

Questions

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

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
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"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
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"/>
Purchases, Sales and Debt Information		
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"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<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 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"/>
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?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

Itemized Deduction Information

- Did you incur a casualty or theft loss during the year?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Do you have evidence to substantiate charitable contributions?
- Did you make any noncash charitable contributions (clothes, furniture, etc.)?
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$13,000 to any individual?
- Did you have any educational expenses during the year?
- Did you make any contributions to an education savings or 529 Plan account?
- If yes, which state's program? _____ Amount contributed: _____**
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you pay long-term health care premiums for yourself or your family?
- Did you pay any COBRA health care coverage continuation premiums?
- Are you a business owner and have paid health insurance premiums for your employees this year?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Are you an active participant in a pension or retirement plan?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- 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?
- Did you receive correspondence from the State or the Internal Revenue Service?
- If yes, explain: _____
- 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.
- Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.

For Michigan residents:

Indicate TAXABLE VALUE from your winter 2012 tax bill: _____

Client Organizer Topical Index

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

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Foreign taxes paid	75	Wages and salaries	7, 9

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.

Form ID: 1040 **Personal Information** 1

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____
 Mark if you were married but living apart all year _____
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____	_____
Mark if legally blind	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Home/evening telephone number	_____	_____
Do you authorize us to discuss your return with the IRS? (Y, N)	_____	_____

Present Mailing Address

Address _____
 Apartment number _____
 City, state postal code, zip code _____
 Foreign country name _____
 In care of addressee _____

Dependent Information

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

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 _____
 Social security number of qualifying person _____

Dependent Codes

<p>*Basic 1 = Child who lived with you</p> <p>2 = Child who did not live with you</p> <p>3 = Other dependent</p> <p>5 = Qualifying child for Earned Income Credit only</p> <p>6 = Children who lived with you, but do not qualify for Earned Income Credit</p> <p>7 = Children who lived with you, but do not qualify for Child Tax Credit</p> <p>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit</p>	<p>**Other 1 = Student (Age 19 - 23)</p> <p>2 = Disabled dependent</p> <p>3 = Dependent who is both a student and disabled</p>
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*****Months** 77 = Reported on odd year return

88 = Reported on even year return

99 = Not reported on return

Preparer - Enter on Screen Contact

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

Taxpayer email address _____

Spouse email address _____

Taxpayer

Spouse

Car telephone number _____

Fax telephone number _____

Mobile telephone number _____

Pager number _____

Other: _____

 Telephone number _____

 Extension _____

Preferred method of contact: _____

 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 _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*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
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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 _____ or Percent (xxx.xx) _____

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 _____ or Percent (xxx.xx) _____

Owner's name (First Last) _____

Co-owner or beneficiary (First Last) _____

Mark if the name listed above is a beneficiary _____

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 _____ or Percent (xxx.xx) _____

Owner's name (First Last) _____

Co-owner or beneficiary (First Last) _____

Mark if the name listed above is a beneficiary _____

If you have an overpayment of 2013 taxes, do you want the excess:

Refunded _____

Applied to 2014 estimated tax liability _____

Do you expect a considerable change in your 2014 income? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2014? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2014 withholding? (Y, N) _____

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2014? (Y, N) _____

If yes, please explain any differences:

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____

2013 Federal Estimated Tax Payments

2012 overpayment applied to 2013 estimates _____

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____

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

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/13	_____	_____	_____
2nd quarter payment	6/17/13	_____	_____	_____
3rd quarter payment	9/16/13	_____	_____	_____
4th quarter payment	1/15/14	_____	_____	_____
Additional payment		_____	_____	_____

NOTES/QUESTIONS:

Form ID: St Pmt	2013 State Estimated Tax Payments	6
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Taxpayer/Spouse/Joint (T, S, J) _____

State postal code _____

Amount paid with 2012 return _____

2012 overpayment applied to '13 estimates _____

Treat calculated amounts as paid _____

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____	_____	_____ _____ _____ _____
2nd quarter payment	_____	_____	
3rd quarter payment	_____	_____	
4th quarter payment	_____	_____	
Additional payment	_____	_____	

2013 City Estimated Tax Payments

City #1

City name _____

Amount paid with 2012 return _____

2012 overpayment applied to '13 estimates _____

Treat calculated amounts as paid _____

	Date Paid	Amount Paid
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 #2

City name _____

Amount paid with 2012 return _____

2012 overpayment applied to '13 estimates _____

Treat calculated amounts as paid _____

	Date Paid	Amount Paid
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 name _____

Amount paid with 2012 return _____

2012 overpayment applied to '13 estimates _____

Treat calculated amounts as paid _____

	Date Paid	Amount Paid
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 #4

City name _____

Amount paid with 2012 return _____

2012 overpayment applied to '13 estimates _____

Treat calculated amounts as paid _____

	Date Paid	Amount Paid
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	_____

Please provide all copies of Form W-2.

2013 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Employer name _____

Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____

Mark if this is your current employer _____

Federal wages and salaries (**Box 1**) _____

Federal tax withheld (**Box 2**) _____

Social security wages (**Box 3**) (If different than federal wages) _____

Social security tax withheld (**Box 4**) _____

Medicare wages (**Box 5**) (If different than federal wages) _____

Medicare tax withheld (**Box 6**) _____

SS tips (**Box 7**) _____

Allocated tips (**Box 8**) _____

Dependent care benefits (**Box 10**) _____

Box 13 -

Statutory employee _____

Retirement plan _____

Third-party sick pay _____

State postal code (**Box 15**) _____

State wages (**Box 16**) (If different than federal wages) _____

State tax withheld (**Box 17**) _____

Local wages (**Box 18**) _____

Local tax withheld (**Box 19**) _____

Name of locality (**Box 20**) _____

	Control Totals	
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Wages and Salaries #2

Please provide all copies of Form W-2.

2013 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Employer name _____

Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____

Mark if this your current employer _____

Federal wages and salaries (**Box 1**) _____

Federal tax withheld (**Box 2**) _____

Social security wages (**Box 3**) (If different than federal wages) _____

Social security tax withheld (**Box 4**) _____

Medicare wages (**Box 5**) (If different than federal wages) _____

Medicare tax withheld (**Box 6**) _____

SS tips (**Box 7**) _____

Allocated tips (**Box 8**) _____

Dependent care benefits (**Box 10**) _____

Box 13 -

Statutory employee _____

Retirement plan _____

Third-party sick pay _____

State postal code (**Box 15**) _____

State wages (**Box 16**) (If different than federal wages) _____

State tax withheld (**Box 17**) _____

Local wages (**Box 18**) _____

Local tax withheld (**Box 19**) _____

Name of locality (**Box 20**) _____

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

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

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

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

Taxpayer/Spouse (T, S) _____
 State postal code _____

Social Security Benefits

	2013 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2013 (Box 3 minus Box 4) (Box 5)	_____	_____
Voluntary Federal Income Tax Withheld (Box 6)	_____	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	_____	
Prescription drug (Part D) premiums	_____	

Tier 1 Railroad Benefits

	2013 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		_____
Portion of Tier 1 Paid in 2013 (Box 5)	_____	
Federal Income Tax Withheld (Box 10)	_____	
Medicare Premium Total (Box 11)	_____	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2013 or receive any prior year benefits in 2013. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

NOTES/QUESTIONS:

	2013 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds			<div style="border: 1px solid black; height: 100%;"></div>
Alimony received			
Unemployment compensation			
Unemployment compensation federal withholding			
Unemployment compensation state withholding			
Unemployment compensation repaid			
Alaska Permanent Fund dividends			

	T/S/J	Self-Employment Income ? (Y, N)	2013 Information		Prior Year Information
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		
—	—	—			<div style="border: 1px solid black; height: 100%;"></div>
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NOTES/QUESTIONS:

Form ID: IRA	Traditional IRA	17
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	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	—	—
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)	—	—
Enter the total traditional IRA contributions made for use in 2013	_____	_____
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2013	_____	_____
Enter the nondeductible contribution amount made in 2014 for use in 2013	_____	_____
Traditional IRA basis	_____	_____
Value of all your traditional IRA's on December 31, 2013:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Roth IRA

Please provide copies of any 1998 through 2012 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	—	—
Enter the total Roth IRA contributions made for use in 2013	_____	_____
Enter the total amount of Roth IRA conversion recharacterizations for 2013	_____	_____
Enter the total contribution Roth IRA basis on December 31, 2012	_____	_____
Enter the total Roth IRA contribution recharacterizations for 2013	_____	_____
Enter the Roth conversion IRA basis on December 31, 2012	_____	_____
Value of all your Roth IRA's on December 31, 2013:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTES/QUESTIONS:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2013 Information	Prior Year Information
Address				
Address				
Address				

	2013 Information			Prior Year Information
Educator expenses:	Taxpayer	Spouse		
_____	_____	_____		
_____	_____	_____		
Self-employed health insurance premiums: (Not entered elsewhere)				
_____	_____	_____		
Self-employed long-term care premiums: (Not entered elsewhere)				
_____	_____	_____		
Other adjustments:				
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

NOTES/QUESTIONS:

Form ID: A-1	Schedule A - Medical and Dental Expenses	52
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T/S/J

2013 Information

Prior Year Information

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

—			
—			
—			
—			
—			
—			
—			
—			

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

—			
—			
—			
—			

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

—			
—			

Prescription medicines and drugs:

—			
—			
—			

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

2013 Information

Prior Year Information

State/local income taxes paid:

—			
—			
—			
—			

2012 state and local income taxes paid in 2013:

—			
—			

Real estate taxes paid:

—			
—			

Personal property taxes:

—			
—			

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

—			
—			

Sales tax paid on major purchases:

—			
—			

Sales tax paid on actual expenses:

—			
—			

T/S/J	2013 Interest Paid	2013 Points Paid	Type*	2013 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
—	_____	_____	—	_____	
—	_____	_____	—	_____	
—	_____	_____	—	_____	
—	_____	_____	—	_____	
—	_____	_____	—	_____	
—	_____	_____	—	_____	
—	_____	_____	—	_____	
—	_____	_____	—	_____	
—	_____	_____	—	_____	
—	_____	_____	—	_____	

***Mortgage Types**

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

T/S/J	Payee's Name	SSN or EIN	2013 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
	_____	_____	_____	
Address		_____		
City, state and zip code		_____		
	_____	_____	_____	
Address		_____		
City, state and zip code		_____		

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

— Payer's/Borrower's name _____

— Street Address _____

— City/State/Zip code _____

Refinancing Points paid in 2013 -

— Taxpayer/Spouse/Joint (T, S, J) _____

— Recipient/Lender name _____

— Total points paid at time of refinance _____

— Percentage of principal exceeding original mortgage (For AMT adjustment) _____

— Points deemed as paid in 2013 (**Preparer use only**) _____

— Date of refinance _____

— Term of new loan (in months) _____

— Reported on Form 1098 in 2013 _____

— Taxpayer/Spouse/Joint (T, S, J) _____

— Recipient/Lender name _____

— Total points paid at time of refinance _____

— Percentage of principal exceeding original mortgage (For AMT adjustment) _____

— Points deemed as paid in 2013 (**Preparer use only**) _____

— Date of refinance _____

— Term of new loan (in months) _____

— Reported on Form 1098 in 2013 _____

T/S/J	2013 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	

T/S/J		2013 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)		
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
	Volunteer miles driven	_____	
	Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods		
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	

Miscellaneous Deductions

T/S/J		2013 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
	Union dues:		
—	_____	_____	
—	_____	_____	
	Tax preparation fees	_____	
	Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, custodial fees		
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
	Safe deposit box rental	_____	
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/1099-INT:		
—	_____	_____	
—	_____	_____	
	Other expenses, not subject to the 2% AGI limitation:		
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
	Gambling losses: (Enter only if you have gambling income)		
—	_____	_____	
—	_____	_____	