

General Information

	Taxpayer	Spouse
First Name	<input type="text"/>	<input type="text"/>
Middle Initial	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Suffix	<input type="text"/>	<input type="text"/>
Social Security Number	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Date of Death	<input type="text"/>	<input type="text"/>
Check ("X") which phone number to list on return.		
Home Phone	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Work Phone	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Cell Phone	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Fax Number	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Legally Blind	<input type="checkbox"/>	<input type="checkbox"/>
Totally Disabled	<input type="checkbox"/>	<input type="checkbox"/>
Claimed as a Dependent	<input type="checkbox"/>	<input type="checkbox"/>
Presidential Election Fund (\$3)	<input type="checkbox"/>	<input type="checkbox"/>
Occupation	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>
State of Residence as of 12/31	<input type="text"/>	<input type="text"/>
County of Residence as of 12/31	<input type="text"/>	<input type="text"/>
School District as of 12/31	<input type="text"/>	<input type="text"/>
Sales tax rate of locality in 2013	<input type="text"/> % to <input type="text"/>	<input type="text"/> % to <input type="text"/>
If Part Year, Period of Residency	<input type="text"/> to <input type="text"/>	<input type="text"/> to <input type="text"/>

Filing Status

Status on 2012 return :

Status as of 12/31/2013 : 1 Single
Enter ("X") in the box 2 Married filing joint
 3 Married filing separately
(Enter spouse's name and SSN above)

4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____

5 Qualifying widow(er) with minor child Year spouse died _____

Address

Street _____ Apt/Suite : _____
City _____ State _____ Zip Code _____

If address is in a foreign country, enter that country . . . _____

Foreign province/county . . . _____ Foreign postal code _____

If a bona fide resident of a U.S. territory, enter territory . . . _____

Name _____

SSN _____

Questions

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Basic Information

Yes No

- 1 Did your marital status change since last year?
- 2 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2013?
- 3 Are there any changes in your dependents from last year?
- 4 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,000 in investment income?
- 5 Are all your dependents either US residents or citizens?
- 6 Did you provide over half of the support for someone you aren't claiming as a dependent?
- 7 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 8 Were either you or your spouse in the military or National Guard?
- 9 Did you purchase or sell your principal residence?
- 10 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
- 11 Were there any changes to a prior year's income, deductions, or credits?
- 12 Did you make gifts of more than \$14,000 to any one person?
- 13 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2013?
- 14 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- 15 Did you have a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?
- 16 Do you want to e-file your return?
- 17 If you are due a refund, how do you want to receive it?

<input type="checkbox"/> Check sent to you in the mail	<input type="checkbox"/> Money Clip Visa Prepaid Card
<input type="checkbox"/> Apply to next year's estimates	<input type="checkbox"/> Other quick refund via a bank product
<input type="checkbox"/> Direct deposit (please provide a voided blank check)	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

If you owe taxes, how do you want to pay them?

<input type="checkbox"/> Paper check sent with my return	<input type="checkbox"/> Credit card	<input type="checkbox"/> Installment Agreement
<input type="checkbox"/> Direct debit from my bank account (please provide a voided blank check)	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
- 18 Do you want to allow your tax preparer to discuss this year's return with the IRS?
If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name _____	Phone Number _____	Personal identification Number (5 digit PIN) _____
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Income

Yes No

- 19 Did you have an interest in or signature authority over a financial account in a foreign country?
- 20 Were you the grantor of or transferor to a foreign trust?
- 21 Did you receive income from a foreign source or pay taxes to a foreign government?
- 22 Did you receive tip income NOT reported to your employer?
- 23 Did you barter your services for goods or services from someone else?
- 24 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 25 Did you make a loan to someone at an interest rate below market rate?
- 26 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 27 Did you cash in any U.S. savings bonds?
- 28 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 29 Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized, in 2013? (If yes, attach Form 1099-G)
- 30 Did you receive disability income?
- 31 Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
- 32 Did you receive any unemployment benefits?
- 33 During 2013, did you receive payments from a Long-Term Care insurance contract?
- 34 Did you receive employer-provided adoption benefits for a previous year?
- 35 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
- 36 Did you "roll over" a retirement plan distribution into another plan?
- 37 Did you receive Social Security benefits?

Questions (Cont.)

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 38 Did you convert a traditional IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | 39 Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 40 Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 41 Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 42 Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 43 Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 44 Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 45 Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 46 Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 47 Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 48 Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 49 Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 50 Did you receive any income not reported in this Organizer? |

Business and Rental Property Income

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 51 If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 52 Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 53 Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 54 Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 55 Did you remove any of your business assets for personal use? |

Business and Rental Property Deductions

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 56 Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 57 Did you make any contributions to a Keogh or a self-employed SEP plan for 2013? |
| <input type="checkbox"/> | <input type="checkbox"/> | 58 Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 59 If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 60 Did you purchase any furniture or equipment for your business? |

Other Deductions

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 61 Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2013? |
| <input type="checkbox"/> | <input type="checkbox"/> | 62 Did you make any contributions to HSA (Health Savings Account) in 2013? |
| <input type="checkbox"/> | <input type="checkbox"/> | 63 Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 64 Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 65 Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 66 Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 67 Did you lose property or have damage to a property due to a casualty, theft, or condemnation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 68 Did any security become worthless during 2013? |
| <input type="checkbox"/> | <input type="checkbox"/> | 69 Did any debts become uncollectible during 2013? |
| <input type="checkbox"/> | <input type="checkbox"/> | 70 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2013? |
| <input type="checkbox"/> | <input type="checkbox"/> | 71 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2013? |
| <input type="checkbox"/> | <input type="checkbox"/> | 72 Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 73 Did you refinance a mortgage or take out a home equity loan during 2013? |
| <input type="checkbox"/> | <input type="checkbox"/> | 74 Did you incur moving expenses during the year due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 75 Did you pay any educational tuition or fees for you or a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 76 Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 77 Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 78 Did you have a certain trade or business from which you figured your domestic production activities deduction? |

Name _____

SSN _____

Wages

W-2 Information

		Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
"X" if spouse	Employer's Name				
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
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	53				
	54				
	55				

Name _____

SSN _____

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
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	23						
	24						
	25						
	26						

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends		Qualified Dividends		Capital Gains	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
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	11						
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	21						
	22						
	23						
	24						
	25						
	26						

Name _____

SSN _____

Business Assets

Assets Placed in Service in Prior Years

Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
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51			
52			
53			
54			
55			

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses			Current Year Amount	Prior Year Amount
25	Advertising	25		
26	Contract labor	26		
27	Commissions and fees	27		
28	Depletion	28		
29	Employee benefit programs (other than on line 35)	29		
30	Insurance (other than health)	30		

Interest:

31	Mortgage (paid to banks, etc.)	31		
32	Other	32		

33	Legal and professional services	33		
34	Office expense	34		
35	Pension and profit-sharing plans	35		

Rent or Lease:

36	Machinery rental or lease	36		
37	Equipment rental or lease	37		
38	_____	38		
39	_____	39		
40	_____	40		
	Other business property rental or lease			
41	_____	41		
42	_____	42		
43	_____	43		

44	Repairs and maintenance	44		
45	Supplies (not included in inventory cost of goods sold)	45		
46	Taxes and licenses	46		

Travel, Meals, and Entertainment:

Travel

47	_____	47		
48	_____	48		
49	_____	49		
50	_____	50		

Meals and entertainment

51	Enter "X" in the box if subject to DOT hours of service limits	51	<input type="checkbox"/>	<input type="checkbox"/>
52	_____	52		
53	_____	53		
54	_____	54		
55	_____	55		

56	Utilities	56		
57	Wages	57		

Other Expenses:

58	_____	58		
59	_____	59		
60	_____	60		
61	_____	61		
62	_____	62		
63	_____	63		
64	_____	64		
65	_____	65		
66	_____	66		

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

Vehicle 1 -

Vehicle 2 -

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . . . 4				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls 6				
7 Vehicle Interest 7				
8 Vehicle Personal Property tax 8				

Actual Expenses

9 Gasoline, oil and repairs 9				
10 Vehicle Insurance 10				
11 Vehicle registration fees 11				
12 Vehicle lease or rental 12				
13 _____ 13				

Vehicle 3 -

Vehicle 4 -

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . . . 4				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls 6				
7 Vehicle Interest 7				
8 Vehicle Personal Property tax 8				

Actual Expenses

9 Gasoline, oil and repairs 9				
10 Vehicle Insurance 10				
11 Vehicle registration fees 11				
12 Vehicle lease or rental 12				
13 _____ 13				

Name _____

SSN _____

Real Estate Rentals and Royalties

Property Description _____
 Address _____
 City _____ State _____ Zip _____

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint)		
1b Enter property type number (1 to 8)	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
2 Enter "X" if you actively participated?	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use?	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented?	<input type="text"/>	<input type="text"/>

Income

	Current Year Amounts	Prior Year Amounts
4 Royalty received		
5 Rent received		
a If rental real estate, enter the percent of ownership if less than 100%		
b Rental use percentage for property used partially for personal use only		
6 Other Income		

Property Expense

	Current Year Amounts	Prior Year Amounts
7 Advertising		
8 Cleaning and maintenance		
9 Commissions		
10 Insurance		
11 Legal and other professional fees		
12 Management fees		
13 a Qualified mortgage interest paid to banks, etc.		
b Other mortgage interest paid to banks, etc.		
14 Other interest		
15 Repairs		
16 Supplies		
17 a Real estate taxes		
b Other Taxes		
18 Utilities		

Assets Placed in Service This Year

Description:	Date Placed In Service	Purchase Amount
A _____	A	
B _____	B	
C _____	C	
D _____	D	
E _____	E	
F _____	F	
G _____	G	

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 _____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals and Entertainment Expenses:

35 _____
36 _____
37 _____
38 _____
39 _____
40 _____
41 _____
42 _____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

Vehicle 1 -

Vehicle 2 -

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . . . 4				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls 6				
7 Vehicle Interest 7				
8 Vehicle Personal Property tax 8				

Actual Expenses

9 Gasoline, oil and repairs 9				
10 Vehicle Insurance 10				
11 Vehicle registration fees 11				
12 Vehicle lease or rental 12				
13 _____ 13				

Vehicle 3 -

Vehicle 4 -

	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle 2				
3 Total miles driven for the year 3				
4 Business miles driven during the year . . . 4				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls 6				
7 Vehicle Interest 7				
8 Vehicle Personal Property tax 8				

Actual Expenses

9 Gasoline, oil and repairs 9				
10 Vehicle Insurance 10				
11 Vehicle registration fees 11				
12 Vehicle lease or rental 12				
13 _____ 13				

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
1	Enter total traditional IRA contributions made for 2013	1	
2	Enter contributions, on line 1, made after 12/31/2013 and before 04/15/2014	2	
3	Enter value of all traditional IRAs as of 12/31/2013	3	
Spouse			
4	Enter total traditional IRA contributions made for 2013	4	
5	Enter contributions, on line 4, made after 12/31/2013 and before 04/15/2014	5	
6	Enter value of all traditional IRAs on 12/31/2013	6	

Roth IRA Contributions

		Current Year Amount	Prior Year Amount
Filer			
1	Enter 2013 Roth IRA contributions	1	
2	Enter value of all Roth IRAs on 12/31/2013	2	
Spouse			
3	Enter 2013 Roth IRA contributions	3	
4	Enter value of all Roth IRAs on 12/31/2013	4	

SIMPLE IRA

		Current Year Amount	Prior Year Amount
Filer			
1	Enter value of all SIMPLE IRAs on 12/31/2013	1	
Spouse			
2	Enter value of all SIMPLE IRAs on 12/31/2013	2	

Education (Coverdell ESA)

		Current Year Amount	Prior Year Amount
Filer			
1	Enter 2013 Coverdell ESA contributions	1	
2	Enter value of the Coverdell ESA on 12/31/2013	2	
Spouse			
3	Enter 2013 Coverdell ESA contributions	3	
4	Enter value of the Coverdell ESA on 12/31/2013	4	

Name _____

SSN _____

Medical and Dental - Itemized Deductions

- 1** Prescription medications **1**
- 2** Fees for doctors, dentists, etc. **2**
- 3** Fees for hospitals, clinics, etc. **3**
- 4** Lab and X-ray fees **4**
- 5** Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. **5**
- 6** Medical equipment and supplies **6**
- 7** Medical mileage (number of miles driven) **7**
- 8** Medical parking, tolls and local transportation **8**
- 9** Lodging for medical purposes (up to \$50 per night per person) **9**
- 10** Health/Dental/Other ins. premiums (do not include self-employed plans) **10**
- 11** Long Term Care insurance premiums (taxpayer) **11**
- 12** Long Term Care insurance premiums (spouse) **12**
- 13** Expenses to stop smoking **13**
- 14** Health insurance premiums - coverage established under your business (1) . . . **14**
- 15** Health insurance premiums - coverage established under your business (2) . . . **15**
- 16** Long Term Care insurance premiums - coverage est. under your business (1) . . **16**
- 17** Long Term Care insurance premiums - coverage est. under your business (2) . . **17**
- 18** _____ **18**
- 19** _____ **19**
- 20** _____ **20**
- 21** _____ **21**
- 22** Insurance reimbursement for any medical and dental expense listed above **22**

Current Year Amount	Prior Year Amount



Name _____

SSN _____

Taxes - Itemized Deductions

		Current Year Amount	Prior Year Amount
Real Estate Taxes			
23	Principal residence	23	
24	Real estate taxes from Schedule E properties	24	
Real Estate Not Held For Investment			
25	_____	25	
26	_____	26	
27	_____	27	
28	_____	28	
29	_____	29	
Real Estate Held For Investment			
30	_____	30	
31	_____	31	
32	_____	32	
33	_____	33	
34	_____	34	
Personal property taxes			
35	Non-business portion of vehicle personal property taxes	35	
36	_____	36	
37	_____	37	
38	_____	38	
39	_____	39	
40	_____	40	
Non-Personal Property Taxes			
41	K1 (1065) - Other deductions/taxes	41	
42	K1 (1120S) - Other deductions/taxes	42	
43	K1 (1041) - Other deductions/taxes	43	
44	_____	44	
45	_____	45	
46	_____	46	

Name _____

SSN _____

Interest - Itemized Deductions

Home Mortgage Interest and Points Reported on Form 1098

47 Lender _____ 47
48 Lender _____ 48
49 Lender _____ 49
50 Lender _____ 50

Current Year Amount	Prior Year Amount

Home Mortgage Interest Not Reported on Form 1098

51 Name: _____ 51
Address: _____
SSN: _____

--	--

52 Mortgage insurance premiums paid on 2013 acquisition indebtedness for principal residence 52

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Refinancing Points

53 Description 53
Points paid
Date of loan
Total number of scheduled loan payments
Number of payments made in 2013
54 Description 54
Points paid
Date of loan
Total number of scheduled loan payments
Number of payments made in 2013
55 Description 55
Points paid
Date of loan
Total number of scheduled loan payments
Number of payments made in 2013
56 Description 56
Points paid
Date of loan
Total number of scheduled loan payments
Number of payments made in 2013

57 Investment interest paid 57

--	--

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

		Current Year Amount	Prior Year Amount
58	Union dues	58	
59	Professional journals and subscriptions	59	
60	Uniform and protective clothing costs and cleaning	60	
61	Job search costs (resumes, travel, postage, etc.)	61	
62	_____	62	
63	_____	63	
64	_____	64	
65	_____	65	
66	_____	66	
67	_____	67	
68	_____	68	

Certain Miscellaneous Deductions - Itemized Deductions

	If investment related enter "X"	Current Year Amount	Prior Year Amount
69	Tax preparation fees	69	
70	Certain attorney and accounting fees	70	
71	Safe deposit box rental	71	
72	IRA Custodial fees	72	
73	Investment counsel and advisory fees	73	
74	Losses on deposits in insolvent or bankrupt financial institutions	74	
75	Convenience fees paid with credit or debit card for federal taxes in 2013	75	
76	_____	76	
77	_____	77	
78	_____	78	
79	_____	79	
80	_____	80	
81	_____	81	
82	_____	82	
83	_____	83	
84	_____	84	
85	_____	85	
86	_____	86	
87	_____	87	

Other Miscellaneous Deductions

88	Federal estate tax on income in respect of a decedent	88	
89	Amortizable bond premiums on bonds acquired before 10/23/86	89	
90	Gambling losses (if gambling income)	90	
91	Repayment of income	91	
92	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction	92	
93	Certain unrecovered investment in a pension	93	
94	_____	94	
95	_____	95	
96	_____	96	
97	_____	97	
98	_____	98	
99	_____	99	
100	_____	100	

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization				(b) Description of Donated Property
1	Name Address City	State	Zip Code	
2	Name Address City	State	Zip Code	
3	Name Address City	State	Zip Code	
4	Name Address City	State	Zip Code	
5	Name Address City	State	Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning ending
Your first name M.I. Last name Suffix
If a joint return, spouse's first name M.I. Last name Suffix
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Foreign country name Foreign province/state/county Foreign postal code

Filing Status
1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here.
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child

Exemptions
6a Yourself. If someone can claim you as a dependent, do not check box 6a
6b Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions)
d Total number of exemptions claimed

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
8b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
9b Qualified dividends
10 Taxable refunds, credits, or offsets of state and local income taxes
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
14 Other gains or (losses). Attach Form 4797
15a IRA distributions 15a Taxable amount
16a Pensions and annuities 16a Taxable amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits 20a Taxable amount
21 Other income. List type and amount
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income.

Adjusted Gross Income
23 Educator expenses
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 Deductible part of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN
32 IRA deduction
33 Student loan interest deduction
34 Tuition and fees. Attach Form 8917
35 Domestic production activities deduction. Attach Form 8903
36 Add lines 23 through 31a and 32 through 35
37 Subtract line 36 from line 22. This is your adjusted gross income

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	
	39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. } Total boxes checked <input type="checkbox"/> 39a		
		if: <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. }		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. 39b <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	
	41	Subtract line 40 from line 38	41	
	42	Exemptions. Multiply \$3,800 by the number on line 6d	42	
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	0
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51		
52	Residential energy credits. Attach Form 5695	52		
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53		
54	Add lines 47 through 53. These are your total credits	54		
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0	

Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Other taxes. Enter code(s) from instructions	60	
	61	Add lines 55 through 60. This is your total tax	61	0

Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	
	63	2012 estimated tax payments and amount applied from 2011 return	63	
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election 64b		
	65	Additional child tax credit. Attach Schedule 8812	65	
	66	American opportunity credit from Form 8863, line 8	66	
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71		
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	0	

Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/>	74a	
	b	Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number _____		
	75	Amount of line 73 you want applied to your 2013 estimated tax	75	

Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	0
	77	Estimated tax penalty (see instructions)	77	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Your occupation _____	Daytime phone number _____
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation _____	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Paid Preparer Use Only

Print/Type preparer's name _____	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN _____
Firm's name _____	Firm's EIN _____		Phone no. _____	
Firm's address _____				