

## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1900?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever rent out this property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? At the time of sale, the residence was owned by the: <input type="checkbox"/> Taxpayer; <input type="checkbox"/> Spouse; <input type="checkbox"/> Both	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell any securities not reported on your Form(s) 1099-B?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any put or call transactions? If Yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any Wash Sales that would need to be accounted for?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>

**Income Information**

Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any Retirement Plan Conversions into a Roth Plan?	<input type="checkbox"/>	<input type="checkbox"/>
If so, do you want the taxable income tax due to be deferred?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
If so, were these withdrawals all for qualified Medical Expenses? If not, give details for the withdrawals _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any taxable Income from a State other than Colorado?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a punitive damage award or an award for damages other than for physical injuries or illness this year?	<input type="checkbox"/>	<input type="checkbox"/>

**Itemized Deduction Information**

Did you incur a casualty or theft loss during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to substantiate charitable contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an expense account or allowance during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job, for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town for part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any expenses related to seeking a new job during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and end of the year.	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098?	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous Information**

Did you make gifts of more than \$13,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term health care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any COBRA health care coverage continuation premiums?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Are you a business owner and have paid health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive deferred, retirement or severance compensation? If Yes, enter the date received (Mo/Da/Yr)._____	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a job change?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the Internal Revenue Service? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.		
Did you receive a 1st Time Homebuyer Credit for a Residence purchased between <b>April 4, 2008 and December 31, 2008</b> which needs to be recaptured ?	<input type="checkbox"/>	<input type="checkbox"/>
With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2010?	<input type="checkbox"/>	<input type="checkbox"/>

## Client Organizer Topical Index

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

Topic	Page	Topic	Page
Adoption expenses	74	Fuel tax credit	75, 76, 77
Alaska Permanent Fund dividends	20, 67	Gambling winnings	7, 20, 22
Alimony paid	46	Gambling losses	53
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Annuity payments received	7, 15, 18	Household employee taxes	69
Automobile information -		Installment sales	38, 39
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Employee business expense	56	Interest paid	52
Farm	64	Investment expenses	53
Farm rental	64	Investment interest expenses	52
Rent and royalty	64	IRA contributions	17
Bank account information	3	IRA distributions	7, 15
Business income and expenses	25, 26, 27	Like-kind exchange of property	40
Business use of home	63	Long-term care services and contracts (LTC)	44
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Casualty and theft losses, business	59, 61	Medical savings account (MSA)	43, 44
Casualty and theft losses, personal	60, 62	Minister earnings and expenses	9, 25, 55, 66
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Charitable contributions	53, 57, 58	Miscellaneous itemized deductions	53
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Dependent care benefits received	9	Moving expenses	45
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Depreciable asset acquisitions and dispositions -		Payments from Qualified Education Programs (1099-Q)	7, 49
Business or profession	86, 87	Pension distributions	7, 15, 18
Employee business expense	86, 87	Personal property taxes paid	51
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Farm rental income and expenses	33, 34	State & local estimate payments	6
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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)	<b>2</b> [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]	_____ [18]
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)	<b>Y</b> [34]	_____ [35]

## Present Mailing Address

Address \_\_\_\_\_ [38]  
 Apartment number \_\_\_\_\_ [39]  
 City, state postal code, zip code \_\_\_\_\_ [40] \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Foreign country name \_\_\_\_\_ [44]  
 In care of addressee \_\_\_\_\_ [47]

## Dependent Information

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

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

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

### Dependent Codes

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

## 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: \_\_\_\_\_ [18] \_\_\_\_\_ [26]  
    Email, Work phone, Home phone, Fax, Mobile phone, Car phone

## NOTES/QUESTIONS:

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

**Primary account:**

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

**Secondary account #1:**

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

**Secondary account #2:**

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

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

**Refund - U.S. Series I Savings Bond Purchases**

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

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

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

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

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

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

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]  
 Owner's name (First Last) \_\_\_\_\_ [36] \_\_\_\_\_ [37]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [40]

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

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [19] or Percent (xxx.xx) \_\_\_\_\_ [20]  
 Owner's name (First Last) \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [43] \_\_\_\_\_ [44]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [45]



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

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

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

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

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

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

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

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

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

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**NOTES/QUESTIONS:**

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

Refunded \_\_\_\_\_ [43]

Applied to 2013 estimated tax liability \_\_\_\_\_ [44]

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

If yes, please explain any differences:

\_\_\_\_\_ [46]

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

\_\_\_\_\_ [48]

\_\_\_\_\_ [49]

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

If yes, please explain any differences:

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

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

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

\_\_\_\_\_ [54]

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

If yes, please explain any differences:

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

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

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

\_\_\_\_\_ [59]

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

If yes, please explain any differences:

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

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

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

\_\_\_\_\_ [64]

**2012 Federal Estimated Tax Payments**

2011 overpayment applied to 2012 estimates + \_\_\_\_\_ [1]

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

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

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

**NOTES/QUESTIONS:**

## 2012 State Estimated Tax Payments

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

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

Amount paid with 2011 return + \_\_\_\_\_ [3]

2011 overpayment applied to 12 estimates + \_\_\_\_\_ [4]

Treat calculated amounts as paid \_\_\_\_\_ [8]

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

## 2012 City Estimated Tax Payments

City #1			City #2		
City name	_____ [28]		City name	_____ [50]	
Amount paid with 2011 return	+ _____ [31]		Amount paid with 2011 return	+ _____ [53]	
2011 overpayment applied to 12 estimates	+ _____ [32]		2011 overpayment applied to 12 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 2011 return	+ _____ [75]		Amount paid with 2011 return	+ _____ [97]	
2011 overpayment applied to 12 estimates	+ _____ [76]		2011 overpayment applied to 12 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 (**See codes below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	Payer						
		Amounts	+					

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

	Control Totals +	Income	Form ID: B-1
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# 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 <sup>[1]</sup> 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



## Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

**2012 Information**

**Prior Year Information**

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

Prior Year Information

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

Please provide all Forms 1099-R.

**2012 Information**

**Prior Year Information**

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

Prior Year Information

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

Please provide all Forms 1099-R.

**2012 Information**

**Prior Year Information**

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

Prior Year Information

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	<b>Control Totals+</b>	
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# Social Security, Tier 1 Railroad Benefits

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

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

## Social Security Benefits

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

## Tier 1 Railroad Benefits

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

## Additional Information About Benefits Received

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

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

**NOTES/QUESTIONS:**



### 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:

\_\_\_\_\_ [70]

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

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

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

#### Form 1099-C Cancellation of Debt

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

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

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

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

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

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

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

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

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

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

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

**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:

\_\_\_\_\_ [70]

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

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

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

#### Form 1099-C Cancellation of Debt

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

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

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

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

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

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

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

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

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

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

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

**Control Totals+**

**NOTES/QUESTIONS:**

## Gambling Winnings #1

Please provide all copies of Form W-2G.

**2012 Information**

**Prior Year Information**

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

	<b>Control Totals+</b>	
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## Gambling Winnings #2

Please provide all copies of Form W-2G.

**2012 Information**

**Prior Year Information**

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

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

Preparer use only

### 2012 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]  
 \_\_\_\_\_ [23]  
 Enter an explanation if there was a change in determining your inventory:  
 \_\_\_\_\_ [24]  
 \_\_\_\_\_ [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 2012 \_\_\_\_\_ [29]  
 Did you make any payments in 2012 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 + \_\_\_\_\_ [39]  
 Long-term care premiums paid by this activity + \_\_\_\_\_ [41]  
 Amount of wages received as a statutory employee + \_\_\_\_\_ [44]

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## Business Income

### 2012 Information

### Prior Year Information

Gross receipts and sales  
 \_\_\_\_\_ + \_\_\_\_\_ [49]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Returns and allowances + \_\_\_\_\_ [52]  
 Other income:  
 \_\_\_\_\_ + \_\_\_\_\_ [54]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

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## Cost of Goods Sold

### 2012 Information

### Prior Year Information

Beginning inventory + \_\_\_\_\_ [56]  
 Purchases + \_\_\_\_\_ [58]  
 Labor:  
 \_\_\_\_\_ + \_\_\_\_\_ [60]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Materials + \_\_\_\_\_ [62]  
 Other costs:  
 \_\_\_\_\_ + \_\_\_\_\_ [64]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Ending inventory + \_\_\_\_\_ [66]

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Control Totals+

**Business**

Form ID: C-1

## Schedule C - Expenses

**Preparer use only**

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

	2012 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 \_\_\_\_\_

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

**NOTES/QUESTIONS:**

Preparer use only

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

**Rent and Royalty Income**

	2012 Information	Prior Year Information
Rents and royalties	+ _____ [32]	

**Rent and Royalty Expenses**

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

**Control Totals+**

**Rent & Royalty**

**Form ID: Rent**



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

**Refinancing Points**

Preparer - Enter on Screen Rent

2012 Information

Prior Year Information

**Refinancing points paid -**

Recipient's/Lender's name \_\_\_\_\_ [91]  
 Date of refinance \_\_\_\_\_  
 Total # Payments \_\_\_\_\_  
 Reported on 1098 in 2012 \_\_\_\_\_  
 Total points paid \_\_\_\_\_  
 Points deemed as paid in current year (Preparer use only) \_\_\_\_\_

**Refinancing points paid -**

Recipient's/Lender's name \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Total # Payments \_\_\_\_\_  
 Reported on 1098 in 2012 \_\_\_\_\_  
 Total points paid \_\_\_\_\_  
 Points deemed as paid in current year (Preparer use only) \_\_\_\_\_

**Refinancing points paid -**

Recipient's/Lender's name \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Total # Payments \_\_\_\_\_  
 Reported on 1098 in 2012 \_\_\_\_\_  
 Total points paid \_\_\_\_\_  
 Points deemed as paid in current year (Preparer use only) \_\_\_\_\_

**Vacation Home Information**

2012 Information

Prior Year Information

Number of days home was used personally \_\_\_\_\_ [6]  
 Number of days home was rented \_\_\_\_\_ [8]  
 Number of day home owned, if not 366 \_\_\_\_\_ [10]  
 Carryover of disallowed operating expenses int@2012 + \_\_\_\_\_ [20]  
 Carryover of disallowed depreciation expenses int@2012 + \_\_\_\_\_ [21]

**Passive and Other Information**

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

# Farm Income - General Information

Please provide all Forms 1099-K

Preparer use only

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

## Schedule F Income

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

**\*\* Sales Codes**

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

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

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

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

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

# Farm Expenses

Preparer use only

Description

	2012 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	
Chemicals	+ _____ [7]	
Conservation expenses	+ _____ [9]	
Custom hire (machine work)	+ _____ [11]	
Depreciation	+ _____ [13]	
Employee benefit programs (Include Small Employer Health Insurance Premiums credit)	+ _____ [15]	
Feed purchased	+ _____ [17]	
Fertilizers and lime	+ _____ [19]	
Freight and trucking	+ _____ [21]	
Gasoline, fuel, and oil	+ _____ [23]	
Insurance (Other than health)	+ _____ [26]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Mortgage interest(Paid to banks, etc.)	+ _____ [28]	
_____	+ _____	
_____	+ _____	
Other interest	+ _____ [30]	
Labor hired(Less employment credit)	+ _____ [32]	
Pension and profit sharing	+ _____ [34]	
Rent - vehicles, machinery, and equipment	+ _____ [36]	
Rent - other	+ _____ [38]	
Repairs and maintenance	+ _____ [40]	
Seed and plants purchased	+ _____ [42]	
Storage and warehousing	+ _____ [44]	
Supplies purchased	+ _____ [46]	
Taxes:		
_____	+ _____ [48]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Utilities	+ _____ [50]	
Veterinary, breeding, and medicine	+ _____ [52]	
Other expenses:		
_____	+ _____ [54]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Preproductive period expenses	+ _____ [56]	

**Control Totals+**

Preparer use only

Description \_\_\_\_\_

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

**NOTES/QUESTIONS:**

# Partnerships and S Corporations

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

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

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

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

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

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

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

# Sale of Principal Residence

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

## Exclusion Information

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

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

## Form 6252 - Current Year Installment Sale

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

## Form 6252 - Related Party Installment Sale Information

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

**NOTES/QUESTIONS:**

## Traditional IRA

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

## Roth IRA

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

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

**NOTES/QUESTIONS:**

# Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

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

## Additional Information

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

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

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

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

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

**NOTES/QUESTIONS:**



# Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

**2012 Information**

**Prior Year Information**

Taxpayer/Spouse(T, S)		__	[1]
Name of Trustee _____			[4]
State postal code _____			[2]
Gross distributions received( <b>Box 1</b> )	+		[7]
Earnings on excess contributions( <b>Box 2</b> )	+		[9]
Distribution code( <b>Box 3</b> )			[11]
Fair Market Value on date of death( <b>Box 4</b> )	+		[12]
<b>Box 5 -</b>			
HSA			[13]
Archer MSA			[14]
MA MSA			[15]
All distributions were used to pay unreimbursed qualified medical expenses			[17]
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses fo2012			
	+		[19]
Withdrawal of excess contributions by the due date of the return	+		[21]
Amount of distribution rolled over fo2012	+		[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 12/31/1			
	+		[27]
For HSA accounts:			
Was the high deductible health plan coverage started in 2011 and in effect for the month of December 2011? (Y, N)			
			[33]
Was the high deductible health plan coverage ended before 12/31/12? (Y, N)			
			[34]

## Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

**2012 Information**

**Prior Year Information**

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

**NOTES/QUESTIONS:**

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**Preparer use only**

Business activity or profession name \_\_\_\_\_ [3]  
 Taxpayer/Spouse(T, S) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Contribute the maximum allowable contribution amount (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) \_\_\_\_\_ [6]  
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) \_\_\_\_\_ [7]  
 Enter the total amount of contributions made to a Keogh plan i2012 + \_\_\_\_\_ [8]  
 Enter the total amount of contributions made to a Solo 401(k) plan i2012 + \_\_\_\_\_ [9]  
 Enter the total amount of contributions made to a SEP plan i2012 + \_\_\_\_\_ [10]  
 Enter the total amount of contributions made to a SARSEP plan i2012 + \_\_\_\_\_ [11]  
 Enter the total amount of contributions made to a defined benefit plan i2012 + \_\_\_\_\_ [12]  
 Enter the total amount of contributions made to a profit-sharing plan i2012 + \_\_\_\_\_ [13]  
 Enter the total amount of contributions made to a money purchase plan i2012 + \_\_\_\_\_ [14]  
 Enter the total amount of contributions made to a SIMPLE 401(k) plan i2012 + \_\_\_\_\_ [15]  
 Enter the total amount of contributions to a SIMPLE IRA plan i2012 + \_\_\_\_\_ [16]

**Catch-up Contributions**

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP i2012 + \_\_\_\_\_ [17]  
 Enter the amount of catch-up contributions made to a SIMPLE Plan i2012 + \_\_\_\_\_ [18]

**Elective Deferrals**

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals i2012 + \_\_\_\_\_ [19]  
 Enter the amount of elective deferrals designated as Roth contributions i2012 + \_\_\_\_\_ [20]

**NOTES/QUESTIONS:**

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2012 Information	Prior Year Information
			+ [1]	
Address			+ [1]	
Address			+ [1]	
Address			+ [1]	

	2012 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ [3]	+ [4]	
	+ [3]	+ [4]	
Self-employed health insurance premiums(Not entered elsewhere)	+ [6]	+ [7]	
	+ [6]	+ [7]	
Self-employed long-term care premiums(Not entered elsewhere)	+ [9]	+ [10]	
	+ [9]	+ [10]	
Other adjustments:	+ [14]	+ [15]	

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J

2012 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received

Form with lines for 2012 Information and Prior Year Information for medical and dental expenses.

Medical insurance premiums you paid\*\*\* (Do not include pre-tax amounts paid by an employer-sponsored plan)

Form with lines for 2012 Information and Prior Year Information for medical insurance premiums.

Long-term care premiums you paid\*\*\* (Do not include pre-tax amounts paid by an employer-sponsored plan)

Form with lines for 2012 Information and Prior Year Information for long-term care premiums.

Prescription medicines and drugs:

Form with lines for 2012 Information and Prior Year Information for prescription medicines and drugs.

Form with lines for 2012 Information and Prior Year Information for miles driven for medical items.

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

Schedule A - Tax Expenses

T/S/J

2012 Information

Prior Year Information

State/local income taxes paid:

Form with lines for 2012 Information and Prior Year Information for state/local income taxes.

2011 state and local income taxes paid in 2012:

Form with lines for 2012 Information and Prior Year Information for 2011 state and local income taxes.

Real estate taxes paid:

Form with lines for 2012 Information and Prior Year Information for real estate taxes.

Personal property taxes:

Form with lines for 2012 Information and Prior Year Information for personal property taxes.

Other taxes, such as: foreign taxes and State disability taxes

Form with lines for 2012 Information and Prior Year Information for other taxes.

Sales tax paid on major purchases:

Form with lines for 2012 Information and Prior Year Information for sales tax on major purchases.

Sales tax paid on actual expenses:

Form with lines for 2012 Information and Prior Year Information for sales tax on actual expenses.

# Interest Expenses

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

**\*Mortgage Types**

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

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

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

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

**Refinancing Points paid in 2012 -**

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

T/S/J	2012 Information
Investment interest expense, other than on Schedule(s) K-1:	
[15]	+
	+
	+
	+
	+
	+
	+
	+
	+
	+

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

**Miscellaneous Deductions**

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

# Home Mortgage Interest Subject To Limitations

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

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

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

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

### 2012 Information

### Prior Year Information

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

**NOTES/QUESTIONS:**

### Noncash Contributions Exceeding \$500

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

**Control Totals+**

### Noncash Contributions Exceeding \$500

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

**Control Totals+**

### Noncash Contributions Exceeding \$500

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

**Control Totals+**



## Colorado Contributions

### Amount of charitable contributions you wish to make to:

Nongame and Endangered Wildlife Fund	_____	[1]
Domestic Abuse Fund	_____	[2]
Homeless Prevention Activities Fund	_____	[3]
Western Slope Military Veterans Cemetery Fund	_____	[4]
Pet Overpopulation Fund	_____	[5]
Colorado Healthy Rivers Fund	_____	[6]
Alzheimer's Association Fund	_____	[7]
Military Family Relief Fund	_____	[8]
Colorado Cancer Fund	_____	[9]
Make-A-Wish Foundation of Colorado Fund	_____	[10]
Colorado 2-1-1 First Call for Help Fund	_____	[11]
Unwanted Horse Fund	_____	[12]
Goodwill Industries Fund	_____	[13]
Families in Action for Mental Health Fund	_____	[14]
Colorado Multiple Sclerosis Fund	_____	[15]

## Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different):		
Resident	_____	_____
Nonresident	_____	_____
Part-year resident	_____	_____
Military nonresident	_____	_____
Part-year residency dates:		
From	_____	_____
To	_____	_____

## Credits

Innovative Motor Vehicle Credit	_____	[28]
Vehicle make	_____	[29]
Vehicle model	_____	[30]
Vehicle year	_____	[31]
New or used (1 = New, 2 = Used)	_____	[32]
Dealer name or previous owner's name	_____	[33]
Vehicle already owned but was converted to use an alternative fuel	_____	[34]
Leased or purchased (1 = Leased, 2 = Purchased)	_____	[35]
Vehicle identification number	_____	[36]

**NOTES/QUESTIONS:**