses taxed at \$.219						Type		
8f LUST tax on aviation fuels used in foreign trade								

Credit for Federal Tax on Fuels

Page 2

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

Residential Energy Credits

Name:

SSN:

TSJ

Residential Energy Efficient Property Credit

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

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

☐

Yes

☐

No

Address of main home

City, State, ZIP

Qualified fuel cell property costs

Kilowatt capacity of property on line 22

Amount of unused credit from 2012 Form 5695, line 28

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

☐

Yes

☐

No

Address of main home

City, State, ZIP

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

☐

Yes

☐

No

Enter the nonbusiness energy property credit that you took in:

2006

2007

2009

2010

2011

2012

Qualified energy efficient improvements

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

Exterior doors that meet or exceed Energy Star requirements

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

Exterior windows and skylights that meet or exceed Energy Star requirements

Enter the amount of window expense you claimed in:

2006

2007

2009

2010

2011

2012

Residential energy property costs

Energy efficient building property costs

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

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

Energy Credits

Name:

SSN:

8834 - Qualified Electric Vehicle Credit

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

8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

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

Form 8908 - Energy Efficient Home Credit

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

Form 8910 - Alternative Motor Vehicle Credit

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

Credit for Small Employer Health Insurance Premiums

Name:

SSN:

TSJ

Complete the columns below for all eligible employees. Eligible employees do not include business owners, partners, shareholders who own more than 2%, family members, etc.

Complete the columns below for each employee enrolled in health insurance coverage provided under qualifying arrangement.

[illegible]

Employer Identification Number used to report employment taxes for above individuals

Total amount of any state premium subsidies paid and any state tax credit available

Detail Worksheet

Name: _____

SSN:

Title

Description

2013

2012

Auto Expense Worksheet

Name:

SSN:

For

Business name and Profession/Product

Description

Date placed in service

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

☐

Yes

☐

No

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

☐

Yes

☐

No

Do you have evidence to support your deduction?

☐

Yes

☐

No

If "Yes," is the evidence written?

☐

Yes

☐

No

Enter the number of miles your vehicle was used for:

2013

2012

a Business miles

b Commuting

c Other

Expenses:

2013

2012

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %

☐☐☐