

Client Organizer Topical Index

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

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____[1]

Mark if you were married but living apart all year _____[2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____[3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

Present Mailing Address

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

Dependent Information

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

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

Name of child who lived with you but is not your dependent _____ [49]

Social security number of qualifying person _____ [50]

Dependent Codes	
*Basic	**Other
1 = Child who lived with you	1 = Student (Age 19 - 23)
2 = Child who did not live with you	2 = Disabled dependent
3 = Other dependent	3 = Dependent who is both a student and disabled
5 = Qualifying child for Earned Income Credit only	
6 = Children who lived with you, but do not qualify for Earned Income Credit	
7 = Children who lived with you, but do not qualify for Child Tax Credit	
8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit	
***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) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Car telephone number _____ [11] _____ [19]

Fax telephone number _____ [12] _____ [20]

Mobile telephone number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

 Telephone number _____ [16] _____ [24]

 Extension _____ [17] _____ [25]

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

NOTES/QUESTIONS:

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

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

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

Refund - U.S. Series I Savings Bond Purchases

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

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

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

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

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

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

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

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

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

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

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

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

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

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

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

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

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

NOTES/QUESTIONS:

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

Refunded _____ [47]

Applied to 2014 estimated tax liability _____ [48]

Do you expect a considerable change in your 2014 income? (Y, N) _____ [49]

If yes, please explain any differences:

_____ [50]

_____ [51]

_____ [52]

_____ [53]

Do you expect a considerable change in your deductions for 2014? (Y, N) _____ [54]

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in the amount of your 2014 withholding? (Y, N) _____ [59]

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a change in the number of dependents claimed for 2014? (Y, N) _____ [64]

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [69]

2013 Federal Estimated Tax Payments

2012 overpayment applied to 2013 estimates + _____ [1]

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

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

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/13	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/17/13	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/16/13	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/15/14	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

2013 State Estimated Tax Payments

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

State postal code _____ [2]

Amount paid with 2012 return + _____ [3]

2012 overpayment applied to '13 estimates + _____ [4]

Treat calculated amounts as paid _____ [8]

	Date Paid		Amount Paid						
1st quarter payment	_____ [9]		+ _____ [10]	<table border="0" style="width: 100%; height: 100%;"> <tr><td style="text-align: center;">Calculated Amount</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	Calculated Amount	_____	_____	_____	_____
Calculated Amount									

2nd quarter payment	_____ [11]		+ _____ [12]						
3rd quarter payment	_____ [13]		+ _____ [14]						
4th quarter payment	_____ [15]		+ _____ [16]						
Additional payment	_____ [17]		+ _____ [18]						

2013 City Estimated Tax Payments

City #1		City #2	
City name	_____ [28]	City name	_____ [50]
Amount paid with 2012 return	+ _____ [31]	Amount paid with 2012 return	+ _____ [53]
2012 overpayment applied to '13 estimates	+ _____ [32]	2012 overpayment applied to '13 estimates	+ _____ [54]
Treat calculated amounts as paid	_____ [36]	Treat calculated amounts as paid	_____ [58]

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [37]		+ _____ [38]	1st quarter payment	_____ [59]		+ _____ [60]
2nd quarter payment	_____ [39]		+ _____ [40]	2nd quarter payment	_____ [61]		+ _____ [62]
3rd quarter payment	_____ [41]		+ _____ [42]	3rd quarter payment	_____ [63]		+ _____ [64]
4th quarter payment	_____ [43]		+ _____ [44]	4th quarter payment	_____ [65]		+ _____ [66]

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

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

City #3		City #4	
City name	_____ [72]	City name	_____ [94]
Amount paid with 2012 return	+ _____ [75]	Amount paid with 2012 return	+ _____ [97]
2012 overpayment applied to '13 estimates	+ _____ [76]	2012 overpayment applied to '13 estimates	+ _____ [98]
Treat calculated amounts as paid	_____ [80]	Treat calculated amounts as paid	_____ [102]

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [81]		+ _____ [82]	1st quarter payment	_____ [103]		+ _____ [104]
2nd quarter payment	_____ [83]		+ _____ [84]	2nd quarter payment	_____ [105]		+ _____ [106]
3rd quarter payment	_____ [85]		+ _____ [86]	3rd quarter payment	_____ [107]		+ _____ [108]
4th quarter payment	_____ [87]		+ _____ [88]	4th quarter payment	_____ [109]		+ _____ [110]

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

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

Wages and Salaries #1

Please provide all copies of Form W-2.

2013 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
 Mark if this is your current employer _____ [6]
 Federal wages and salaries **(Box 1)** + _____ [10]
 Federal tax withheld **(Box 2)** + _____ [12]
 Social security wages **(Box 3)** (If different than federal wages) + _____ [14]
 Social security tax withheld **(Box 4)** + _____ [16]
 Medicare wages **(Box 5)** (If different than federal wages) + _____ [18]
 Medicare tax withheld **(Box 6)** + _____ [21]
 SS tips **(Box 7)** + _____ [23]
 Allocated tips **(Box 8)** + _____ [25]
 Dependent care benefits **(Box 10)** + _____ [27]
Box 13 -
 Statutory employee _____ [29]
 Retirement plan _____ [30]
 Third-party sick pay _____ [31]
 State postal code **(Box 15)** _____ [32]
 State wages **(Box 16)** (If different than federal wages) + _____ [34]
 State tax withheld **(Box 17)** + _____ [36]
 Local wages **(Box 18)** + _____ [38]
 Local tax withheld **(Box 19)** _____ [40]
 Name of locality **(Box 20)** _____ [43]

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

Wages and Salaries #2

Please provide all copies of Form W-2.

2013 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____ [5]
 Mark if this your current employer _____ [6]
 Federal wages and salaries **(Box 1)** + _____ [10]
 Federal tax withheld **(Box 2)** + _____ [12]
 Social security wages **(Box 3)** (If different than federal wages) + _____ [14]
 Social security tax withheld **(Box 4)** + _____ [16]
 Medicare wages **(Box 5)** (If different than federal wages) + _____ [18]
 Medicare tax withheld **(Box 6)** + _____ [21]
 SS tips **(Box 7)** + _____ [23]
 Allocated tips **(Box 8)** + _____ [25]
 Dependent care benefits **(Box 10)** + _____ [27]
Box 13 -
 Statutory employee _____ [29]
 Retirement plan _____ [30]
 Third-party sick pay _____ [31]
 State postal code **(Box 15)** _____ [32]
 State wages **(Box 16)** (If different than federal wages) + _____ [34]
 State tax withheld **(Box 17)** + _____ [36]
 Local wages **(Box 18)** + _____ [38]
 Local tax withheld **(Box 19)** _____ [40]
 Name of locality **(Box 20)** _____ [43]

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

Interest Income

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

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

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

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

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

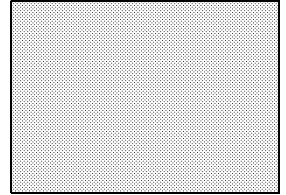
Seller Financed Mortgage Interest Income

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

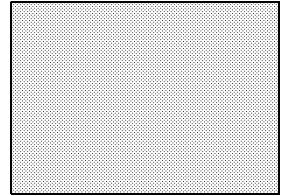
2013 Information

Prior Year Information

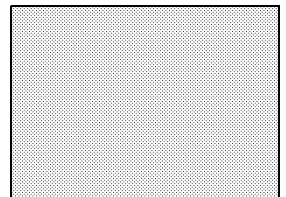
Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2013 + _____ [1]



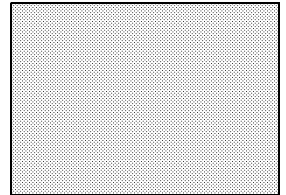
Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2013 + _____ [1]



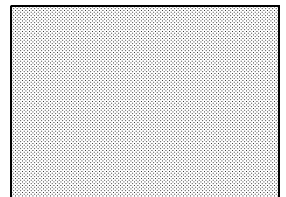
Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2013 + _____ [1]



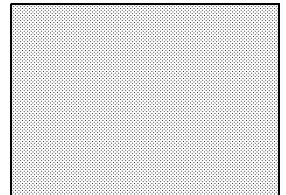
Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2013 + _____ [1]



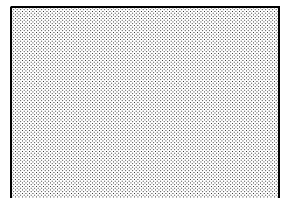
Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2013 + _____ [1]



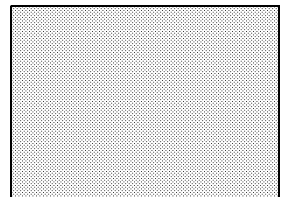
Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2013 + _____ [1]



Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2013 + _____ [1]



Taxpayer/Spouse/Joint (T, S, J) _____
 Payer's name _____
 Payer's street address _____
 Payer's city, state, zip code _____
 Payer's social security number _____
 Interest income amount received in 2013 + _____ [1]



Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J) _____[1]
Name of activity _____
Employer identification number _____
State postal code _____

Taxpayer/Spouse/Joint (T, S, J) _____[1]
Name of activity _____
Employer identification number _____
State postal code _____

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2013 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding (Box 12)	+	_____	[17]
Local withholding (Box 15)	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]
Mark if distribution was from an inherited IRA		_____	[24]

	Control Totals+	
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Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2013 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding (Box 12)	+	_____	[17]
Local withholding (Box 15)	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]
Mark if distribution was from an inherited IRA		_____	[24]

	Control Totals+	
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Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2013 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding (Box 12)	+	_____	[17]
Local withholding (Box 15)	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]
Mark if distribution was from an inherited IRA		_____	[24]

	Control Totals+	
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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

	2013 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2013 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2013 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Portion of Tier 1 Paid in 2013 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

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

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

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2013	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2013	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2014 for use in 2013	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2013:	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

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

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2013	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2013	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2012	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2013	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2012	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2013:	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Canadian Registered Retirement Plans #1

Please provide all Forms T4RSP, T4RIF, and Canadian plan custodian statements

	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	
Name of custodian _____	____ [2]	
State postal code _____	____ [3]	
Type of plan (1 = RRSP, Registered Retirement Savings Plan, 2 = RRIF, Registered Retirement Income Fund)	____ [14]	
Status in plan (1 = Beneficiary, 2 = Annuitant)	____ [15]	
Election under Article XVIII(7) of the U.S.-Canada income tax treaty:		
Mark if you previously elected to defer income tax	____ [16]	
Year election was made _____	____ [17]	
Mark if you are electing for this year and subsequent years	____ [18]	
Distributions received from the plan in 2013	+ _____ [21]	

Complete this section only if NOT electing to defer U.S. income tax on undistributed earnings

	2013 Information	Prior Year Information
Undistributed earnings		
Interest income	+ _____ [38]	
Ordinary dividends	+ _____ [40]	
Qualified dividends	+ _____ [42]	
Total capital gains	+ _____ [44]	
Other income:	+ _____ [46]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Control Totals+

Canadian Registered Retirement Plans #2

Please provide all Forms T4RSP, T4RIF, and Canadian plan custodian statements

	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	
Name of custodian _____	____ [2]	
State postal code _____	____ [3]	
Type of plan (1 = RRSP, Registered Retirement Savings Plan, 2 = RRIF, Registered Retirement Income Fund)	____ [14]	
Status in plan (1 = Beneficiary, 2 = Annuitant)	____ [15]	
Election under Article XVIII(7) of the U.S.-Canada income tax treaty:		
Mark if you previously elected to defer income tax	____ [16]	
Year election was made _____	____ [17]	
Mark if you are electing for this year and subsequent years	____ [18]	
Distributions received from the plan in 2013	+ _____ [21]	

Complete this section only if NOT electing to defer U.S. income tax on undistributed earnings

	2013 Information	Prior Year Information
Undistributed earnings		
Interest income	+ _____ [38]	
Ordinary dividends	+ _____ [40]	
Qualified dividends	+ _____ [42]	
Total capital gains	+ _____ [44]	
Other income:	+ _____ [46]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Control Totals+

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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 in 2013 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2013 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2013 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2013 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2013 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2013 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2013 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2013 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2013 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2013 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2013 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2013 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2013 + _____ [20]

NOTES/QUESTIONS:

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

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

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[12]
Royalties (Box 2)	+ _____	[14]
Other income (Box 3)	+ _____	[16]
Federal income tax withheld (Box 4)	+ _____	[18]
Fishing boat proceeds (Box 5)	+ _____	[20]
Medical and health care payments (Box 6)	+ _____	[22]
Nonemployee compensation (Box 7)	+ _____	[24]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[26]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[28]
Crop Insurance proceeds (Box 10)	+ _____	[30]
Foreign tax paid (Box 11)	+ _____	[32]
Foreign country or US possession (Box 12)	_____	[34]
Excess golden parachute payments (Box 13)	+ _____	[35]
Gross proceeds paid to an attorney (Box 14)	+ _____	[37]
Section 409A deferrals (Box 15a)	+ _____	[39]
Section 409A income (Box 15b)	+ _____	[41]
State tax withheld (Box 16)	+ _____	[43]
State/Payer's state no. (Box 17)	_____	[45]
State income (Box 18)	+ _____	[46]

Control Totals+

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[12]
Royalties (Box 2)	+ _____	[14]
Other income (Box 3)	+ _____	[16]
Federal income tax withheld (Box 4)	+ _____	[18]
Fishing boat proceeds (Box 5)	+ _____	[20]
Medical and health care payments (Box 6)	+ _____	[22]
Nonemployee compensation (Box 7)	+ _____	[24]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[26]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[28]
Crop Insurance proceeds (Box 10)	+ _____	[30]
Foreign tax paid (Box 11)	+ _____	[32]
Foreign country or US possession (Box 12)	_____	[34]
Excess golden parachute payments (Box 13)	+ _____	[35]
Gross proceeds paid to an attorney (Box 14)	+ _____	[37]
Section 409A deferrals (Box 15a)	+ _____	[39]
Section 409A income (Box 15b)	+ _____	[41]
State tax withheld (Box 16)	+ _____	[43]
State/Payer's state no. (Box 17)	_____	[45]
State income (Box 18)	+ _____	[46]

Control Totals+

Taxable Distributions Received from Cooperatives #1

Please provide all Forms 1099-PATR

	Preparer use only
--	-------------------

Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Patron dividends (Box 1)	+ _____	[10]
Nonpatronage distributions (Box 2)	+ _____	[12]
Per-unit retain allocations (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Redemption of nonqualified notices and retain allocations (Box 5)	+ _____	[18]
Domestic production activities deductions (Box 6)	+ _____	[20]
Investment credit (Box 7)	+ _____	[22]
Work opportunity credit (Box 8)	+ _____	[24]
Patron's AMT adjustments (Box 9)	+ _____	[26]
Other credits and deductions #1 (Box 10)	+ _____	[28]
Other credits and deductions #2 (Box 10)	+ _____	[30]

	Control Totals+	
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Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

	Preparer use only
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Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Patron dividends (Box 1)	+ _____	[10]
Nonpatronage distributions (Box 2)	+ _____	[12]
Per-unit retain allocations (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Redemption of nonqualified notices and retain allocations (Box 5)	+ _____	[18]
Domestic production activities deductions (Box 6)	+ _____	[20]
Investment credit (Box 7)	+ _____	[22]
Work opportunity credit (Box 8)	+ _____	[24]
Patron's AMT adjustments (Box 9)	+ _____	[26]
Other credits and deductions #1 (Box 10)	+ _____	[28]
Other credits and deductions #2 (Box 10)	+ _____	[30]

	Control Totals+	
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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:

_____ [51]

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

State postal code _____ [6]

Name of creditor/lender _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

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

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

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

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

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

Form 1099-A Acquisition or Abandonment of Secured Property

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

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

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

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

Control Totals+

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

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

State postal code _____ [6]

Name of creditor _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

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

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

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

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

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

Form 1099-A Acquisition or Abandonment of Secured Property

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

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

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

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

Control Totals+

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2013 Information

Prior Year Information

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

	Control Totals+	
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Gambling Winnings #2

Please provide all copies of Form W-2G.

2013 Information

Prior Year Information

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

	Control Totals+	
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NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2013 Information	Prior Year Information	
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	
RIC or REIT name	_____ [3]		
State postal code	_____ [4]		
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]		
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]		
Section 1202 gain (Box 1c)	+ _____ [13]		
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)			_____ [15]
Collectibles (28%) gain (Box 1d)	+ _____ [17]		
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]		
Control Totals+			

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2013 Information	Prior Year Information	
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	
RIC or REIT name	_____ [3]		
State postal code	_____ [4]		
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]		
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]		
Section 1202 gain (Box 1c)	+ _____ [13]		
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)			_____ [15]
Collectibles (28%) gain (Box 1d)	+ _____ [17]		
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]		
Control Totals+			

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2013 Information	Prior Year Information	
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	
RIC or REIT name	_____ [3]		
State postal code	_____ [4]		
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]		
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]		
Section 1202 gain (Box 1c)	+ _____ [13]		
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)			_____ [15]
Collectibles (28%) gain (Box 1d)	+ _____ [17]		
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]		
Control Totals+			

NOTES/QUESTIONS:

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) _____ [1]

Mark to indicate all the elections that apply:

Mixed straddle election _____ [2]

Mixed straddle account election (Attach explanation) _____ [3]

Straddle-by-straddle identification election _____ [4]

Net section 1256 contracts loss election _____ [5]

Section 1256 Contracts Marked to Market

Identification of Account A _____ [6]

Identification of Account B _____

Identification of Account C _____

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	—	—	—
State postal code	_____	_____	_____
-Loss/Gain for entire year (Enter losses as a negative amount)	+ _____	+ _____	+ _____
Total Form 1099-B adjustment	+ _____	+ _____	+ _____
Total net 1256 contract loss carryback	+ _____	+ _____	+ _____

Gains and Losses From Straddles

Description of Property A _____ [7]

Name of Contract _____

Component _____ Type _____

Description of Property B _____

Name of Contract _____

Component _____ Type _____

Description of Property C _____

Name of Contract _____

Component _____ Type _____

Description of Property D _____

Name of Contract _____

Component _____ Type _____

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	—	—	—	—
State postal code	_____	_____	_____	_____
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Gross sales price	+ _____	+ _____	+ _____	+ _____
Cost plus expense of sale	+ _____	+ _____	+ _____	+ _____
Unrecognized gain	+ _____	+ _____	+ _____	+ _____

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A _____ [8]

Description of Property B _____

Description of Property C _____

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	+ _____	+ _____	+ _____
Cost or other basis as adjusted	+ _____	+ _____	+ _____

Preparer use only

	2013 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) _____	[2]	_____
Employer identification number _____	[3]	_____
Business name _____	[5]	_____
Principal business/profession _____	[6]	_____
Business code _____	[11]	_____
Business address, if different from home address on Organizer Form ID: 1040		
Address _____	[14]	_____
City/State/Zip _____ [15] _____ [16] _____	[17]	_____
Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____	[18]	_____
If other: _____	[20]	_____
Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____	[21]	_____
If other enter explanation: _____	[23]	_____
Enter an explanation if there was a change in determining your inventory: _____	[24]	_____
Did you "materially participate" in this business? (Y, N) _____	[25]	_____
If not, number of hours you did significantly participate _____	[27]	_____
Mark if you began or acquired this business in 2013 _____	[29]	_____
Did you make any payments in 2013 that require you to file Form(s) 1099? (Y, N) _____	[30]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[32]	_____
Mark if this business is considered related to qualified services as a minister or religious worker _____	[34]	_____
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____	[36]	_____
Medical insurance premiums paid by this activity + _____	[40]	_____
Long-term care premiums paid by this activity + _____	[42]	_____
Amount of wages received as a statutory employee + _____	[45]	_____

Business Income

	2013 Information	Prior Year Information
Gross receipts and sales _____	+ _____ [50]	_____
_____	+	_____
_____	+	_____
_____	+	_____
Returns and allowances _____	+ _____ [53]	_____
Other income: _____	+ _____ [55]	_____
_____	+	_____
_____	+	_____
_____	+	_____

Cost of Goods Sold

	2013 Information	Prior Year Information
Beginning inventory _____	+ _____ [57]	_____
Purchases _____	+ _____ [59]	_____
Labor: _____	+ _____ [61]	_____
_____	+	_____
Materials _____	+ _____ [63]	_____
Other costs: _____	+ _____ [65]	_____
_____	+	_____
_____	+	_____
Ending inventory _____	+ _____ [67]	_____

Control Totals+

Preparer use only

Principal business or profession _____

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

NOTES/QUESTIONS:

Preparer use only

	2013 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____[4]	
Physical address: Street _____	[5]	
City, state, zip code _____[6] ___[7]_____	[8]	
Foreign country _____	[10]	
Foreign province/county _____	[11]	
Foreign postal code _____	[12]	
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other) _____	[13]	
Description of other type (Type code #8) _____	[14]	
Did you make any payments in 2013 that require you to file Form(s) 1099? (Y,N) _____	[16]	
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]	
Percentage of ownership if not 100% _____	[22]	
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]	

Rent and Royalty Income

	2013 Information	Prior Year Information
Rents and royalties :		
_____ + _____	[33]	

Rent and Royalty Expenses

	2013 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____	[35]	[36]
Auto	+ _____	[38]	[39]
Travel	+ _____	[41]	[42]
Cleaning and maintenance	+ _____	[44]	[45]
Commissions:			
_____	+ _____	[47]	[49]
_____	+ _____		
Insurance:			
_____	+ _____	[50]	[52]
_____	+ _____		
Legal and professional fees	+ _____	[54]	[55]
Management fees:			
_____	+ _____	[57]	[59]
_____	+ _____		
Mortgage interest paid to banks, etc (Form 1098)			
_____	+ _____	[60]	[62]
_____	+ _____		
Other mortgage interest	+ _____	[63]	[65]
Qualified mortgage insurance premiums	+ _____	[66]	[67]
Other interest:			
_____	+ _____	[69]	[71]
_____	+ _____		
Repairs	+ _____	[72]	[73]
Supplies	+ _____	[75]	[76]
Taxes:			
_____	+ _____	[78]	[80]
_____	+ _____		
Utilities	+ _____	[81]	[82]
Depreciation	+ _____	[84]	[85]
Depletion	+ _____	[87]	[88]
Other expenses:			
_____	+ _____	[90]	
_____	+ _____		
_____	+ _____		
_____	+ _____		

Control Totals+

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2013 Information	Prior Year Information	
Refinancing points paid -			
Recipient's/Lender's name _____	[92]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>	
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2013 _____			
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			
Refinancing points paid -			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2013 _____			
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			
Refinancing points paid -			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2013 _____			
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			

Vacation Home Information

	2013 Information	Prior Year Information
Number of days home was used personally _____	[6]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of days home was rented _____	[8]	
Number of day home owned, if not 365 _____	[10]	
Carryover of disallowed operating expenses into 2013 + _____	[20]	
Carryover of disallowed depreciation expenses into 2013 + _____	[21]	

Passive and Other Information

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

Farm Income - General Information

Please provide all Forms 1099-K

Preparer use only

	2013 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 2013 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	+ _____ [22]	_____
Long-term care premiums paid by this activity	+ _____ [24]	_____

Schedule F Income

Sales Code**	Income description	2013 Information	Prior Year Information
—	_____	+ _____ [34]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**** Sales Codes**

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

	2013 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [36]	
Beginning inventory of livestock and other items (Accrual method)	+ _____ [38]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [40]	
Ending Inventory of livestock and other items (Accrual method)	+ _____ [42]	
Total cooperative distributions you received	+ _____ [44]	
Taxable cooperative distributions you received	+ _____ [46]	_____

	2013 Total	2013 Taxable	Prior Year Information
Agricultural program payments	_____	+ _____ [48]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2013 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [51]	
Commodity credit loans reported under election:	_____ [53]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [55]	
Taxable commodity credit loans forfeited	+ _____ [57]	

	2013 Total	2013 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2013	_____	+ _____ [59]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Mark if electing to defer crop insurance proceeds to 2014	_____ [62]	_____	_____
Crop insurance proceeds deferred from 2012	_____	+ _____ [64]	_____

Control Totals+

Preparer use only

Description _____

	2013 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]	_____

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:

Preparer use only

	2013 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	____ [2]	
Employer identification number	____ [3]	
Description	____ [4]	
State postal code	____ [5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	____ [6]	

Income Items

	2013 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
_____	+ _____ [16]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Total cooperative distributions you received	+ _____ [18]	
Taxable cooperative distributions you received	+ _____ [20]	

	2013 Total	2013 Taxable	Prior Year Information
Agricultural program payments:			
_____	+ _____ [22]	_____ [23]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2013 Information	Prior Year Information
Commodity credit loans reported under election:		
_____	+ _____ [25]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [27]	
Taxable commodity credit loans forfeited	+ _____ [29]	

	2013 Total	2013 Taxable	Prior Year Information
Crop insurance proceeds you received in 2013			
_____	+ _____ [31]	_____ [32]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2013 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2014	_____ [34]	_____
Crop insurance proceeds deferred from 2012	_____ [36]	
Other income:		
_____	+ _____ [39]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Preparer use only

Description _____

2013 Information

Prior Year Information

Car and truck expenses	+		[6]
Chemicals	+		[8]
Conservation expenses	+		[10]
Custom hire (machine work)	+		[12]
Depreciation	+		[14]
Employee benefit programs	+		[16]
Feed purchased	+		[18]
Fertilizers and lime	+		[20]
Freight and trucking	+		[22]
Gasoline, fuel, and oil	+		[24]
Insurance (Other than health):			
	+		[26]
	+		
	+		
Mortgage interest (Paid to banks, etc.):			
	+		[28]
	+		
	+		
Other interest	+		[31]
Labor hired (Less employment credit)	+		[33]
Pension and profit sharing	+		[35]
Rent - vehicles, machinery, and equipment	+		[37]
Rent - other	+		[39]
Repairs and maintenance	+		[41]
Seed and plants purchased	+		[43]
Storage and warehousing	+		[45]
Supplies purchased	+		[47]
Taxes:			
	+		[49]
	+		
	+		
	+		
	+		
	+		
Utilities	+		[51]
Veterinary, breeding, and medicine	+		[53]
Other expenses:			
	+		[55]
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
Preproductive period expenses	+		[57]

Preparer use only Carryovers		Regular		AMT
Operating	+		[65]	+
Short-term capital	+		[67]	+
Long-term capital	+		[69]	+
28% rate capital	+		[71]	+
Section 1231 loss	+		[73]	+
Ordinary business gain/loss	+		[75]	+
Section 179	+		[77]	+
Excess farm loss	+		[81]	+
			[66]	[66]
			[68]	[68]
			[70]	[70]
			[72]	[72]
			[74]	[74]
			[76]	[76]
			[78]	[78]
			[82]	[82]

Control Totals+

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

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

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[51]	[52]
	Short-term capital	[53]	[54]
	Long-term capital	[55]	[56]
	28% rate capital	[57]	[58]
	Section 1231 loss	[59]	[60]
	Ordinary business gain/loss	[61]	[62]
	Other losses - 1040 pg.1	[63]	[64]
	Comm revitalization	[65]	[66]
	Section 179	[69]	[70]
	Excess farm loss	[71]	[72]

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

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[51]	[52]
	Short-term capital	[53]	[54]
	Long-term capital	[55]	[56]
	28% rate capital	[57]	[58]
	Section 1231 loss	[59]	[60]
	Ordinary business gain/loss	[61]	[62]
	Other losses - 1040 pg.1	[63]	[64]
	Comm revitalization	[65]	[66]
	Section 179	[69]	[70]
	Excess farm loss	[71]	[72]

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

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[51]	[52]
	Short-term capital	[53]	[54]
	Long-term capital	[55]	[56]
	28% rate capital	[57]	[58]
	Section 1231 loss	[59]	[60]
	Ordinary business gain/loss	[61]	[62]
	Other losses - 1040 pg.1	[63]	[64]
	Comm revitalization	[65]	[66]
	Section 179	[69]	[70]
	Excess farm loss	[71]	[72]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[70]	[71]
	Short-term capital	[72]	[73]
	Long-term capital	[74]	[75]
	28% rate capital	[76]	[77]
	Section 1231 loss	[78]	[79]
	Ordinary business gain/loss	[80]	[81]
	Comm revitalization	[82]	[83]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[70]	[71]
	Short-term capital	[72]	[73]
	Long-term capital	[74]	[75]
	28% rate capital	[76]	[77]
	Section 1231 loss	[78]	[79]
	Ordinary business gain/loss	[80]	[81]
	Comm revitalization	[82]	[83]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[70]	[71]
	Short-term capital	[72]	[73]
	Long-term capital	[74]	[75]
	28% rate capital	[76]	[77]
	Section 1231 loss	[78]	[79]
	Ordinary business gain/loss	[80]	[81]
	Comm revitalization	[82]	[83]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[70]	[71]
	Short-term capital	[72]	[73]
	Long-term capital	[74]	[75]
	28% rate capital	[76]	[77]
	Section 1231 loss	[78]	[79]
	Ordinary business gain/loss	[80]	[81]
	Comm revitalization	[82]	[83]

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

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____ [19]

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

Form 6252 - Current Year Installment Sale

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

Form 6252 - Related Party Installment Sale Information

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

NOTES/QUESTIONS:

Prior Year Installment Sale

Preparer use only

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

Prior Year Installment Sale

Preparer use only

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

NOTES/QUESTIONS:

Preparer use only

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

Sale Information

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

Form 4797, Part III - Recapture

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

Form 6252 - Current Year Installment Sale

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

Form 6252 - Related Party Installment Sale Information

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

NOTES/QUESTIONS:

Like-Kind Exchange General Information

Preparer use only

Description of property given up _____ [4]
 _____ [5]
 Taxpayer/Spouse/Joint (T, S, J) _____ [6]
 State postal code _____ [7]
 Description of property received _____ [10]
 _____ [11]

Date Information

Date the like-kind property given up was acquired _____ [16]
 Date you transferred your property to the other party _____ [17]
 Date the like-kind property received was identified _____ [18]
 Date you received the like-kind property from the other party _____ [19]

Gain and Basis Information

Fair market value of other property given up + _____ [20]
 Adjusted basis of other property given up + _____ [21]
 Cash received + _____ [22]
 Fair market value of other (not like-kind) property received + _____ [23]
 Installment obligation received in like-kind exchange + _____ [24]
 Fair market value of like-kind property you received + _____ [25]
 Fair market value of non-section 1245 property you received + _____ [26]
 Liabilities, including mortgages, assumed by you + _____ [27]
 Cash paid + _____ [28]
 Adjusted basis of like-kind property given up + _____ [29]
 Adjusted basis of like-kind property from pass through entity
 Cost or other basis + _____ [30]
 Depreciation allowed or allowable excluding Section 179 + _____ [31]
 Section 179 expense deduction passed through + _____ [32]
 Section 179 carryover + _____ [33]
 Liabilities, including mortgages, assumed by the other party + _____ [34]
 Exchange expenses incurred by you + _____ [35]

Related Party Exchange Information

Name of related party _____ [38]
 Address of related party _____ [39]
 City _____ [40]
 State _____ [41]
 Zip code _____ [42]
 Identifying number of related party _____ [43]
 Relationship to you _____ [44]
 During this tax year, did the related party sell or dispose of the property received? (Y, N) ___ [45]
 During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) ___ [46]
 Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) ___ [47]
 Mark if this exchange is a prior year like-kind exchange ___ [49]

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S) [1] State postal code _____ [3]
 Foreign street address _____ [4] City _____
 State/Province _____ Country code _____
 Country _____ Postal code _____
 Employer's name _____ [2]
 U.S. address _____ [5] City _____
 State postal code _____ Zip code _____
 Foreign street address _____ [6] City _____
 State/Province _____ Country code _____
 Country _____ Postal code _____
 Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) If other, specify type _____ [8]
 Country of citizenship _____ [11]
 If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:
 City/Country _____ [12] Days _____
 City/Country _____ Days _____
 List tax home(s) during the tax year and dates established:
 Tax home _____ [13] Date _____
 Tax home _____ Date _____

Foreign Earned Income Allocation Information

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

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

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

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

Bona Fide Residence Test

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

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

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:

Address _____ [30] City _____
 State postal code _____ Zip code _____
 Rented Occupant _____ Relationship _____
 Address _____ [30] City _____
 State postal code _____ Zip code _____
 Rented Occupant _____ Relationship _____

Physical Presence Test

Principal country of employment _____ [31]

Foreign Earned Income Exclusion

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

Foreign Earned Income

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

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

***Foreign Earned Income Allocation Codes**

1 = 100% foreign during assignment
 2 = 100% U.S. during assignment
 3 = U.S. and foreign days worked during assignment
 4 = U.S. and foreign days before/after assignment
 5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

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

Housing Exclusion/Deduction

Qualified housing expense _____			+ _____ [47]
---------------------------------	--	--	--------------

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	_____ [4]	
State postal code _____	_____ [2]	
Archer MSA contributions made in 2013 and 2014 for 2013 (Box 1)	+ _____ [6]	
Total contributions made in 2013 (Box 2)	+ _____ [8]	
Total HSA or Archer MSA contributions made in 2014 for 2013 (Box 3)	+ _____ [10]	
Rollover contribution (Box 4)	+ _____ [13]	
Fair market value of HSA, Archer MSA, or MA MSA (Box 5)	+ _____ [15]	
Box 6 -		
HSA _____	_____ [17]	
Archer MSA _____	_____ [18]	
MA (Medicare Advantage) MSA _____	_____ [19]	

Additional Information

	2013 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [20]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of months in qualified high deductible health plan in 2013	_____ [21]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [22]	
Total HSA/MSA contribution to be made for 2013	+ _____ [23]	
Excess contributions for 2012 taken as constructive contributions for 2013	+ _____ [25]	

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

Amount of annual deductible	+ _____ [28]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____ [31]	
If self-employed, enter earned income from business under which plan was established+	_____ [35]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2013? (Y, N) _____ [37]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2013 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]	
Name of Trustee		_____	[4]	
State postal code		__	[2]	
Gross distributions received (Box 1)	+	_____	[7]	
Earnings on excess contributions (Box 2)	+	_____	[9]	
Distribution code (Box 3)		__	[11]	
Fair Market Value on date of death (Box 4)	+	_____	[12]	
Box 5 -				
HSA		__	[13]	
Archer MSA		__	[14]	
MA MSA		__	[15]	
All distributions were used to pay unreimbursed qualified medical expenses		__	[17]	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2013	+	_____	[19]	
Withdrawal of excess contributions by the due date of the return	+	_____	[21]	
Amount of distribution rolled over for 2013	+	_____	[23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+	_____	[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/12	+	_____	[27]	
For HSA accounts:				
Was the high deductible health plan coverage started in 2012 and in effect for the month of December 2012? (Y, N)		__	[29]	
Was the high deductible health plan coverage ended before 12/31/13? (Y, N)		__	[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2013 Information

Prior Year Information

Name of the insured chronically ill individual		_____	[39]	
Social security number of insured		_____	[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+	_____	[42]	
Accelerated death benefits paid (Box 2)	+	_____	[44]	
Check one (Box 3)				
Per diem		__	[46]	
Reimbursed amount		__	[47]	
Qualified contract (Box 4)		__	[48]	
Check, if applicable (Box 5)				
Chronically ill		__	[49]	
Terminally ill		__	[50]	
Are there other individuals who received LTC payments during 2013? (Y, N)		__	[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		__	[53]	
Number of days during the long-term care period		_____	[54]	
Cost incurred for qualified long-term care services during the long-term care period	+	_____	[55]	

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home	_____	[13]
Total amount reimbursed for moving expenses	+ _____	[15]

NOTES/QUESTIONS:

Other Adjustments

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2013 Information	Prior Year Information
			+ _____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%; background-color: #f0f0f0;"></div>
Address			+ _____	
			+ _____	
Address			+ _____	

	2013 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ _____ [3]	+ _____ [4]	<div style="border: 1px solid black; height: 100%; width: 100%; background-color: #f0f0f0;"></div>
	+ _____	+ _____	
Self-employed health insurance premiums: (Not entered elsewhere)	+ _____ [6]	+ _____ [7]	
	+ _____	+ _____	
Self-employed long-term care premiums: (Not entered elsewhere)	+ _____ [9]	+ _____ [10]	
	+ _____	+ _____	
Other adjustments:	+ _____ [14]	+ _____ [15]	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	

NOTES/QUESTIONS:

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2013 that were issued after 1989, and you paid qualified higher education expenses in 2013 for yourself, your spouse, or your dependents.

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

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2013 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2013 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

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

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2013 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2013 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

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

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2013 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2013 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2013 + _____ [3]

NOTES/QUESTIONS:

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2013 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2013. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2013 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="background-color: #cccccc; border: 1px solid black; padding: 2px;"> _____ _____ _____ </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3 = Tuition and Fees Deduction) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

**Amounts reported in Box 1 or Box 2 may not reflect the actual amount paid for the student during 2013.
 Enter the amount actually paid during 2013.**

	2013 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Tuition billed (Enter only the amount actually paid) (Box 2)	_____	
Educational institution changed its reporting method for 2013 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2014 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2013

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2013 Information	
Amount contributed in current year	+ _____	[14]
Basis of this account at 12/31/12	+ _____	[17]
Value of this account at 12/31/13	+ _____	[19]
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____	[24]

Prior Year Information

Payments from Qualified Education Programs

	2013 Information	
Gross distribution (Box 1)	+ _____	[30]
Earnings (Box 2)	+ _____	[32]
Basis (Box 3)	+ _____	[34]
Trustee-to-trustee rollover (Box 4)	_____	[36]
Trustee-to-trustee rollover amount if different than Box 1	+ _____	[37]
Box 5 -		
Private QTP	_____	[39]
State QTP	_____	[40]
Coverdell ESA	_____	[41]
Check if the recipient is not the designated beneficiary (Box 6)	_____	[42]
Qualified education expenses	+ _____	[43]
Elementary and secondary education expenses	+ _____	[45]

Prior Year Information

NOTES/QUESTIONS:

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

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

	2013 Information	Prior Year Information
Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies? <small>(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)</small>	___[1]	<div style="border: 1px solid black; height: 100%;"></div>
The information for the FAFSA worksheet will be: <small>(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)</small>	___[2]	
Taxpayer's (and spouse's) total current balance of cash, savings and checking accounts + _____	[4]	
Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence	+ _____ [6]	
Taxpayer's (and spouse's) net worth in current businesses and/or investment farms	+ _____ [8]	
Child support paid because of divorce, separation, or a result of a legal requirement	+ _____ [10]	
Taxable earnings from need-based employment programs	+ _____ [12]	
Student grant and scholarship aid included in adjusted gross income	+ _____ [14]	
Earnings from work under a cooperative education program offered by a college	+ _____ [16]	
Child support received but do not include foster care or adoption payments	+ _____ [18]	
Veterans noneducation benefits	+ _____ [20]	
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	+ _____ [22]	
Money received or paid on behalf of the student (For the student's worksheet only)	+ _____ [24]	

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

Federal Student Aid Application Information #2

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

	2013 Information	Prior Year Information
Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies? <small>(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)</small>	___[1]	<div style="border: 1px solid black; height: 100%;"></div>
The information for the FAFSA worksheet will be: <small>(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)</small>	___[2]	
Taxpayer's (and spouse's) total current balance of cash, savings and checking accounts + _____	[4]	
Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence	+ _____ [6]	
Taxpayer's (and spouse's) net worth in current businesses and/or investment farms	+ _____ [8]	
Child support paid because of divorce, separation, or a result of a legal requirement	+ _____ [10]	
Taxable earnings from need-based employment programs	+ _____ [12]	
Student grant and scholarship aid included in adjusted gross income	+ _____ [14]	
Earnings from work under a cooperative education program offered by a college	+ _____ [16]	
Child support received but do not include foster care or adoption payments	+ _____ [18]	
Veterans noneducation benefits	+ _____ [20]	
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	+ _____ [22]	
Money received or paid on behalf of the student (For the student's worksheet only)	+ _____ [24]	

NOTES/QUESTIONS:

	Control Totals+	Form ID: FAFSA
--	------------------------	-----------------------

Schedule A - Medical and Dental Expenses

T/S/J

2013 Information

Prior Year Information

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

[1] _____	+	_____ [2]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

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

[4] _____	+	_____ [5]
_____	+	_____
_____	+	_____
_____	+	_____

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

[7] _____	+	_____ [8]
_____	+	_____

Prescription medicines and drugs:

[10] _____	+	_____ [11]
_____	+	_____
_____	+	_____

[13] Miles driven for medical items _____		[14]
---	--	------

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

Schedule A - Tax Expenses

T/S/J

2013 Information

Prior Year Information

State/local income taxes paid:

[18] _____	+	_____ [19]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

2012 state and local income taxes paid in 2013:

[21] _____	+	_____ [22]
_____	+	_____
_____	+	_____

Real estate taxes paid:

[24] _____	+	_____ [25]
_____	+	_____
_____	+	_____

Personal property taxes:

[27] _____	+	_____ [28]
_____	+	_____

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

[30] _____	+	_____ [31]
_____	+	_____
_____	+	_____

Sales tax paid on major purchases:

[36] _____	+	_____ [37]
_____	+	_____

Sales tax paid on actual expenses:

[39] _____	+	_____ [40]
_____	+	_____
_____	+	_____

Interest Expenses

T/S/J	2013 Interest Paid ^{2]}	2013 Points Paid	Type*	2013 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	

***Mortgage Types**

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

T/S/J	Payee's Name	SSN or EIN	2013 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

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

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

Refinancing Points paid in 2013 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2013 (**Preparer use only**) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2013 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points deemed as paid in 2013 (**Preparer use only**) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2013 _____

T/S/J 2013 Information

Investment interest expense, other than on Schedule(s) K-1:

[15] _____	+	_____ [16]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

T/S/J		2013 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		2013 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 or Form(s) 1099-DIV/1099-INT:		
[26]	_____	+ _____ [27]	
—	_____	+ _____	
—	_____	+ _____	
	Other expenses, not subject to the 2% AGI limitation:		
[30]	_____	+ _____ [31]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	Gambling losses: (Enter only if you have gambling income)		
[33]	_____	+ _____ [34]	
—	_____	+ _____	

Home Mortgage Interest Subject To Limitations

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

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

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

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

	2013 Information	Prior Year Information
Description of loan/property _____	[2]	[]
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2013, if not 12 _____	[7]	
Number of months home was a qualifying home (If different from number of months loan was outstanding) _____	[9]	
Principal paid in 2013 + _____	[11]	
Interest paid during 2013 + _____	[13]	
Points reported on Form 1098 for 2013 + _____	[15]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____	[18]	
Recipient SSN or EIN _____	[19]	
Recipient address _____	[20]	
Recipient city, state, zip code _____ [21] _____ [22] _____	[23]	
Grandfather debt as of 12/31/12 (or first day mortgage was outstanding) + _____	[24]	
Grandfather debt as of 12/31/13 (or last day mortgage was outstanding) + _____	[26]	
Home acquisition/improvement debt as of 12/31/12 (or first day mortgage was outstanding) + _____	[28]	
Home acquisition/improvement debt as of 12/31/13 (or last day mortgage was outstanding) + _____	[30]	
Home equity debt as of 12/31/12 (or first day mortgage was outstanding) + _____	[32]	
Home equity debt as of 12/31/13 (or last day mortgage was outstanding) + _____	[34]	
Average balance in 2013 of grandfather debt + _____	[37]	
Average balance in 2013 of home acquisition/improvement debt + _____	[39]	
Average balance for 2013 all types of debt + _____	[41]	

NOTES/QUESTIONS:

Preparer use only

	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [2]	____
Occupation in which expenses were incurred	____ [3]	____
State postal code	____ [5]	____
If the employee expenses were from an occupation listed below, enter the applicable code	____ [6]	____
1 = Qualified performing artist, 2 = Handicapped employee, 3 = Fee-basis official		
Mark if these employee expenses are related to qualified services as a minister or religious worker	____ [10]	____
Parking fees and tolls	+ ____ [17]	____
Local transportation	+ ____ [19]	____
Travel expenses	+ ____ [22]	____
Other business expenses:	+ ____ [25]	____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
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_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Nonvehicle depreciation	+ ____ [28]	____
Meals and entertainment	+ ____ [31]	____
Meals for individuals subject to DOT hours of service limitation	+ ____ [33]	____

Employer Reimbursements

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

	2013 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+ ____ [60]	____
Reimbursements for meals and entertainment not included on Form W-2	+ ____ [62]	____
Reimbursements for meals for DOT service limitation not included on Form W-2	+ ____ [64]	____

Preparer use only

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

Vehicle Questions

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

	2013 Information	Prior Year Information
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	___ [5]	___
Was another vehicle available for personal use? (Y, N)	___ [7]	___
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	___ [9]	___

Vehicle Information

Vehicle 1 -	Date placed in service _____ [11]	
	Description _____ [12]	
	Comments _____	
Vehicle 2 -	Date placed in service _____ [62]	
	Description _____ [63]	
	Comments _____	
Vehicle 3 -	Date placed in service _____ [109]	
	Description _____ [110]	
	Comments _____	
Vehicle 4 -	Date placed in service _____ [156]	
	Description _____ [157]	
	Comments _____	

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	_____ [20]		_____ [69]		_____ [116]		_____ [163]	
Business mileage	_____ [24]		_____ [71]		_____ [118]		_____ [165]	
Average daily round trip commuting mileage	_____ [26]		_____ [73]		_____ [120]		_____ [167]	
Total commuting mileage	_____ [28]		_____ [75]		_____ [122]		_____ [169]	
Gasoline	+ _____ [30]		+ _____ [77]		+ _____ [124]		+ _____ [171]	
Oil	+ _____ [32]		+ _____ [79]		+ _____ [126]		+ _____ [173]	
Repairs	+ _____ [34]		+ _____ [81]		+ _____ [128]		+ _____ [175]	
Maintenance	+ _____ [36]		+ _____ [83]		+ _____ [130]		+ _____ [177]	
Tires	+ _____ [38]		+ _____ [85]		+ _____ [132]		+ _____ [179]	
Car washes	+ _____ [40]		+ _____ [87]		+ _____ [134]		+ _____ [181]	
Insurance	+ _____ [42]		+ _____ [89]		+ _____ [136]		+ _____ [183]	
Interest	+ _____ [44]		+ _____ [91]		+ _____ [138]		+ _____ [185]	
Registration	+ _____ [46]		+ _____ [93]		+ _____ [140]		+ _____ [187]	
Licenses	+ _____ [48]		+ _____ [95]		+ _____ [142]		+ _____ [189]	
Property taxes (Plates, tags, etc)	_____ [50]		+ _____ [97]		+ _____ [144]		+ _____ [191]	
Vehicle rentals	+ _____ [52]		+ _____ [99]		+ _____ [146]		+ _____ [193]	
Inclusion amt (Preparer only)	_____ [54]		+ _____ [101]		+ _____ [148]		+ _____ [195]	
Other vehicle expenses	+ _____ [56]		+ _____ [103]		+ _____ [150]		+ _____ [197]	
Value of employer provided vehicle	+ _____ [58]		+ _____ [105]		+ _____ [152]		+ _____ [199]	
Depreciation	+ _____ [60]		+ _____ [107]		+ _____ [154]		+ _____ [201]	

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

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

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

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

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

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

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

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

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

Contributions of Motor Vehicles, Boats & Airplanes

Please provide all Forms 1098-C

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

Donee's name _____ [4]

State postal code _____ [3]

Date of contribution **(Box 1)** _____ [9]

Year of vehicle **(Box 2a)** _____ [10]

Make of vehicle **(Box 2b)** _____ [11]

Model of vehicle **(Box 2c)** _____ [12]

Vehicle or other identification number **(Box 3)** _____ [13]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party **(Box 4a)** _____ [14]

Date of sale **(Box 4b)** _____ [15]

Gross proceeds from sale **(Box 4c)** + _____ [16]

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use **(Box 5a)** _____ [17]

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose **(Box 5b)** _____ [18]

Detailed description of material improvements or significant intervening use and duration of use **(Box 5c)** _____ [19]

_____ [19]

_____ [19]

_____ [19]

Did you provide goods or services in exchange for the vehicle? **(Box 6a)** Yes ___ [20] No ___ [21]

Value of goods and services provided in exchange for the vehicle **(Box 6b)** + _____ [22]

Donee certifies that the goods and services consisted solely of intangible religious benefits **(Box 6c)** _____ [23]

Description of goods and services **(Box 6c)** _____ [24]

_____ [24]

_____ [24]

_____ [24]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked **(Box 7)** _____ [25]

Other Information for Donated Property

Overall physical condition of property _____ [30]

Vehicle mileage on date of contribution _____ [31]

Date property was acquired by donor _____ [32]

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [33]

Donor's cost or basis + _____ [34]

Fair market value on date of contribution + _____ [35]

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [36]

If other: _____ [37]

Bargain sale amount received _____ [38]

Donee's address, and ZIP code _____ [42]

_____ [43] _____ [44] _____ [45]

Donee's telephone number _____ [46]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [7]

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A _____ [10]
 Description of casualty or theft - Property B _____ [23]
 Description of casualty or theft - Property C _____ [36]
 Description of casualty or theft - Property D _____ [49]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [13]	___ [26]	___ [39]	___ [52]
Date acquired	___ [17]	___ [30]	___ [43]	___ [56]
Cost or other basis of property	+ ___ [18]	+ ___ [31]	+ ___ [44]	+ ___ [57]
Insurance or other reimbursement	+ ___ [19]	+ ___ [32]	+ ___ [45]	+ ___ [58]
Fair market value before casualty	+ ___ [20]	+ ___ [33]	+ ___ [46]	+ ___ [59]
Fair market value after casualty	+ ___ [21]	+ ___ [34]	+ ___ [47]	+ ___ [60]

Business/Income Use Replacement Information

Description of replacement property A _____ [61]
 Description of replacement property B _____ [65]
 Description of replacement property C _____ [69]
 Description of replacement property D _____ [73]

	A	B	C	D
Mark if property was acquired from a related party	___ [62]	___ [66]	___ [70]	___ [74]
Date acquired	___ [63]	___ [67]	___ [71]	___ [75]
Cost of replacement property	+ ___ [64]	+ ___ [68]	+ ___ [72]	+ ___ [76]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [8]

Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A _____ [17]
 Description of casualty or theft - Property B _____ [29]
 Description of casualty or theft - Property C _____ [41]
 Description of casualty or theft - Property D _____ [52]

	A	B	C	D
Date acquired	_____ [23]	_____ [35]	_____ [47]	_____ [58]
Cost or other basis of property	+ _____ [24]	+ _____ [36]	+ _____ [48]	+ _____ [59]
Insurance or other reimbursement	+ _____ [25]	+ _____ [37]	+ _____ [49]	+ _____ [60]
Fair market value before casualty	+ _____ [27]	+ _____ [39]	+ _____ [50]	+ _____ [61]
Fair market value after casualty	+ _____ [28]	+ _____ [40]	+ _____ [51]	+ _____ [62]

Personal Use Replacement Information

Description of replacement property A _____ [63]
 Description of replacement property B _____ [67]
 Description of replacement property C _____ [71]
 Description of replacement property D _____ [75]

	A	B	C	D
Mark if property was acquired from a related party	_____ [64]	_____ [68]	_____ [72]	_____ [76]
Date acquired	_____ [65]	_____ [69]	_____ [73]	_____ [77]
Cost of replacement property	+ _____ [66]	+ _____ [70]	+ _____ [74]	+ _____ [78]

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [6]

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A _____ [8]
 Description of casualty or theft - Property B _____ [17]
 Description of casualty or theft - Property C _____ [26]
 Description of casualty or theft - Property D _____ [35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [9]	___ [18]	___ [27]	___ [36]
Date acquired	___ [12]	___ [21]	___ [30]	___ [39]
Cost or other basis of property	+ ___ [13]	+ ___ [22]	+ ___ [31]	+ ___ [40]
Insurance or other reimbursement	+ ___ [14]	+ ___ [23]	+ ___ [32]	+ ___ [41]
Fair market value before casualty	+ ___ [15]	+ ___ [24]	+ ___ [33]	+ ___ [42]
Fair market value after casualty	+ ___ [16]	+ ___ [25]	+ ___ [34]	+ ___ [43]

Current Year Business/Income Use Replacement Information

Description of replacement property A _____ [44]
 Description of replacement property B _____ [50]
 Description of replacement property C _____ [56]
 Description of replacement property D _____ [62]

	A	B	C	D
Date acquired	___ [45]	___ [51]	___ [57]	___ [63]
Prior year cost of replacement property	+ ___ [46]	+ ___ [52]	+ ___ [58]	+ ___ [64]
Cost of replacement property	+ ___ [47]	+ ___ [53]	+ ___ [59]	+ ___ [65]
Postponed gain	+ ___ [48]	+ ___ [54]	+ ___ [60]	+ ___ [66]
Adjusted basis of replacement property	+ ___ [49]	+ ___ [55]	+ ___ [61]	+ ___ [67]

NOTES/QUESTIONS:

Occurrence description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 State postal code _____ [3]
 Date of casualty or theft _____ [4]
 Damage to personal residence from corrosive drywall _____ [5]
 Amount paid to repair damage to home or household appliances + _____ [6]
 25% loss available from 2012 + _____ [7]

Prior Year Casualty and Theft - Personal Use Properties (Cont'd)

Description of casualty or theft - Property A _____ [15]
 Description of casualty or theft - Property B _____ [23]
 Description of casualty or theft - Property C _____ [31]
 Description of casualty or theft - Property D _____ [39]

	[32]	A	B	C	D
Date acquired		_____ [17]	_____ [25]	_____ [33]	_____ [41]
Cost or other basis of property	+	_____ [18]	+ _____ [26]	+ _____ [34]	+ _____ [42]
Insurance or other reimbursement	+	_____ [19]	+ _____ [27]	+ _____ [35]	+ _____ [43]
Principal residence exclusion taken	+	_____ [20]	+ _____ [28]	+ _____ [36]	+ _____ [44]
Fair market value before casualty	+	_____ [21]	+ _____ [29]	+ _____ [37]	+ _____ [45]
Fair market value after casualty	+	_____ [22]	+ _____ [30]	+ _____ [38]	+ _____ [46]

Personal Use Replacement Information

Description of replacement property A _____ [47]
 Description of replacement property B _____ [53]
 Description of replacement property C _____ [59]
 Description of replacement property D _____ [65]

	A	B	C	D	
Date acquired	_____ [48]	_____ [54]	_____ [60]	_____ [66]	
Prior year cost of replacement property	+	_____ [49]	+ _____ [55]	+ _____ [61]	+ _____ [67]
Cost of replacement property	+	_____ [50]	+ _____ [56]	+ _____ [62]	+ _____ [68]
Postponed gain	+	_____ [51]	+ _____ [57]	+ _____ [63]	+ _____ [69]
Adjusted basis of replacement property	+	_____ [52]	+ _____ [58]	+ _____ [64]	+ _____ [70]

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2013 Information	Prior Year Information
Total area of home	_____ [12]	_____
Area used exclusively for business	_____ [14]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [16]	_____
Total hours used this year, if less than 8760	_____ [18]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [20]	_____
Area used partly for day-care business	_____ [22]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2013 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [27]	+ _____ [29]	_____
Mortgage insurance premiums	+ _____ [32]	+ _____ [33]	_____
Real estate taxes:	+ _____ [35]	+ _____ [37]	_____
Excess mortgage interest and insurance premiums	+ _____ [40]	+ _____ [41]	_____
Insurance	+ _____ [43]	+ _____ [45]	_____
Rent	+ _____ [49]	+ _____ [50]	_____
Repairs & maintenance	+ _____ [52]	+ _____ [53]	_____
Utilities	+ _____ [55]	+ _____ [56]	_____
Other expenses, such as: Supplies & Security system	+ _____ [58]	+ _____ [59]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [61]	_____
Carryovers:			_____
Operating expenses		+ _____ [62]	_____
Casualty losses		+ _____ [63]	_____
Depreciation		+ _____ [65]	_____
Business expenses not from business use of home, such as:			_____
Travel, Supplies, Business telephone expenses		+ _____ [66]	_____
Depreciation		+ _____ [70]	_____

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	___	___ [62]	___	___ [64]	___	___ [66]	___
Was another vehicle available for personal use? (Y, N)	___ [68]	___	___ [70]	___	___ [72]	___	___ [74]	___
Do you have evidence to support your deduction? (Y, N)	___ [76]	___	___ [78]	___	___ [80]	___	___ [82]	___
Is this evidence written? (Y, N)	___ [84]	___	___ [86]	___	___ [88]	___	___ [90]	___

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]		_____ [34]		_____ [36]		_____ [38]	
Commuting miles	_____ [42]		_____ [44]		_____ [46]		_____ [48]	
Business miles	_____ [52]		_____ [54]		_____ [56]		_____ [58]	
Parking fees	+ _____ [92]		+ _____ [94]		+ _____ [96]		+ _____ [98]	
Tolls	+ _____ [100]		+ _____ [102]		+ _____ [104]		+ _____ [106]	
Gasoline	+ _____ [108]		+ _____ [110]		+ _____ [112]		+ _____ [114]	
Oil	+ _____ [116]		+ _____ [118]		+ _____ [120]		+ _____ [122]	
Repairs	+ _____ [124]		+ _____ [126]		+ _____ [128]		+ _____ [130]	
Maintenance	+ _____ [132]		+ _____ [134]		+ _____ [136]		+ _____ [138]	
Tires	+ _____ [140]		+ _____ [142]		+ _____ [144]		+ _____ [146]	
Car washes	+ _____ [148]		+ _____ [150]		+ _____ [152]		+ _____ [154]	
Insurance	+ _____ [156]		+ _____ [158]		+ _____ [160]		+ _____ [162]	
Interest	+ _____ [164]		+ _____ [166]		+ _____ [168]		+ _____ [170]	
Registration	+ _____ [172]		+ _____ [174]		+ _____ [176]		+ _____ [178]	
Licenses	+ _____ [180]		+ _____ [182]		+ _____ [184]		+ _____ [186]	
Property taxes	+ _____ [188]		+ _____ [190]		+ _____ [192]		+ _____ [194]	
Other vehicle expenses	+ _____ [196]		+ _____ [198]		+ _____ [200]		+ _____ [202]	
Vehicle rentals	+ _____ [204]		+ _____ [206]		+ _____ [208]		+ _____ [210]	
Inclusion amt (Preparer only)	_____ [212]		+ _____ [214]		+ _____ [216]		+ _____ [218]	
Depreciation	+ _____ [220]		+ _____ [222]		+ _____ [224]		+ _____ [226]	

Control Totals+

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2013.

	2013 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under \$20 per month and not reported to employer	+ _____ [3]	+ _____ [4]	

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2013	Total tips reported in 2013
Taxpayer information [1]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information [2]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

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

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
Spouse information [7]	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____
	_____	_____	—	_____	—	_____

**** Reason Codes**

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
 C = I received other correspondence from the IRS that states I am an employee.
 G = I filed Form SS-8 with the IRS and have not received a reply.
 H = I received a Form W-2 and a Form 1099-MISC from this firm for 2013. The amount on Form 1099-MISC should have been included as wages on Form W-2.

Clergy, Minister, Religious Workers

	Taxpayer	Spouse
State postal code	____[1]	____[2]

	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, please complete the following information:			
Fair rental value of parsonage provided by church	+ _____[5]	+ _____[6]	_____
Actual parsonage utilities expense	+ _____[11]	+ _____[12]	_____
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance, if separate from parsonage allowance	_____ [17]	+ _____ [18]	_____
Actual parsonage expense	+ _____ [20]	+ _____ [21]	_____
Fair rental value of home	+ _____ [23]	+ _____ [24]	_____
Actual utilities expense	+ _____ [26]	+ _____ [27]	_____
Mark if you have claimed exemption from self-employment tax			
by filing Form 4361 with the IRS	____ [29]	____ [32]	_____
If you are a self-employed minister, enter any tax-deductible			
contributions to a 403(b) retirement plan	+ _____ [31]	+ _____ [34]	_____

NOTES/QUESTIONS:

Enter parent's information for children under age 19 on 1/1/14 or a full-time student under age 24 with unearned income of more than \$2,000.

Parent's social security number (Enter the name and social security number of the parent listed first on the return) _____ [4]

Parent's first name _____ [5]

Parent's last name _____ [6]

Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) _____ [7]

All Other Children's Information

Enter information for each child with unearned income of more than \$2,000.

Preparer - Enter on Screen 8615Sib

Child #1 social security number _____ [1]

Child #1 first name _____ [2]

Child #1 last name _____ [3]

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

Child #2 social security number _____ [1]

Child #2 first name _____ [2]

Child #2 last name _____ [3]

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

Child #3 social security number _____ [1]

Child #3 first name _____ [2]

Child #3 last name _____ [3]

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

Child #4 social security number _____ [1]

Child #4 first name _____ [2]

Child #4 last name _____ [3]

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

Child #5 social security number _____ [1]

Child #5 first name _____ [2]

Child #5 last name _____ [3]

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

Child #6 social security number _____ [1]

Child #6 first name _____ [2]

Child #6 last name _____ [3]

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

Child #7 social security number _____ [1]

Child #7 first name _____ [2]

Child #7 last name _____ [3]

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

Child #8 social security number _____ [1]

Child #8 first name _____ [2]

Child #8 last name _____ [3]

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

Child #9 social security number _____ [1]

Child #9 first name _____ [2]

Child #9 last name _____ [3]

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

Child #10 social security number _____ [1]

Child #10 first name _____ [2]

Child #10 last name _____ [3]

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

Child #11 social security number _____ [1]

Child #11 first name _____ [2]

Child #11 last name _____ [3]

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

Child #12 social security number _____ [1]

Child #12 first name _____ [2]

Child #12 last name _____ [3]

Child #12 date of birth (mm/dd/yyyy) _____ [4]

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.
 Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number _____ [1]
 Child's date of birth _____ [2]
 Child's name _____ [4]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]

Type Code (**See codes below)	Payer		Interest [6] Income	Tax Exempt Income	U.S. Obligations* Tax Exempt* \$ or %	Tax Exempt* \$ or %	Prior Year Information
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	

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

Children's Dividend Income

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

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

****Dividend Codes**
 Blank = Other 3 = Nominee

Alaska Permanent Fund dividends: _____ + _____
 _____ + _____

2013 Information^[10] _____
 Prior Year Information _____

Household Employment Tax**Complete if you paid cash wages of \$1,000 or more to any household employee.**

Taxpayer/Spouse (T, S) _____ [1]
Employer identification number _____ [2]

Total cash wages subject to social security taxes + _____ [4]
Total cash wages subject to Medicare taxes + _____ [5]
Total cash wages subject to Additional Medicare Tax withholding + _____ [6]
Federal income tax withheld + _____ [7]
State disability plan social security & Medicare withheld + _____ [8]

Did you:
(A) pay any household employee cash wages of \$1800 or more in 2013? (Y, N) _____ [9]
(B) withhold Federal income tax for any household employee? (Y, N) _____ [10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2012 or 2013? (Y, N) _____ [11]

Federal Unemployment (FUTA) Tax**If you answered "Yes" to question (C) above, complete the following information.****Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.**

Total cash wages subject to FUTA tax + _____ [12]

State #1 information
State postal code where you have to pay unemployment contributions * _____ [13]
State reporting number as shown on state unemployment tax return _____ [14]
Taxable wages (as defined in state act) + _____ [15]
State experience rate period:
From _____ [16]
To _____ [17]
State experience rate (xxx.xx) _____ [18]
Contributions paid to state unemployment fund * + _____ [19]
Contributions for 2013 paid after 4/15/14 + _____ [20]

State #2 information
State postal code where you have to pay unemployment contributions _____ [21]
State reporting number as shown on state unemployment tax return _____ [22]
Taxable wages (as defined in state act) + _____ [23]
State experience rate period:
From _____ [24]
To _____ [25]
State experience rate (xxx.xx) _____ [26]
Contributions paid to state unemployment fund + _____ [27]
Contributions for 2013 paid after 4/15/14 + _____ [28]

NOTES/QUESTIONS:

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, and the home is no longer used as your main residence, you may have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address _____ [1]

City/State/Zip code _____ [2] ____ [3] _____ [4]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) _____ [5]

Purchase price of the home _____ [6]

Date the home was sold or ceased being used as principal residence _____ [13]

If you sold your home, enter the selling price _____ [14]

If you sold your home, enter the expense of sale _____ [15]

Were you and your spouse married on the purchase date? (Y, N) ____ [18]

If your home was transferred to your ex-spouse due to a divorce settlement,
enter his or her full name _____ [19]

If you own the principal residence with another person enter their name and allocation percentage
Other owner name _____ [22]

Allocation percentage _____

NOTES/QUESTIONS:

Child and Dependent Care Expenses

**Please enter all amounts paid in 2013 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2012 employer-provided dependent care benefits used during 2013 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2013	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2013		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2013 _____ + _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2013 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2013 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2013 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2013 _____ + _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Control Totals+

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2013, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

Taxpayer

Spouse

Nontaxable disability/pension income received in 2013

+ _____ [7]

+ _____ [8]

Taxable disability income received in 2013

+ _____ [9]

+ _____ [10]

NOTES/QUESTIONS:

Residential Energy Credit

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any 2006, 2007, 2009, 2010, 2011 or 2012 Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		__ [1]
Were the costs incurred made to your main home located in the United States? (Y, N)		__ [2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		__ [3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____	[5]
Enter the total amount of costs for exterior windows	+ _____	[7]
Enter the total amount of costs for exterior doors	+ _____	[9]
Enter the total amount of costs for qualified metal roofs	+ _____	[11]
Enter the total amount of costs for energy-efficient building property	+ _____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+ _____	[10]
Enter the total amount of costs for qualified solar electric property	+ _____	[12]
Enter the total amount of costs for qualified solar water heating property	+ _____	[14]
Enter the total amount of costs for qualified small wind energy property	+ _____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____	[13]
Enter the total amount of costs for qualified fuel cell property	+ _____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_____	[17]

NOTES/QUESTIONS:

Foreign Tax Credit

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2013.

Preparer use only

Description _____ [3]
 Taxpayer/Spouse (T, S) _____ [8]
 Category of income* _____ [10]
 Description of income _____ [11]

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

Foreign Income or Loss

Country code _____ [18]
 Country name _____ [19]

	Regular	AMT, if different
Foreign gross income	+ _____ [22]	+ _____ [23]
Definitely related expenses:		
_____	+ _____ [30]	+ _____ [31]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
Foreign source losses	+ _____ [44]	+ _____ [45]

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:		
Date paid or accrued		_____ [46]
In foreign currency - taxes withheld on:		
Dividends	+ _____	_____ [47]
Rents & royalties	+ _____	_____ [48]
Interest	+ _____	_____ [49]
Other foreign taxes	+ _____	_____ [50]
In US dollars - taxes withheld on:		
Dividends	+ _____	_____ [52]
Rents & Royalties	+ _____	_____ [53]
Interest	+ _____	_____ [54]
Other foreign taxes	+ _____	_____ [55]

NOTES/QUESTIONS:

Adoption Credit

Complete this form if you paid qualified adoption expenses in 2013. Indicate if the adoption was final in or before 2013. Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home. Please provide copies of legal documents approving the adoption.

	Child 1 [1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '96 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2012 for this child	_____	_____	_____
Employer-provided benefits received in 2012 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2013 for this child	_____	_____	_____
Employer-provided benefits received in 2013 for this child	_____	_____	_____
Adoption final in (1 = '13, 2 = Pre '13)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '96 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2012 for this child	_____	_____	_____
Employer-provided benefits received in 2012 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2013 for this child	_____	_____	_____
Employer-provided benefits received in 2013 for this child	_____	_____	_____
Adoption final in (1 = '13, 2 = Pre '13)	_____	_____	_____

If the adoption was incomplete or unsuccessful please provide information below:

	[6]
	[7]
	[8]

NOTES/QUESTIONS:

***Select the Type of Use codes from the chart below**

	Type of Use*	Rate	Gallons
Nontaxable use of gasoline -			
Off-highway business use		\$0.183	+ _____ [1]
Use on a farm		0.183	+ _____ [2]
Other nontaxable use	____ [3]	0.183	+ _____ [4]
Exported		0.184	+ _____ [5]
Nontaxable use of aviation gasoline -			
Commercial aviation		0.15	+ _____ [6]
Other nontaxable use	____ [7]	0.193	+ _____ [8]
Exported		0.194	+ _____ [9]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [10]
Nontaxable use of undyed diesel fuel -			
Explanation of evidence of dyes:			_____ [11]
_____			_____
Other nontaxable use	____ [12]	0.243	+ _____ [13]
Use on a farm		0.243	+ _____ [14]
Trains		0.243	+ _____ [15]
Intercity / local bus		0.17	+ _____ [16]
Exported		0.244	+ _____ [17]
Nontaxable use of undyed kerosene (other than aviation) -			
Explanation of evidence of dyes:			_____ [18]
_____			_____
Other nontaxable use	____ [19]	0.243	+ _____ [20]
Use on a farm		0.243	+ _____ [21]
Intercity / local buses		0.17	+ _____ [22]
Exported		0.244	+ _____ [23]
Other nontaxable use taxed at \$.044	____ [24]	0.043	+ _____ [25]
Other nontaxable use taxed at \$.219	____ [26]	0.218	+ _____ [27]
Kerosene used in aviation -			
Kerosene taxed at \$.244		0.200	+ _____ [28]
Kerosene taxed at \$.219		0.175	+ _____ [29]
Other nontaxable use taxed at \$.244	____ [30]	0.243	+ _____ [31]
Other nontaxable use taxed at \$.219/.044	____ [32]	0.218	+ _____ [33]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [34]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -		
Registration Number		_____ [1]
Explanation of evidence of dyes:		_____ [2]
		_____ [3]
State / local government	0.243	+ _____ [3]
Intercity / local buses	0.17	+ _____ [4]
Sales by registered ultimate vendors of undyed kerosene -		
Registration Number		_____ [5]
Explanation of evidence of dyes:		_____ [6]
		_____ [7]
Use by state/local government	0.243	+ _____ [7]
Sales from a blocked pump	0.243	+ _____ [8]
Intercity / local buses	0.17	+ _____ [9]
Sales by registered ultimate vendors of kerosene in aviation -		
Registration Number		_____ [10]
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____ [11]
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	+ _____ [12]
Nonexempt use in noncommercial aviation	0.025	+ _____ [13]
Other nontaxable uses taxed at \$.244 _____ [14]	0.243	+ _____ [15]
Other nontaxable uses taxed at \$.219/.044 _____ [16]	0.218	+ _____ [17]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [18]
Biodiesel or renewable diesel mixture credit -		
Registration Number		_____ [20]
Biodiesel mixtures	1.00	+ _____ [21]
Agri-biodiesel mixtures	1.00	+ _____ [22]
Renewable diesel mixtures	1.00	+ _____ [23]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -			
Liquified petroleum gas (LPG)	____[1]	0.183	+ _____[2]
"P Series" fuels	____[3]	0.183	+ _____[4]
Compressed natural gas (CNG)	____[5]	0.183	+ _____[6]
Liquified hydrogen	____[7]	0.183	+ _____[8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	____[9]	0.243	+ _____[10]
Liquid hydrocarbons derived from biomass	____[11]	0.243	+ _____[12]
Liquified natural gas (LNG)	____[13]	0.243	+ _____[14]
Liquified gas derived from biomass	____[15]	0.183	+ _____[16]
Alternative fuel credit and alternative fuel mixture credit -			
Registration Number			_____ [17]
Liquified petroleum gas (LPG)		0.50	+ _____ [18]
"P Series" fuels		0.50	+ _____ [19]
Compressed natural gas		0.50	+ _____ [20]
Liquified hydrogen		0.50	+ _____ [21]
Any liquid fuel derived from coal through the Fischer-Tropsch process		0.50	+ _____ [22]
Liquid hydrocarbons derived from biomass		0.50	+ _____ [23]
Liquified natural gas (LNG)		0.50	+ _____ [24]
Liquified gas derived from biomass		0.50	+ _____ [25]
Compressed gas derived from biomass		0.50	+ _____ [26]
Registered credit card users -			
Registration Number			_____ [27]
Diesel for state / local government		0.243	+ _____ [28]
Kerosene for state / local government		0.243	+ _____ [29]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	+ _____ [30]
Nontaxable use of a diesel-water fuel emulsion -			
Other nontaxable use	____[31]	0.197	+ _____ [32]
Exported		0.198	+ _____ [33]
Diesel-water fuel emulsion blending -			
Registration Number			_____ [34]
Blender credit		0.046	+ _____ [35]
Exported dyed fuels -			
Exported dyed diesel fuel		0.001	+ _____ [36]
Exported dyed kerosene		0.001	+ _____ [37]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Instructions
 Enter carryovers as positive numbers.
 Enter utilizations as negative numbers.
 Enter utilizations only for those losses shown on organizer form.

Indefinite Carryovers	2012 to 2013 Amounts
Excess section 179 for Sch A	+ _____ [1]
Excess section 179 for Sch A - AMT	+ _____ [2]
Minimum tax credit	+ _____ [3]
Investment interest	+ _____ [4]
Investment interest - AMT	+ _____ [5]
Short-term capital loss	+ _____ [6]
Short-term capital loss - AMT	+ _____ [7]
Long-term capital loss	+ _____ [8]
Long-term capital loss - AMT	+ _____ [9]
Residential energy credit	+ _____ [10]
D.C. first-time homebuyer credit	+ _____ [11]
Tax credit bonds	+ _____ [12]

Charitable Contribution Carryover Items

Prior C/O Year	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
2006					+ _____ [63]	+ _____ [77]
2007					+ _____ [64]	+ _____ [78]
2008	+ _____ [13]	+ _____ [18]	+ _____ [23]	+ _____ [28]	+ _____ [65]	+ _____ [79]
2009	+ _____ [14]	+ _____ [19]	+ _____ [24]	+ _____ [29]	+ _____ [66]	+ _____ [80]
2010	+ _____ [15]	+ _____ [20]	+ _____ [25]	+ _____ [30]	+ _____ [67]	+ _____ [81]
2011	+ _____ [16]	+ _____ [21]	+ _____ [26]	+ _____ [31]	+ _____ [68]	+ _____ [82]
2012	+ _____ [17]	+ _____ [22]	+ _____ [27]	+ _____ [32]	+ _____ [69]	+ _____ [83]

AMT Charitable Contribution Carryover Items

Prior C/O Year	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions	50% AMT Qual Conservation Contributions	100% AMT Qual Conservation Contributions
2006					+ _____ [70]	+ _____ [84]
2007					+ _____ [71]	+ _____ [85]
2008	+ _____ [33]	+ _____ [38]	+ _____ [43]	+ _____ [48]	+ _____ [72]	+ _____ [86]
2009	+ _____ [34]	+ _____ [39]	+ _____ [44]	+ _____ [49]	+ _____ [73]	+ _____ [87]
2010	+ _____ [35]	+ _____ [40]	+ _____ [45]	+ _____ [50]	+ _____ [74]	+ _____ [88]
2011	+ _____ [36]	+ _____ [41]	+ _____ [46]	+ _____ [51]	+ _____ [75]	+ _____ [89]
2012	+ _____ [37]	+ _____ [42]	+ _____ [47]	+ _____ [52]	+ _____ [76]	+ _____ [90]

Section 1231 Nonrecaptured Losses

	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
2008	+ _____ [53]	+ _____ [58]
2009	+ _____ [54]	+ _____ [59]
2010	+ _____ [55]	+ _____ [60]
2011	+ _____ [56]	+ _____ [61]
2012	+ _____ [57]	+ _____ [62]

Description

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

Prior C/O Year	A _____ [1]	B _____ [1]	C _____ [1]	D _____ [1]
1998	+ _____ [3]	+ _____ [3]	+ _____ [3]	+ _____ [3]
1999	+ _____ [4]	+ _____ [4]	+ _____ [4]	+ _____ [4]
2000	+ _____ [5]	+ _____ [5]	+ _____ [5]	+ _____ [5]
2001	+ _____ [6]	+ _____ [6]	+ _____ [6]	+ _____ [6]
2002	+ _____ [7]	+ _____ [7]	+ _____ [7]	+ _____ [7]
2003	+ _____ [8]	+ _____ [8]	+ _____ [8]	+ _____ [8]
2004	+ _____ [9]	+ _____ [9]	+ _____ [9]	+ _____ [9]
2005	+ _____ [10]	+ _____ [10]	+ _____ [10]	+ _____ [10]
2006	+ _____ [11]	+ _____ [11]	+ _____ [11]	+ _____ [11]
2007	+ _____ [13]	+ _____ [13]	+ _____ [13]	+ _____ [13]
2008	+ _____ [15]	+ _____ [15]	+ _____ [15]	+ _____ [15]
2009	+ _____ [17]	+ _____ [17]	+ _____ [17]	+ _____ [17]
2010	+ _____ [19]	+ _____ [19]	+ _____ [19]	+ _____ [19]
2011	+ _____ [21]	+ _____ [21]	+ _____ [21]	+ _____ [21]
2012	+ _____ [22]	+ _____ [22]	+ _____ [22]	+ _____ [22]

NOTES/QUESTIONS:

Schedule F - Farm income/-loss:

2012	+ _____	[1]
2011	+ _____	[2]
2010	+ _____	[3]
2009	+ _____	[4]
2008	+ _____	[5]

Schedule C - Farm commodity processing income/-loss:

2012	+ _____	[6]
2011	+ _____	[7]
2010	+ _____	[8]
2009	+ _____	[9]
2008	+ _____	[10]

Schedule E - Partnership/S corporation farm income/-loss:

2012	+ _____	[11]
2011	+ _____	[12]
2010	+ _____	[13]
2009	+ _____	[14]
2008	+ _____	[15]

Form 4835 - Farm rent income/-loss:

2012	+ _____	[16]
2011	+ _____	[17]
2010	+ _____	[18]
2009	+ _____	[19]
2008	+ _____	[20]

Gain/-loss on sale of farming property:

2012	+ _____	[21]
2011	+ _____	[22]
2010	+ _____	[23]
2009	+ _____	[24]
2008	+ _____	[25]

AMT Gain/-loss on sale of farming property:

2012	+ _____	[26]
2011	+ _____	[27]
2010	+ _____	[28]
2009	+ _____	[29]
2008	+ _____	[30]

AMT Adjustments/Preferences to farm income/-loss:

2012	+ _____	[31]
2011	+ _____	[32]
2010	+ _____	[33]
2009	+ _____	[34]
2008	+ _____	[35]

NOTES/QUESTIONS:

Prior C/O Year	Net Operating Loss	AMT NOL
1998	+ _____ [1]	+ _____ [16]
1999	+ _____ [2]	+ _____ [17]
2000	+ _____ [3]	+ _____ [18]
2001	+ _____ [4]	+ _____ [19]
2002	+ _____ [5]	+ _____ [20]
2003	+ _____ [6]	+ _____ [21]
2004	+ _____ [7]	+ _____ [22]
2005	+ _____ [8]	+ _____ [23]
2006	+ _____ [9]	+ _____ [24]
2007	+ _____ [10]	+ _____ [25]
2008	+ _____ [11]	+ _____ [26]
2009	+ _____ [12]	+ _____ [27]
2010	+ _____ [13]	+ _____ [28]
2011	+ _____ [14]	+ _____ [29]
2012	+ _____ [15]	+ _____ [40]

NOTES/QUESTIONS:

This form is used to report financial accounts and assets in foreign countries, as required by the Internal Revenue Service.

Foreign Deposit and Custodial Accounts

	2013 Information	Prior Year Information
Type of Account: (D= Deposit, C = Custodial)	____ [2]	[]
Account number or other designation	_____ [4]	
Account opened during the tax year	____ [5]	
Account closed during the tax year	____ [7]	
Account jointly owned with spouse	____ [8]	
Maximum value of account	_____ [10]	
Name of financial institution	_____ [15]	
Address of financial institution	_____ [16]	
City, state, zip code	_____ [17] ____ [18] _____ [19]	
Foreign country code/name	____ [20] _____ [21]	
Foreign province/county	_____ [22]	
Foreign postal code	_____ [23]	

Other Foreign Assets

	2013 Information	Prior Year Information
Asset description	_____ [24]	[]
Asset identifying number or other designation	_____ [25]	
Date asset acquired	_____ [26]	
Date asset disposed	_____ [28]	
Asset jointly owned with spouse	____ [29]	
Maximum value of asset	_____ [31]	

Asset foreign entity information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity:(P = Partnership, C= Corporation, T = Trust, E = Estate) _____ [36]

Foreign entity name _____ [37]

Foreign entity address _____ [38]

City, state, zip code _____ [39] ____ [40] _____ [41]

Foreign country code/name _____ [42] _____ [43]

Foreign province/county _____ [44]

Foreign postal code _____ [45]

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____ [46]

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____

Individual or organization name _____

Address of issuer or counterparty _____

City, state, zip code _____

Foreign country code/name _____

Foreign province/county _____

Foreign postal code _____

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____

Individual or organization name _____

Address of issuer or counterparty _____

City, state, zip code _____

Foreign country code/name _____

Foreign province/county _____

Foreign postal code _____

FinCEN Form 114, Report of Foreign Bank Accounts, must be filed through the BSA E-Filing System on or before June 30, 2014

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

**I/we have a financial interest in 25 or more foreign accounts and maintain the records of those accounts
(Specific account information is not required for foreign accounts in which you have a financial interest in this case)**

Number of foreign accounts filer has a financial interest in, if 25 or more _____ [2]

**Complete the following section to report foreign accounts over which you have signature or other authority
but no financial interest, and to report all foreign accounts in which you have a financial interest**

	2013 Information	Prior Year Information
Information is reported for a financial account which is: 2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest	____ [3]	
Type of Account:		
Bank	____ [4]	
Securities	____ [5]	
Other	____ [6]	
Maximum value of account	____ [7]	
Account number or other designation	____ [9]	
Financial institution	____ [10]	
Address of financial institution	____ [11]	
City, state, zip code	____ [12] ____ [13] ____ [14]	
Foreign country	____ [15]	
For addresses in Mexico, enter state	____ [17]	
Foreign postal code	____ [20]	

Parts III and IV -

Joint owner is spouse	____ [21]
Taxpayer identification number of account holder/joint owner	____ [22]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	____ [23]
Last name or organization name of account holder/joint owner	____ [24]
First name and middle initial of account holder/joint owner	____ [25] ____ [26]
Address and apartment	____ [27] ____ [28]
City, state, zip code	____ [29] ____ [30] ____ [31]
Foreign country	____ [32]
For addresses in Mexico, enter state	____ [34]
Foreign postal code	____ [35]

Part III -

Number of joint owners (Not including taxpayer) _____ [37]

Part IV -

Filer's title with this owner _____ [38]

NOTES/QUESTIONS:

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2009 Amounts	2010 Amounts	2011 Amounts	2012 Amounts
Filing Status (1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)	_____	_____	_____	_____
Salaries and wages	_____	_____	_____	_____
Interest income	_____	_____	_____	_____
Tax-exempt interest	_____	_____	_____	_____
Dividend income	_____	_____	_____	_____
Qualified dividends	_____	_____	_____	_____
Business income/loss	_____	_____	_____	_____
Capital gains and losses	_____	_____	_____	_____
Other gains and losses	_____	_____	_____	_____
IRA distributions, pensions, annuities	_____	_____	_____	_____
Rent, royalty, farm rental income	_____	_____	_____	_____
Partnership/S corp income	_____	_____	_____	_____
Estate or trust income	_____	_____	_____	_____
Farm income/loss	_____	_____	_____	_____
Other income/loss	_____	_____	_____	_____
Total income -	_____	_____	_____	_____
Total adjustments to income	_____	_____	_____	_____
Adjusted gross income -	_____	_____	_____	_____
Medical expenses	_____	_____	_____	_____
State and local taxes	_____	_____	_____	_____
Interest expenses	_____	_____	_____	_____
Charitable contributions	_____	_____	_____	_____
Other itemized deductions	_____	_____	_____	_____
Allowable itemized deductions	_____	_____	_____	_____
Standard deduction	_____	_____	_____	_____
Standard or itemized deduction taken -	_____	_____	_____	_____
Exemptions	_____	_____	_____	_____
Taxable income -	_____	_____	_____	_____
Tax on taxable income	_____	_____	_____	_____
Alternative minimum tax	_____	_____	_____	_____
Total credits	_____	_____	_____	_____
Net tax liability -	_____	_____	_____	_____
Self-employment taxes	_____	_____	_____	_____
Other taxes	_____	_____	_____	_____
Total tax -	_____	_____	_____	_____
Income tax withheld	_____	_____	_____	_____
Estimated tax payments	_____	_____	_____	_____
Other payments	_____	_____	_____	_____
Total payments -	_____	_____	_____	_____
Tax due/-refund -	_____	_____	_____	_____
Penalties and interest	_____	_____	_____	_____
Net tax due/-refund -	_____	_____	_____	_____
Refund applied to estimated tax payments	_____	_____	_____	_____
Refund received	_____	_____	_____	_____
Marginal tax rate -	_____ %	_____ %	_____ %	_____ %
Effective tax rate -	_____ %	_____ %	_____ %	_____ %

NOTES/QUESTIONS:

General: 1040

Personal Information

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 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 legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2013 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

General: Info

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution: Routing transit number _____ Name _____

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

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount up to \$5,000.** _____

*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.

**To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive. Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 5 rows of horizontal lines for data entry.

Income: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive. Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 5 rows of horizontal lines for data entry.

Income: K1, K1T **Schedules K-1**

Please provide all copies of Schedule K-1 that you receive. Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

Table with 4 columns: T/S/J, Description, Form, Mark if no longer applicable. Includes 8 rows of horizontal lines for data entry.

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive. Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 3 rows of horizontal lines for data entry.

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive. Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 2 rows of horizontal lines for data entry.

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2013 _____ Amount received in 2012 _____

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

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

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2013 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	Other Income:	2013 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

Traditional IRA Contributions for 2013 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2013

Roth IRA Contributions for 2013 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2013

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2013 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2013 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2013.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	_____
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	_____
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2013 Information	Prior Year Information
_____	_____	_____	_____	_____
Street address		_____	_____	_____
City, State and Zip code		_____	_____	_____

	Taxpayer	Spouse	Prior Year Information
--	----------	--------	------------------------

Educator expenses:

_____	_____	_____	_____
-------	-------	-------	-------

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2013 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

***Do not include pre-tax amounts paid by an employer-sponsored plan or amounts paid for your self-employed business

Itemized: A1 **Tax Expenses**

T/S/J		2013 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2012 state and local income taxes paid in 2013	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2013 Information	Prior Year Information
—	Home mortgage interest: From Form 1098	_____	_____
Other, such as: Home mortgage interest paid to individuals			
T/S/J	Payee's Name	SSN or EIN	2013 Information
—	_____	_____	_____
	Address	City	State Zip Code
—	_____	_____	_____

T/S/J		2013 Information	Prior Year Information
—	Investment interest expense, other than on Sch K-1s:	_____	_____
	Refinance #1		Refinance #2
Refinancing Information:			
T/S/J	_____	_____	_____
	Recipient/Lender name _____	_____	_____
	Total points paid at time of refinance _____	_____	_____
	Date of refinance _____	_____	_____
	Term of new loan (in months) _____	_____	_____
	Reported on Form 1098 in 2013 _____	_____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2013 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3 **Miscellaneous Deductions**

T/S/J		2013 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
	Other expenses, subject to 2% AGI limitation:		
—	_____	_____	_____
—	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)	_____	_____

Depreciation - Asset Acquisitions

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
	EXAMPLE	2013 Model T - (EXAMPLE ASSET)	03/09/13	25,750
		Comments: 22,500 job-related miles, 25,000 total miles		
1		Comments:		
2		Comments:		
3		Comments:		
4		Comments:		
5		Comments:		
6		Comments:		
7		Comments:		
8		Comments:		
9		Comments:		
10		Comments:		
11		Comments:		
12		Comments:		
13		Comments:		
14		Comments:		
15		Comments:		
16		Comments:		
17		Comments:		
18		Comments:		
19		Comments:		
20		Comments:		
21		Comments:		
22		Comments:		
23		Comments:		
24		Comments:		
25		Comments:		

Alabama General Information

If you moved during the tax year, name of Alabama city moved to _____ [1] Zip code _____ [2]
 If divorced during the tax year, enter former spouse's social security number _____ [3]
 If you did not file a prior year Alabama tax return, enter reason:
 _____ [4]

Contributions

Enter the amount of contributions you wish to make:
Political Contributions

	Taxpayer	Spouse
Election campaign fund contribution (\$1.00) (1 = Democratic party fund, 2 = Republican party fund)	_____ [5]	_____ [6]

Charitable Contributions

Senior Services Trust Fund	_____ [7]	Mental Health	_____ [15]
Arts Development Fund	_____ [8]	Firefighters Benefit Fund	_____ [16]
Nongame Wildlife Fund	_____ [9]	Breast and Cervical Cancer Program	_____ [17]
Child Abuse Trust Fund	_____ [10]	Victims of Violence Assistance	_____ [18]
Veterans Program	_____ [11]	Military Support Foundation	_____ [19]
Historic Preservation Fund	_____ [12]	Spay-Neuter Program	_____ [20]
Archives Services Fund	_____ [13]	Cancer Research Institute	_____ [21]
Foster Care Trust Fund	_____ [14]	Association of Rescue Squads	_____ [22]

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From _____ [23]
 To _____ [24]

If a nonresident of Alabama, enter state of legal residence _____ [25]

Credits

Basic Skills Education Credit:

Dept of Education certification number _____ [26]
 Name of sponsoring employer or firm _____ [27]
 Name of approved provider _____ [28]
 Location of provider _____ [29]
 Total expenses _____ [30]

Rural Physician Credit:

Hospital where services provided _____ [31]
 Community where services provided _____ [32]

NOTES/QUESTIONS:

Arizona General Information

Last name on prior returns, if different _____ [1]

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

Part-year residency dates:

From _____ [2]

To _____ [3]

Other state(s) of residency (Part-year residents only) _____ [4] _____ [5] _____ [6] _____ [7]

Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) _____ [8]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political gift _____ [9]

Name of party (1 = American Electorate, 2 = Democratic, 3 = Green, 4 = Libertarian, 5 = Republican) _____ [10]

Charitable Contributions

Solutions Teams Assigned to Schools _____ [11]

Arizona Wildlife Fund _____ [12]

Child Abuse Prevention Fund _____ [13]

Domestic Violence Shelter Fund _____ [14]

National Guard Relief Fund _____ [15]

Neighbors Helping Neighbors Fund _____ [16]

Special Olympics Fund _____ [17]

Veterans Donation Fund _____ [18]

I Didn't Pay Enough Fund _____ [19]

Property Tax Credit Information

Full Year Residents Only

Homestead status on December 31 (1 = Rent, 2 = Own) _____ [20]

Mark if you:

Received Title 16, SSI payments _____ [21]

Lived alone _____ [22]

Property taxes paid through rent payments _____ [23]

If claimed as a dependent on another's return, enter claimant's information:

Name _____ [24]

Social security number _____ [25]

Address _____ [26] Apartment number _____ [27]

City _____ [28] State _____ [29] Zip code _____ [30]

Income earned by other household residents _____ [31]

NOTES/QUESTIONS:

Arkansas General Information

Taxpayer deaf		_____ [1]			
Spouse deaf		_____ [2]			
Early childhood program - certificate number		_____ [3]			
State political contribution		_____ [4]			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Taxpayer</td> <td style="width: 20%; text-align: center;">Spouse</td> </tr> </table>				Taxpayer	Spouse
	Taxpayer	Spouse			
Contributions to a long-term intergenerational trust	_____ [5]	_____ [6]			

Contributions

Amount of charitable contributions you wish to make to:

Disaster Relief Program	_____ [7]
US Olympic Committee Program	_____ [8]
School for the Blind and Deaf	_____ [9]
Baby Sharon's Children Catastrophic Illness Program	_____ [10]
Organ Donor Awareness Education Program	_____ [11]
Area Agency on Aging	_____ [12]
Military Family Relief	_____ [13]
Newborn Umbilical Cord Blood Initiative	_____ [14]

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From		_____ [15]
To		_____ [16]
State of residency if nonresident of Arkansas		_____ [17]

NOTES/QUESTIONS:

California General Information

Prior year last name

Taxpayer _____ [1]

Spouse _____ [2]

Mark if different from prior year return:

Social security number(s) _____ [3]

Address _____ [4]

Filing status _____ [5]

Use Tax

Item purchased

Purchase price

County (City)

Sales Tax paid

			[6]

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund	_____ [7]	Cancer Research Fund	_____ [18]
Alzheimer's Disease/Related Disorders Fund	_____ [8]	Child Victims of Human Trafficking Fund	_____ [19]
Fund for Senior Citizens	_____ [9]	YMCA Youth and Government Fund	_____ [20]
Rare and Endangered Species Preservation Program	_____ [10]	California Youth Leadership Fund	_____ [21]
Children's Trust Fund for the Prevention of Child Abuse	_____ [11]	School Supplies for Homeless Children Fund	_____ [22]
Breast Cancer Research Fund	_____ [12]	Parks Pass Purchase (\$150)	_____ [23]
Firefighters' Memorial Fund	_____ [13]	State Parks Protection Fund	_____ [24]
Emergency Food for Families Fund	_____ [14]	Protect Our Coast and Oceans Fund	_____ [25]
Peace Officer Memorial Foundation Fund	_____ [15]	Keep Arts in Schools Fund	_____ [26]
Sea Otter Fund	_____ [16]	American Red Cross, California Chapters Fund	_____ [27]
Municipal Shelter Spay-Neuter Fund	_____ [17]		

Renter Information

Number of months rented principal residence in California in 2013 _____ [28]

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) _____ [29]

Property rented was exempt from property tax in 2013 _____ [30]

Taxpayer claimed homeowner's property tax exemption in 2013 _____ [31]

Spouse claimed homeowner's property tax exemption during 2013 _____ [32]

Maintained separate residences for the entire year _____ [33]

Addresses if more than one or different from mailing address

Address _____ [34] _____

City _____

State _____

Zip Code _____

Date Rented From _____

Date Rented To _____

Landlord information

Name _____ [35] _____

Address _____

City _____

State _____

Zip Code _____

Telephone _____

NOTES/QUESTIONS:

California Residency Information

Part-year, Nonresident only

	Taxpayer	Spouse
Enter your state of domicile	_____ [1]	_____ [2]
Enter your county of domicile (If outside the USA)	_____ [3]	_____ [4]
Enter the total number of days in California	_____ [5]	_____ [6]
Mark if owned CA home/property	_____ [7]	_____ [8]
If you became a resident:		
Enter the date of your move	_____ [9]	_____ [11]
Enter your state of prior residency	_____ [10]	_____ [12]
If you became a nonresident:		
Enter the date of your move	_____ [13]	_____ [15]
Enter your new state of residency	_____ [14]	_____ [16]
If you were a nonresident for the entire tax year:		
Enter your state of residency	_____ [17]	_____ [19]
Country of residence (If outside the USA)	_____ [18]	_____ [20]

Prior Year Residency Information

	Taxpayer	Spouse
If you were previously a resident, enter dates:		
From	_____ [21]	_____ [25]
To	_____ [22]	_____ [26]
Enter the date you entered California	_____ [23]	_____ [27]
Enter the date you left California	_____ [24]	_____ [28]

Military Personnel

Part-year, Nonresident only

	Taxpayer	Spouse
Enter the state where you were stationed	_____ [29]	_____ [31]
Enter the country where stationed (If outside the USA)	_____ [30]	_____ [32]

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____ [33]	_____ [36]
Date returned from overseas or combat zone/QHDA	_____ [34]	_____ [37]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	_____ [35]	_____ [38]
Combat Zone/QHDA Operation/Area served		
Taxpayer	_____ [39]	_____ [39]
Spouse	_____ [40]	_____ [40]

NOTES/QUESTIONS:

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]
Make-A-Wish Foundation of Colorado Fund	_____	[7]
Alzheimer's Association Fund	_____	[8]
Military Family Relief Fund	_____	[9]
Colorado Cancer Fund	_____	[10]
Unwanted Horse Fund	_____	[11]
Goodwill Industries Fund	_____	[12]
Families in Action for Mental Health Fund	_____	[13]
Colorado Multiple Sclerosis Fund	_____	[14]
Public Education 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	
Vehicle year	_____
Vehicle make	_____
Vehicle model	_____
Vehicle identification number	_____
Purchase date	_____
Purchased new	_____
Purchased used	_____
Leased	_____
Converted	_____

NOTES/QUESTIONS:

Connecticut Charitable Contributions

Amount of contributions you wish to make to:

AIDS Research	_____ [1]	Breast Cancer Research	_____ [4]
Organ Transplant	_____ [2]	Safety Net Services	_____ [5]
Endangered Species/Wildlife Fund	_____ [3]	Military Family Relief	_____ [6]

Use Tax Information

Use Tax-Enter any out-of-state purchases made on which sales tax was not paid to the seller:

Purchase 1	Description _____	Date of purchase _____ [7]
	Retailer/Service Provider: _____	Purchase price _____
	Type Code: _____	Out of state tax paid _____
Purchase 2	Description _____	Date of purchase _____
	Retailer/Service Provider: _____	Purchase price _____
	Type Code: _____	Out of state tax paid _____

Use Tax Type Codes

1 = Computer & data processing services	3 = Luxury items
2 = General sales tax	

Property Tax Information

Enter property taxes paid on primary residence and/or motor vehicle:

Primary Residence Description (Enter street address)(Resident only)	_____ [8]
Auto 1 Description (Enter year, make and model)(Resident only)	_____ [9]
Auto 2 Description (Enter year, make and model)(MFJ Resident only)	_____ [10]

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only)	_____ [11]	_____ [12]	_____ [13]	
Auto 1 (Resident only)	_____ [14]	_____ [15]	_____ [16]	_____ [17]
Auto 2 (MFJ Resident only)	_____ [18]	_____ [19]	_____ [20]	_____ [21]

Part-year Resident Information

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

	Taxpayer	Spouse
Enter residency dates:		
From	_____ [22]	_____ [24]
To	_____ [23]	_____ [25]
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)	_____ [26]	_____ [29]
Did you earn income from Connecticut sources during nonresident period? (Y, N)	_____ [27]	_____ [30]
State of prior or new residence	_____ [28]	_____ [31]

Enter the following amounts only if you do NOT know the exact amount of your Connecticut source information

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage)	_____ [32]
Working days (or other basis) outside Connecticut	_____ [33]
Working days (or other basis) inside Connecticut	_____ [34]
Nonworking days (holidays, weekends, etc)	_____ [35]
Total income being apportioned	_____ [36]

NOTES/QUESTIONS:

Delaware General Information

	Taxpayer	Spouse
Mark if totally disabled _____	[1]	[2]
Volunteer firefighter Fire Company number (Resident only) _____	[3]	[4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Non-Game Wildlife _____	[5]	[6]
US Olympics _____	[7]	[8]
Emergency Housing _____	[9]	[10]
Breast Cancer Education _____	[11]	[12]
Organ Donations _____	[13]	[14]
Diabetes Education _____	[15]	[16]
Veteran's Home _____	[17]	[18]
Delaware National Guard _____	[19]	[20]
Juvenile Diabetes Fund _____	[21]	[22]
Multiple Sclerosis Society _____	[23]	[24]
Ovarian Cancer Fund _____	[25]	[26]
21st Fund for Children _____	[27]	[28]
White Clay Creek _____	[29]	[30]
Home of the Brave _____	[31]	[32]
Senior Trust Fund _____	[33]	[34]
Veteran's Trust Fund _____	[35]	[36]

Part-year Resident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From _____	[37]	[39]
To _____	[38]	[40]

NOTES/QUESTIONS:

District of Columbia Property Tax Credit Information

If renting, enter rental information below (Residents only)

Type of property (1 = Private home, 2 = Apartment, 3 = Rooming house) _____ [1]
 Landlord's name _____ [2]
 Landlord's address (Number and street) _____ [3]
 _____ [4]
 Apartment number _____ [5]
 City _____ [6]
 State _____ [7]
 Zip code _____ [8]
 Landlord's telephone number _____ [9]
 Rent paid _____ [10]
 Rent supplements received _____ [11]

If property owner, enter real property information below

Square number _____ [12]
 Suffix number _____ [13]
 Lot number _____ [14]

Use Tax

Purchases subject to use tax
 Merchandise, services and rentals _____ [15]
 Alcoholic beverages _____ [16]
 Catered food or drink or rental of non-commercial vehicles _____ [17]
 Purchases of certain tobacco products _____ [18]

Contribution

Amount of contribution you wish to make to:

DC Statehood Delegation Fund (Political Contribution) _____ [19]
 Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) _____ [20]
 Anacostia River Cleanup and Prevention Fund (Charitable Contribution) _____ [21]

Part-year Resident Information

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

Part-year residency dates:
 From _____ [22]
 To _____ [23]

Disability Information

	Name of Employer	Payer, if other than employer	No. of Weeks
Taxpayer	_____ [24]	_____ [25]	_____ [26]
Spouse	_____ [27]	_____ [28]	_____ [29]

Mark if physician's certification previously filed _____ [30]

Otherwise, enter:

Physician's name _____ [31] _____ [32] _____ [33]
 Address, apartment number _____ [34] _____ [35]
 City, state, zip code _____ [36] _____ [37] _____ [38]
 Telephone number _____ [39]

NOTES/QUESTIONS:

Georgia General Information

Taxpayer

Spouse

If disabled, enter the following:

Type of disability

[1]

[2]

Date of disability

[3]

[4]

Contributions

Amount of contributions you wish to make to:

Wildlife Conservation Fund

[5]

Children and Elderly Fund

[6]

Cancer Research Fund

[7]

Statewide Land Conservation Program

[8]

National Guard Foundation

[9]

Dog and Cat Sterilization Fund

[10]

Save the Cure Fund

[11]

Student Finance Authority Fund

[12]

Part-year Resident Information

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

Taxpayer

Spouse

Part-year residency dates:

From

[13]

[15]

To

[14]

[16]

NOTES/QUESTIONS:

Hawaii General Information

Mark if first time filer _____[1]
 Mark if address has changed from prior year _____[2]
 If you (or spouse) are blind, deaf or totally disabled, has impairment been certified? (Special disability exemption: T = Taxpayer, S = Spouse, B = Both) _____[3]
 Current year distributions from an individual housing account not used for home purchase _____[4]
 Reservist or National Guard pay included in W-2 income _____[5]
 Payments to an individual housing account _____[6]

Contributions

Amount of contributions you wish to make to:

Election campaign fund - taxpayer (Y, N) _____[7]
 Election campaign fund - spouse (Y, N) _____[8]
 \$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) _____[9]
 \$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) _____[10]
 \$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer, S = Spouse, B = Both) _____[11]

Rental Credit Information

Rental credits can only be claimed by persons with Hawaii residence of 9 or more months during the calendar year

Residence Information: Starting Month of Occupancy _____ Ending Month of Occupancy _____[12]
 Address _____
 City _____
 State _____
 Zip _____
 Owner Information: Name _____
 Business Name _____
 Address _____
 City _____
 State _____
 Zip _____
 Foreign Providence/State _____
 Foreign Country Code _____
 Foreign Country _____
 Foreign Postal Code _____
 Tax ID # _____
 Total rents received for this unit _____

Part-year Resident Information

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

Part-year residency dates:
 From _____[13]
 To _____[14]

NOTES/QUESTIONS:

Idaho General Information

Mark if:

Tax forms, instructions and booklet needed	_____	[1]
Taxpayer or spouse is a disabled veteran	_____	[2]
Receiving Idaho Public Assistance	_____	[3]
	Taxpayer	Spouse
Number of days eligible for grocery credit if less than full year or total time spent as part year resident	_____	[4] _____ [5]

Use Tax

Purchases subject to use tax _____ [6]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Conservation Fund	_____	[7]
Children's Trust Fund and Child Abuse Prevention	_____	[8]
Special Olympics Idaho	_____	[9]
Idaho Guard and Reserve Family Support Fund	_____	[10]
American Red Cross of Greater Idaho Fund	_____	[11]
Veterans Support Fund (Resident Form 40 only)	_____	[12]
Idaho Food Bank	_____	[13]
Opportunity Scholarship Program Fund	_____	[14]
Donate grocery credit to the Cooperative Welfare 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 Idaho

	Taxpayer	Spouse
Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident)	_____	_____
	[16]	[17]
Part-year residency dates:		
From	_____	_____
To	_____	_____
	[18] [20]	[19] [21]
State of residence	_____	_____
	[22]	[23]

Adjustments and Credits

Energy efficiency upgrades	_____	[24]
Adoption expenses	_____	[25]
Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both)	_____	[26]

NOTES/QUESTIONS:

Illinois General Information

Use Tax

General merchandise purchases _____ [1]
 Qualifying food, non-prescription drugs and medical appliances purchases _____ [2]
 Sales tax already paid to another state _____ [3]

Contributions

Amount of contributions you wish to make to:

Wildlife Preservation _____ [4]	Cancer Research _____ [8]
Child Abuse Prevention _____ [5]	Military Family Relief _____ [9]
Alzheimer's Disease Research _____ [6]	Diabetes Research Fund _____ [10]
Assistance to the Homeless _____ [7]	

Credits

Qualified Education Expenses

Child's Name	Grade	School Name	School City	Total Tuition, Books, Lab fees
_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]
_____ [16]	_____ [17]	_____ [18]	_____ [19]	_____ [20]
_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]
_____ [31]	_____ [32]	_____ [33]	_____ [34]	_____ [35]
_____ [36]	_____ [37]	_____ [38]	_____ [39]	_____ [40]
_____ [41]	_____ [42]	_____ [43]	_____ [44]	_____ [45]
_____ [46]	_____ [47]	_____ [48]	_____ [49]	_____ [50]

Property Taxes

Description	Property Index Number
_____	_____ [51]
_____	_____
_____	_____

Part-year Resident and Nonresident Information

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

Part-year residency dates:	Taxpayer	Spouse
From _____	_____ [52]	_____ [54]
To _____	_____ [53]	_____ [55]

Mark if you were a resident of any of the following states during the tax year: IA ___ [56] KY ___ [57] MI ___ [58] WI ___ [59]

In what states other than above did you reside and/or file a tax return during the tax year? [60]

State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code

NOTES/QUESTIONS:

Indiana General Information

School corporation name (as of January 1 of tax year) _____ [1]

School corporation code (as of January 1 of tax year) _____ [2]

County of residence (as of January 1 of tax year) _____ [3] **Taxpayer** **Spouse** _____ [4]

County of employment (as of January 1 of tax year) _____ [5] _____ [6]

Household employment taxes:

Employee Name _____ Employee SSN _____ [7]

Income _____ State Tax Withheld _____

County Tax Withheld _____ County Code _____

Contribution

Amount of contribution you wish to make to:

Nongame and Endangered Wildlife Fund _____ [8]

College Credit

Taxpayer, Spouse (T,S) ___ Eligible institution name #1 _____ [9]

Date of contribution _____ Institution code _____ Amount of contribution _____

Taxpayer, Spouse (T,S) ___ Eligible institution name #2 _____

Date of contribution _____ Institution code _____ Amount of contribution _____

Taxpayer, Spouse (T,S) ___ Eligible institution name #3 _____

Date of contribution _____ Institution code _____ Amount of contribution _____

Renter's Information

Taxpayer, Spouse, Joint (T,S,J) ___ Principal address _____ [10]

City, state, zip code _____

Number of months rented ___ Total rent paid _____

Landlord name _____ [11]

Landlord address _____

Landlord city, state, zip code _____

Part-year Resident and Nonresident Information

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

Taxpayer **Spouse**

Part-year residency dates:

From _____ [12] _____ [14]

To _____ [13] _____ [15]

Other state(s) lived in during the tax year (Part-year resident or full-year nonresident)

Taxpayer, Spouse(T,S)	State Postal Code	From Date	To Date
_____	_____	_____	_____ [16]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Taxpayer **Spouse**

State of residence (Nonresidents only) _____ [17] _____ [18]

NOTES/QUESTIONS:

County of residence as of December 31st _____ [1]
 School district _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contribution

Political checkoff (D = Democratic Party, R = Republican Party, C = Campaign Fund) Spouse _____ [3] Taxpayer _____ [4]

Charitable Contributions

Fish and Wildlife Fund _____ [5]
 State Fairgrounds Renovation _____ [6]
 Firefighters Fund and Veterans Trust Fund _____ [7]
 Child Abuse Prevention _____ [8]

Residency Information

Residency code _____ [9]

Residency Code	
Blank = Both spouses have the same residency status	4 = Taxpayer nonresident, spouse part-year resident
1 = Taxpayer nonresident, spouse resident	5 = Taxpayer resident, spouse part-year resident
2 = Taxpayer resident, spouse nonresident	6 = Taxpayer part-year resident, spouse resident
3 = Taxpayer part-year resident, spouse nonresident	

Part-year Resident Information

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

Part-year residency dates: Spouse Taxpayer

Moved into Iowa _____ [10] _____ [12]
 Moved out of Iowa _____ [11] _____ [13]

Nonresident Information

Illinois residents: _____ [14]

Iowa wages or salary only _____ [15]
 Wages or salary and other Iowa source income _____ [15]

NOTES/QUESTIONS:

Kansas General Information

County of residence _____ [1]
 School district number _____ [2]
 Mark if name or address has changed _____ [3]

Use Tax

Use Tax due but receipts or records not available _____ [4]
 Purchases Subject to Use Tax, receipts or records are available

City/county	Amount
_____	_____ [5]
_____	_____
_____	_____

Contributions

Enter the amount of charitable contributions you wish to make to:

Chickadee Checkoff	_____ [6]
Senior Citizens Meals On Wheels Contribution Program	_____ [7]
Breast Cancer Research Fund	_____ [8]
Military Emergency Relief Fund	_____ [9]
Kansas Hometown Heroes Fund	_____ [10]
Kansas Creative Arts Industry Fund	_____ [11]

Part-year Resident Information

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

Part-year residency dates:

From	_____ [12]
To	_____ [13]

NOTES/QUESTIONS:

Kentucky General Information

Number of additional credits for National Guard members _____[1]
 Enter your state of residency at the end of the tax year (Part-year and Nonresident only) _____[2]

Use Tax

	Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller	_____	_____	_____ [3]
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Spouse	Taxpayer
Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	_____ [4]	_____ [5]

Charitable Contributions

Nature and Wildlife Fund		_____ [6]
Child Victims' Trust Fund		_____ [7]
Veterans' Program Trust Fund		_____ [8]
Breast Cancer Research and Education Trust Fund		_____ [9]
Farms to Food Banks Trust Fund		_____ [10]

Part-year Resident Information

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

Part-year residency dates:

From		_____ [11]
To		_____ [12]
State moved from		_____ [13]
State moved to		_____ [14]

Nonresident Information

	Spouse	Taxpayer
Kentucky prior year income tax return was filed (Y, N)	_____ [15]	_____ [16]
Mark if:		
Commuted daily to Kentucky employment (VA resident)	_____ [17]	_____ [18]
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below)	_____ [19]	_____ [20]
Resident of state(s)		
Taxpayer	IL _____ [21]	IN _____ [22] MI _____ [23] OH _____ [24] VA _____ [25] WV _____ [26] WI _____ [27]
Spouse	IL _____ [28]	IN _____ [29] MI _____ [30] OH _____ [31] VA _____ [32] WV _____ [33] WI _____ [34]

NOTES/QUESTIONS:

Louisiana General Information

Mark if name has changed _____ [1]

Credit for certain disabilities (B = Blind, D = Deaf, L = Loss of limb, M = Mentally incapacitated):

Taxpayer _____ [2]

Spouse _____ [3]

Dependents:

Code	Disability	First Name	Last Name	SSN
_____	_____	_____	_____	_____ [4]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Value of computer or other technological equipment donated _____ [5]

Use Tax

Enter the amount of any out-of-state purchases on which sales tax was not paid _____ [6]

Contributions

Amount this year's refund you wish to contribute to:

Military Family Assistance Fund	_____ [7]	Center of Excellence for Autism Spectrum	_____ [19]
Coastal Protection and Restoration Fund	_____ [8]	Alliance for Advancement of End of Life Care	_____ [20]
SNAP Fraud and Abuse Detection/Prevention	_____ [9]	American Red Cross	_____ [21]
Wildlife Habitat and Natural Heritage Fund	_____ [10]	New Opportunities Waiver Fund	_____ [22]
Louisiana Cancer Trust Fund	_____ [11]	Friends of Palmetto Island State Park	_____ [23]
Animal Welfare Commission	_____ [12]	Dreams Come True	_____ [24]
National Lung Cancer Partnership	_____ [13]	Louisiana Coalition Against Domestic Violence	_____ [25]
National Multiple Sclerosis Fund	_____ [14]	Decorative Lighting - Crescent City Connection	_____ [26]
Louisiana Food Bank Association	_____ [15]	Operations / Maintenance New Orleans Ferry	_____ [27]
Louisiana Bicentennial Commission	_____ [16]	National Guard Honor Guard for Military Funerals	_____ [28]
Make-A-Wish of Texas Gulf Coast/Louisiana	_____ [17]	Bastion Community of Resilience	_____ [29]
Louisiana Association of United Ways / 2-1-1 START savings program:	_____ [18]		

Account Description

Amount

_____	_____ [30]
_____	_____
_____	_____

Part-year Resident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [31]	_____ [33]
To	_____ [32]	_____ [34]

Retirement Information

	Taxpayer	Spouse
Date retired as a:		
Louisiana state employee	_____ [35]	_____ [36]
Louisiana teacher	_____ [37]	_____ [38]
Federal employee	_____ [39]	_____ [40]
	Taxpayer	Spouse
Retirement System Name	Date Retired	
Other retirement information:	_____ [41]	_____
_____	_____	_____
_____	_____	_____

Maine Use Tax

Calculate use tax using table (For purchases < \$1000 per purchase only) _____ [1]
 Out of state purchases from 1/1/13 to 9/30/13 (Enter total if not using table or enter purchases > \$999 if using table) _____ [2]
 Out of state purchases from 10/01/13 to 12/31/13 (Enter total if not using table or enter purchases > \$999 if using table) _____ [3]
 Use tax already paid to another jurisdiction _____ [4]
 Casual rental income from 1/1/13 to 9/30/13 _____ [5]
 Casual rental income from 10/1/13 to 12/31/13 _____ [6]

Contributions

Political Contributions

Contribute \$3 (\$6 if joint) to the Maine Clean Election Fund (1 = Taxpayer, 2 = Spouse, 3 = Joint) _____ [7]

Charitable Contributions

Endangered and Nongame Wildlife Fund "Chickadee Check-off" _____ [8]
 Maine Children's Trust _____ [9]
 Companion Animal Sterilization Fund _____ [10]
 Maine Military Family Relief Fund _____ [11]
 Maine Veterans' Memorial Cemetery Maintenance Fund _____ [12]
 Maine Asthma and Lung Research Fund _____ [13]
 Maine Public Library Fund _____ [14]

State Park Passes

Number of individual park passes _____ [15]
 Number of vehicle passes _____ [16]

Property Tax Fairness Credit

Not required to file federal of Maine tax return (Filing for Property Tax Fairness only) _____ [17]
 Married filing separate but claiming credit of same homestead _____ [18]
 Physical street address if different from mailing address _____ [19] _____ [20]
 City, state, zip code _____ [21] _____ [22] _____ [23]
 Property tax paid during 2013 (For home up to 10 acres less portion related to business use and special assessments) _____ [24]
 Rent paid for 2013 _____ [25]
 Rent reduced or paid in part by government _____ [26] Did you or your spouse receive social security disability benefits or SSI _____ [27]
 Does rent includes heat, utilities, furniture, snow plowing, etc. _____ [28] Amount related to heat, utilities, furniture, snow plowing, etc. _____ [29]
 Landlord name _____ [30] _____ [31]
 Landlord phone number _____ [32]

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [33]	_____ [35]
To	_____ [34]	_____ [36]
State where stationed	_____ [37]	_____ [38]
State of prior residency	_____ [39]	_____ [40]
Nonresident state of residence	_____ [41]	_____ [42]
Number of days in Maine for any reason	_____ [43]	_____ [44]
Maine property owners only:		
Municipality where owned, taxpayer	_____ [45]	
Municipality where owned, spouse	_____ [46]	

NOTES/QUESTIONS:

Maryland General Information

	Taxpayer	Spouse, if different
County of residence	_____ [1]	_____ [3]
City of residence	_____ [2]	_____ [4]

Contributions

Amount of charitable contributions you wish to make to:

Chesapeake Bay and Endangered Species Fund	_____ [5]
Developmental Disabilities Waiting List Equity Fund	_____ [6]
Maryland Cancer Fund	_____ [7]

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From		_____ [8]
To		_____ [9]

State of legal residence (Other than Maryland) _____ [10]

If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident) _____ [11]

Mark if taxpayer or spouse in military (Nonresident only) _____ [12]

NOTES/QUESTIONS:

Massachusetts General Information

Mark if name and address have changed since last year _____[1]

Mark if noncustodial parent _____[2]

In care of address or address of legal residence or domicile:

Street _____[3]

City, state, zip code _____[4] _____[5] _____[6]

Use Tax

Estimate use tax for out of state purchases less than \$1,000 _____[7]

Out of state purchases _____[8] Sales tax paid to other state _____[9]

Contributions**Amount of political and charitable contributions you wish to make to:**

	Taxpayer	Spouse
Mark to contribute to the State Election Campaign Fund	_____[10]	_____[11]
Organ Transplant Fund _____[12]		United States Olympic Fund _____[15]
Endangered Wildlife Conservation _____[13]		Military Family Relief Fund _____[16]
AIDS Fund _____[14]		Homeless Animal Prevention and Care Fund _____[17]

Adjustments and Deductions**Rental Deduction**

Residence #1 rented address _____[18]

Landlord's name and address _____

Date from _____ Date to _____ Rent paid _____

Residence #2 rented address _____

Landlord's name and address _____

Date from _____ Date to _____ Rent paid _____

Health Insurance Information

	Taxpayer	Spouse
Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year	_____[19]	_____[20]

Federal identification number _____[21] _____[22]

Subscriber number _____[23] _____[24]

Name of insurance company (Taxpayer) _____[25]

Name of insurance company (Spouse) _____[26]

Commuter Deduction

	Tolls paid through Fastlane	MBTA Transit/commuter passes
Taxpayer	_____	_____[27]
Spouse	_____	_____[28]

Part-year Resident Information**If you were a part-year resident during the tax year, enter the dates you lived in Massachusetts**

Part-year residency dates:

From _____[29]

To _____[30]

NOTES/QUESTIONS:

Michigan General Information

School district name _____ [1]
 School district code _____ [2]
 Mark if 2/3 income from seafaring _____ [3]

	Taxpayer	Spouse
Do you want \$3.00 to go to the state campaign fund? (Y, N)	____ [4]	____ [5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paraplegic, quadriplegic or hemiplegic	____ [6]	____ [7]
Totally and permanently disabled	____ [8]	____ [9]
Deaf	____ [10]	____ [11]
Qualified disabled veteran	____ [12]	____ [13]

Use Tax

Purchases subject to use tax:

Total all purchases less than \$1000 per purchase _____ [14]
 Total all purchases exceeding \$1000 per purchase _____ [15]

Contributions

Amount of charitable contribution you wish to make to:

Contributions must be a minimum of \$5, \$10 or any amount greater than \$10

ALS of Michigan Fund	_____ [16]	Children's Trust Fund	_____ [21]
Alzheimer's Association of Michigan	_____ [17]	Girl Scouts of Michigan Fund	_____ [22]
AMBER Alert Fund of Michigan	_____ [18]	Military Family Relief Fund	_____ [23]
Animal Welfare Fund	_____ [19]	Special Olympics Michigan	_____ [24]
Children of Veterans Tuition Grant Program	_____ [20]	United Way Fund	_____ [25]

Part-year Resident Information

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

	Taxpayer	Spouse
From	_____ [26]	_____ [28]
To	_____ [27]	_____ [29]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		_____ [30]

NOTES/QUESTIONS:

Michigan Credits - Homestead Property Tax Credit Information

Homeowner

Homestead occupied entire tax year: Taxable value _____ [1] Special Assessments _____ [3]

Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5)

TSJ	Description	Amount
_____	_____	_____ [4]
_____	_____	_____

Address at end of tax year, if different from that entered on Organizer Form ID: 1040 (or Lite-1):

Street address _____ [5]	Taxable value _____ [9]
City _____ [6]	Number of days occupied _____ [10]
State _____ [7] Zip code _____ [8]	Property taxes levied for the year _____ [11]

Address of homestead sold during tax year:

Street address _____ [12]	Taxable value _____ [16]
City _____ [13]	Number of days occupied _____ [17]
State _____ [14] Zip code _____ [15]	Property taxes levied for the year _____ [18]

Rental Information

[19]

Rental #1 Address _____ City _____ Zip code _____	No. months	Monthly rent	Mobile home
Landlord #1 Name _____ Address _____ City _____ State _____ Zip Code _____			
Rental #2 Address _____ City _____ Zip code _____	No. months	Monthly rent	Mobile home
Landlord #2 Name _____ Address _____ City _____ State _____ Zip Code _____			

Household Income

Enter amounts of nontaxable income received during the tax year by any member of your household

Child support and foster parent payments	_____ [20]
Worker's compensation and Veteran's benefits	_____ [21]
Family Independence Agency and other public assistance payments	_____ [22]
Gifts or expenses paid on your behalf	_____ [23]
Other nontaxable income (inheritances, etc):	_____ [24]
_____	_____
_____	_____
_____	_____

NOTES/QUESTIONS:

Michigan Cities General Information

Taxpayer Spouse

Mark the applicable boxes if the following conditions apply to you and/or your spouse:

Disabled

___[1]

___[2]

Deaf

___[3]

___[4]

Mark if tax booklet to be mailed next year

___[5]

NOTES/QUESTIONS:

Minnesota General Information

Mark if you or your spouse are disabled _____ [1]
 Welfare amounts received _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

State campaign fund (Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below) Taxpayer _____ [3] Spouse _____ [4]

Political Parties		
11 = Republican	13 = Independent	16 = Libertarian
12 = Democratic Farmer-Labor	14 = Grassroots	99 = General Campaign Fund

Charitable Contribution

Nongame Wildlife Fund _____ [5]

Credits and Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) _____ [6]
 Name of insurance company (Spouse) _____ [7]
 Policy Number (Taxpayer) _____ [8]
 Policy Number (Spouse) _____ [9]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name _____ [34]	_____ [35]	_____ [36]	
Class type _____ [37]	_____ [38]	_____ [39]	
Ind. instr name _____ [40]	_____ [41]	_____ [42]	
Ind. instr type _____ [43]	_____ [44]	_____ [45]	
Music ins type _____ [46]	_____ [47]	_____ [48]	
Musical ins cost _____ [49]	_____ [50]	_____ [51]	
Type of school attended _____ [52]	_____ [53]	_____ [54]	
Transp provider _____ [55]	_____ [56]	_____ [57]	

M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From _____ [58]	_____ [59]	_____ [60]
To _____ [59]	_____ [61]	_____ [61]
Other state of residence (State/Foreign country required for other nonresidents) _____ [62]	_____ [62]	_____ [63]

NOTES/QUESTIONS:

Mississippi General Information

County of residence _____ [1]

Contributions

Amount of contributions you wish to make to:

Military Family Relief Fund	_____	[2]
Commission for Volunteer Service Fund	_____	[3]
Wildlife Heritage Fund	_____	[4]
Educational Trust Fund	_____	[5]
Wildlife Fisheries and Parks Foundation	_____	[6]
Bicentennial Celebration Fund	_____	[7]
Burn Care Fund	_____	[8]

NOTES/QUESTIONS:

Missouri General Information

County of residence name _____ [1]
 County of residence _____ [2]

Contributions

Amount of contributions you wish to make to:

Children's Trust Fund _____ [3]
 Veterans Trust Fund _____ [4]
 Elderly Home Delivered Meals Trust Fund _____ [5]
 Missouri National Guard Trust Fund _____ [6]
 Workers' Memorial Trust Fund _____ [7]
 Childhood Lead Testing Trust Fund _____ [8]
 Missouri Military Family Relief Trust Fund _____ [9]
 General Revenue Trust Fund _____ [10]
 After School Retreat Trust Fund _____ [11]
 Organ Donor Program Trust Fund _____ [12]
 Trust Fund _____ [13] _____ [14]
 Trust Fund _____ [15] _____ [16]

Trust Fund Codes

01 = American Cancer Society	08 = March of Dimes	14 = Adoptive Parent's Recruitment and Retention
02 = American Diabetes Association	09 = National Arthritis Foundation	15 = American Red Cross Trust Fund
03 = American Heart Association	10 = National Multiple Sclerosis Society	16 = Developmental Disabilities Waiting List Fund
04 = American Lung Association	12 = Cervical Cancer Fund	17 = Puppy Projection Trust Fund
05 = ALS (Lou Gehrig's Disease)	13 = Breast Cancer Awareness	18 = Pediatric Cancer Trust
07 = Muscular Dystrophy Association		

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Missouri residency dates:		
From _____	_____ [17]	_____ [18]
To _____	_____ [19]	_____ [20]
Other state residency dates:		
From _____	_____ [21]	_____ [22]
To _____	_____ [23]	_____ [24]
Other state of residency _____	_____ [25]	_____ [26]

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:

Taxpayer _____ [27]
 Spouse _____ [28]

Property Tax Information

Residents only

Mark if you are a 100% disabled veteran _____ [29]
 Mark if you are disabled per section 135.010(2), RSMo _____ [30]
 Mark if surviving spouse social security benefits were received during the tax year _____ [31]

NOTES/QUESTIONS:

Montana Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Nongame Wildlife Program	_____ [1]	_____ [2]
Child Abuse and Neglect Prevention Program	_____ [3]	_____ [4]
Agriculture in Montana Schools Program	_____ [5]	_____ [6]
Montana Military Family Relief Fund	_____ [7]	_____ [8]
Political Contributions	_____ [9]	_____ [10]

Part-year Resident Information

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

Part-year residency dates:

From _____ [11]
 To _____ [12]

State moved to _____ [13]
 State moved from _____ [14]

Elderly Homeowner or Renter Credit

Please provide copies of property tax bills

Mark if owned or rented a Montana residence for 6 months or more during the current tax year _____ [15]
 Taxpayer, Spouse, Joint _____ [16]

Renters:
 Rent paid _____ [17]

NOTES/QUESTIONS:

Nebraska General Information

County of residence _____ [1]
Public school district _____ [2]

Contributions

Amount of charitable contributions you wish to make to:

Wildlife Conservation Fund _____ [3]

Part-year Resident Information

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

Part-year residency dates:

From _____ [4]

To _____ [5]

NOTES/QUESTIONS:

New Hampshire General Information

	Taxpayer	Spouse
Mark if disabled on the last day of the tax year	____[1]	____[2]
		DP-10
Name change since last filing		____[3]

Part-year Resident Information

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

From	_____	[4]
To	_____	[5]

Business Tax Summary

Mark to indicate final return _____[6]

NOTES/QUESTIONS:

New Jersey General Information

County or Municipality code _____ [1]

In care of address _____ [2]

Mark if:

Tax forms, instructions and booklet are not needed _____ [3]

You are not eligible for the property tax deduction or credit _____ [4]

You maintain the same residence as your spouse (Married filing separate returns ONLY) _____ [5]

	Taxpayer	Spouse
--	-----------------	---------------

Mark if:

Contributed to the Social Security Fund (Eligible to receive benefits) _____ [6] _____ [7]

You want to designate \$1 to the gubernatorial election campaign fund _____ [8] _____ [9]

Use tax due on out-of-state purchases (Resident and part-year residents) _____ [10]

Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund _____ [11] Breast Cancer Research Fund _____ [14]

Children's Trust Fund to prevent child abuse _____ [12] USS New Jersey Educational Museum Fund _____ [15]

New Jersey Vietnam Veterans' Memorial Fund _____ [13] Other (see codes below) _____ [16] _____ [17]

Other Codes

01 = Drug Abuse Ed Fund	07 = World Trade Center Fund	13 = NJ National Guard State Family Fund
02 = Korean Veterans' Fund	08 = Veterans Haven Support Fund	14 = American Red Cross NJ Fund
03 = Organ Donor	09 = Community Food Pantry Fund	15 = 2014 Special Olympics Home Team Fund
04 = AIDS Services	10 = Cat and Dog Spay and Neuter Fund	16 = Girl Scouts Council in NJ Fund
05 = Literacy Vol	11 = Lung Cancer Research Fund	
06 = Prostate Cancer Fund	12 = Boys and Girls Club	

Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

Homeowner Information:

Street _____ [18]

City _____ [19]

Block number _____ [20] _____ [21] Lot number _____ [22] _____ [23]

Qualifier number (Condos) _____ [24] Mobile home park site # _____ [25]

Your share of property owned _____ [26] Number of days as an owner _____ [27]

Total property taxes paid (mobile home site fees) _____ [28] Share used as principal residence _____ [29]

Co-op or continuing care retirement facility resident _____ [30] Your share of property taxes _____ [31]

Renter Information:

Street _____ [32]

Apt # _____ [33] City _____ [34]

Days as a tenant _____ [35] Total number of tenants _____ [36]

Total rent paid _____ [37] Your share of rent paid _____ [38]

Tenant Information:

First name of other tenant _____ [39] Middle initial of other tenant _____

Last name of other tenant _____ SSN of other tenant _____

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From _____ [40]

To _____ [41]

State of residency (Nonresidents only) _____ [42]

New Mexico General Information

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

First year resident _____[1]

From **To**

Part-year residency dates:

Taxpayer _____[2]

Spouse _____[4]

Do NOT have a commercial domicile in New Mexico _____[6]

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

Political party (1 = Democratic, 2 = Republican, 3 = Libertarian, 4 = Independent, 5 = Constitution, 6 = Green, 7 = Independent American)

Taxpayer
_____[7]

Spouse
_____[8]

Charitable Contributions

Share with Wildlife _____[9]

Veteran's National Cemetery Fund _____[10]

Substance Abuse Education Fund _____[11]

Forest Re-Leaf Program _____[12]

National Guard Member and Family Assistance _____[13]

Kids in Parks Education Program _____[14]

Amyotrophic Lateral Sclerosis Research Fund _____[15]

Vietnam Veterans' Memorial State Park _____[16]

Veterans' Enterprise Fund _____[17]

Lottery Tuition Fund _____[18]

Horse Shelter Rescue Fund _____[19]

Additions and Deductions

Income of an Indian _____[20]

Name of the taxpayer's Indian nation, tribe, or pueblo _____[21]

Name of the spouse's Indian nation, tribe, or pueblo _____[22]

Contributions refunded from the New Mexico approved Section 529 College Savings Plan _____[23]

Rebate and Credit Schedule

Public assistance, AFDC, welfare benefits _____[24]

Supplemental security income (SSI) _____[25]

Amount of rent paid during the tax year on principal place of residence _____[26]

Mark if rent includes amount paid on your behalf by a government entity _____[27]

Resident county (1 = Los Alamos, 2 = Santa Fe) _____[28]

NOTES/QUESTIONS:

New York General Information

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	___[1]	___[2]
Mark if you were a resident of Yonkers at any time during the current tax year	___[3]	___[4]
County of residence	_____ [5]	
School district	_____ [6]	

Use Tax

Use tax due but receipts or records not available _____ [7]

Contributions

Amount of contributions you wish to make to:

Return a Gift to Wildlife	_____ [8]	Prostate cancer research fund	_____ [13]
Missing or Exploited Children Fund	_____ [9]	9/11 Memorial	_____ [14]
Breast Cancer Research Fund	_____ [10]	Volunteer Firefighting and EMS Recruitment Fund	_____ [15]
Alzheimer's Fund	_____ [11]	Teen Health Education	_____ [16]
Olympic Fund (Maximum \$2 per filer)	_____ [12]	Veterans Remembrance	_____ [17]

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less _____ [18]

Mark if you lived in a nursing home and qualify for credit _____ [19]

Enter amounts received for cash public assistance and relief _____ [20]

Enter any other income not reported elsewhere _____ [21]

Homeowners:

Enter the amount of special assessments you and all qualified household members paid during the current tax year _____ [22]

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 _____ [23]

Tenants:

Enter the total rent you and all members of your household paid during current tax year _____ [24]

Rent includes charges for (Specify) _____ [25]

50 = Heat, gas, electricity, furnishings and board	20 = Heat, gas and electricity
25 = Heat, gas, electricity and furnishings	15 = Heat or heat and gas

Part-year Resident and Nonresident Information

	New York State	New York City	Taxpayer Yonkers	New York City	Spouse Yonkers
Part-year residency dates:					
From	_____ [26]	_____ [28]	_____ [30]	_____ [32]	_____ [34]
To	_____ [27]	_____ [29]	_____ [31]	_____ [33]	_____ [35]
County of residence while a nonresident of New York City	_____ [36] _____ [37]				

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you _____ [38]

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

Address #2

Mark if this address is still maintained by or for you _____

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

North Carolina General Information

County of residence _____ [1]

Taxpayer _____ [2] **Spouse** _____ [3]

Unpaid volunteer firefighter or rescue squad worker

Contributions

Amount of charitable contributions you wish to make to:

Endangered Wildlife Fund _____ [4]

Part-year Resident Information

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

Taxpayer **Spouse**

Part-year residency dates:

From _____ [5] _____ [7]

To _____ [6] _____ [8]

NOTES/QUESTIONS:

North Dakota General Information

School district code _____ [1]

Income source code _____ [2]

Income source code

1 = Farming, ranching	4 = Public, private education	7 = Manufacturing	10 = Finance, banking, insur
2 = Retail, wholesale trade	5 = Personal, business services	8 = Communication, trnspn, utilities	11 = Military
3 = Government service	6 = Construction	9 = Gas, oil, coal	12 = Retirement

Contributions

Amount of contributions you wish to make to:

Watchable Wildlife Fund _____ [3]

Trees for North Dakota Fund _____ [4]

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [5]	_____ [7]
To	_____ [6]	_____ [8]
Other state of residency	_____ [9]	_____ [10]

NOTES/QUESTIONS:

Ohio General Information

Enter your current Ohio county of residence _____ [1]
 School district number _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:

Political

	Taxpayer	Spouse
Contribution to Ohio political party fund?	____ [3]	____ [4]

Charitable Contributions

Military injury relief fund	_____ [5]
Natural areas and endangered species fund	_____ [6]
Wildlife species and endangered wildlife	_____ [7]
Ohio Historical Society	_____ [8]

Credits

	Taxpayer	Spouse
Displaced worker training expenses for 12-month period since loss of job	_____ [9]	_____ [10]
Amount contributed to Ohio political campaigns	_____ [11]	_____ [12]

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [13]	_____ [15]
To	_____ [14]	_____ [16]

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)	____ [17]	____ [18]
If nonresident, enter state of residency	____ [19]	____ [20]
If foreign, enter country of residency	____ [21]	____ [22]

NOTES/QUESTIONS:

Oklahoma General Information

Political contributions made during tax year _____ [1]

Use Tax

Mark if not subject to Use Tax _____ [2]

Contributions

Amount of charitable contributions you wish to make to:

Wildlife Diversity Program _____ [3]	Multiple Sclerosis Society Fund _____ [13]
Low Income Health Care Fund _____ [4]	Honor Flights _____ [14]
Breast and Cervical Cancer Fund _____ [5]	Eastern Red Cedar Revolving Fund _____ [15]
Court Appointed Advocates _____ [6]	Domestic Violence and Sexual Assault Services _____ [16]
Pet Overpopulation Fund _____ [7]	Volunteer Fire Departments _____ [17]
National Guard _____ [8]	Lupus Revolving Fund _____ [18]
Leukemia and Lymphoma Fund _____ [9]	Sports Eye Safety Program _____ [19]
Regional Food Banks _____ [10]	Historic Greenwood District Music Festival Fund _____ [20]
Folds of Honor Scholarship Program _____ [11]	Public School Classroom Support Fund _____ [21]
Y.M.C.A. Youth and Government Program _____ [12]	

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From _____ [22]

To _____ [23]

Nonresident state of residence _____ [24] Nonresident country of residence _____ [25]

Resident and part-year or nonresident spouse:

Taxpayer's residence

Spouse's residence

State postal code _____ [26]	Country code _____ [27]
State postal code _____	Country code _____
State postal code _____	Country code _____
State postal code _____	Country code _____

State postal code _____ [28]	Country code _____ [29]
State postal code _____	Country code _____
State postal code _____	Country code _____
State postal code _____	Country code _____

Property Tax and Sales Tax Credits

Mark if you were not an Oklahoma resident for the entire tax year _____ [30]

Mark if you (or spouse) were disabled for the entire tax year _____ [31]

Home real estate tax _____ [32]

Workmen's compensation/loss of time insurance _____ [33]

Support money _____ [34]

Cash public assistance _____ [35]

NOTES/QUESTIONS:

Oregon General Information

Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both)

Number of months of federal service before 10/01/1991 (Federal employees)

Total number of months of federal service (Federal employees)

Prior year child care expenses paid in current year

	_____ [1]
Taxpayer	Spouse
_____ [2]	_____ [3]
_____ [4]	_____ [5]
_____ [6]	_____ [6]

Contributions

Amount of charitable contributions you wish to make to:

American Diabetes Association _____ [8]	St. Vincent DePaul Society of Oregon _____ [13]
Oregon Coast Aquarium _____ [9]	Oregon Humane Society _____ [14]
SMART - Start Making A Reader Today _____ [10]	The Salvation Army _____ [15]
SOLV - Stop Oregon Litter and Vandalism _____ [11]	Doernbecher Children's Hospital _____ [16]
The Nature Conservancy _____ [12]	Oregon Veteran's Home _____ [17]

	Charity	Amount		Charity	Amount
Other Charity _____ [18]		_____ [19]	Other Charity _____ [20]		_____ [21]

Other Charitable Organizations

1 = Habitat for Humanity	18 = Oregon Historical Society	24 = Oregon Military Financial Assistance
2 = Oregon Head Start	19 = Oregon Nongame Wildlife	25 = Oregon Food Bank
13 = Planned Parenthood of Oregon	20 = Prevent Child Abuse	26 = Albertina Kerr Centers
14 = Lions Sight and Hearing Foundation	21 = Alzheimer's Disease Research	27 = American Red Cross
15 = Shriners Hospital for Children	22 = Stop Domestic/Sexual Violence	28 = Cascade AIDS Project
16 = Special Olympics Oregon	23 = Veterans suicide prevention	

Political party you wish to make contributions to:

	Taxpayer	Spouse
Political Party _____ [22]	_____ [22]	_____ [23]

Political Party Contributions

500 = Constitution Party of Oregon	503 = Libertarian Party of Oregon	506 = Progressive Party
501 = Democratic Party of Oregon	504 = Oregon Republican Party	507 = Working Families Party of Oregon
502 = Independent Party of Oregon	505 = Pacific Green Party of Oregon	

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Dates of residency:		
From _____ [24]	_____ [24]	_____ [26]
To _____ [25]	_____ [25]	_____ [27]

Credit for Home Care of an Elderly Person

Name _____ [28]	
Birth date, social security number _____ [29]	_____ [30]
Expenses you incurred or paid for home care of an elderly person:	
Food _____ [31]	Medical care _____ [33]
Clothing _____ [32]	Transportation _____ [34]

NOTES/QUESTIONS:

Pennsylvania General Information

County of residence _____ [1]
 School district name _____ [2]

Final return _____ [3] Taxpayer Spouse
 _____ [4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Breast and Cervical Cancer	_____ [5]	_____ [6]
Wild Resource Conservation Fund	_____ [7]	_____ [8]
Military Family Relief Assistance	_____ [9]	_____ [10]
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	_____ [11]	_____ [12]
Juvenile (Type 1) Diabetes Cure Research Fund	_____ [13]	_____ [14]

Part-year Resident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [15]	_____ [17]
To	_____ [16]	_____ [18]

NOTES/QUESTIONS:

Rhode Island General Information

Enter city or town of legal residence if different from that entered on Organizer Form ID:1040 _____ [1]

Use Tax

Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State
_____	_____ [2]	_____ [3]
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) _____ [4]

If you wish for a for a portion of your electoral contribution to be paid to a political party, enter name of party _____ [5]

Charitable Contributions

Drug Program Account _____ [6]

Mark if you wish to make an Olympic Contribution _____ [7]

Organ Transplant Fund _____ [8]

Council on the Arts _____ [9]

Nongame Wildlife Fund _____ [10]

Childhood Disease Victims' Fund _____ [11]

Military Family Relief Fund _____ [12]

Part-year Resident Information

Part-year residency dates:

From _____ [13]

To _____ [14]

Property Tax Relief Claim

Mark if disabled and received social security disability payments during the tax year _____ [15]

Live in household or rent dwelling subject to property tax? (Y, N) _____ [16]

Current for property taxes and rent due in prior years? (Y, N) _____ [17]

Current for this year's property tax or rent and will pay unpaid installments? (Y, N) _____ [18]

Rent paid (Enter 100%) _____ [19]

If renting, Landlord name: _____ [20]

Landlord Address: _____ [21]

Landlord city, state and zip code _____ [22] _____ [23] _____ [24]

Landlord phone number: _____ [25]

NOTES/QUESTIONS:

South Carolina General Information

County code number, if known _____[1]
 Authorize discussion with Department of Revenue (Y, N) _____[2]
 Purchases subject to use tax _____[3]
 If not using direct deposit for refund, select alternative method of receiving refund _____[4]
 1 = SCDOR Income Tax Refund Prepaid Debit Card issued by Bank of America
 2 = Paper Check
 Receive Form 1099-G/INT, used to prepare federal tax return, through the SCDOR website _____[5]

Additions and Subtractions

Expenses related to reserve income _____[6]
 National guard reserve pay _____[7]
 Law enforcement subsistence (Number of days) _____[8]
 Volunteer deduction code _____[9]
 Taxpayer _____[9]
 Spouse _____[10]

Volunteer Deduction Codes	
1 = Volunteer Firefighter	4 = DNR officer
2 = HAZMAT team member	5 = Reserve Police officer
3 = Rescue Squad worker	6 = State Guard member

Part-year Resident and Nonresident Information

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

Part-year residency dates:
 From _____[11]
 To _____[12]

Contributions

Amount of contributions you wish to make to:

Endangered Wildlife Fund _____[13]
 Children's Trust Fund _____[14]
 Eldercare Trust Fund _____[15]
 Veterans' Trust Fund _____[16]
 Donate Life South Carolina _____[17]
 First Steps to School Readiness Fund _____[18]
 War Between States Heritage Trust Fund _____[19]
 Litter Control Enforcement Program _____[20]
 Law Enforcement Assistance Program _____[21]
 K-12 Public Education Fund _____[22]
 State Parks Fund _____[23]
 Military Family Relief Fund _____[24]
 Conservation Bank Trust Fund _____[25]
 Financial Literacy Trust Fund _____[26]
 State Forests Fund _____[27]
 Department of Natural Resources Fund _____[28]

NOTES/QUESTIONS:

Tennessee General Information

County _____ [1]
City _____ [2]
Account number _____ [3]
Mark if quadriplegic _____ [4] **Taxpayer** **Spouse**
_____ [4] _____ [5]

NOTES/QUESTIONS:

Utah General Information

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

Part-year residency dates:

From _____ [1]

To _____ [2]

State of residency (Nonresidents) _____ [3]

Use Tax

	County/City	Purchases
Use tax		[4]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Election campaign fund	Taxpayer	Spouse
	_____ [5]	_____ [6]

Enter the appropriate code for the political party from the list below:

Political Party	
C = Constitution	L = Libertarian
D = Democratic	R = Republican
G = Green	N = No Contribution
J = Justice	

Making a selection from this list will designate \$2 to the party of your choice. Your refund or amount of tax due will not be affected

Charitable Contributions

Utah Nongame Wildlife Account	_____ [7]
Pamela Atkinson Homeless Trust Account	_____ [8]
Kurt Oscarson Children's Organ Transplant Account	_____ [9]
School district code	_____ [10]
School District and Nonprofit School District Foundation	_____ [11]

School district code

01 = Alpine	07 = Davis	13 = Iron	19 = Morgan	25 = Park City	31 = Sevier	37 = Wasatch
02 = Beaver	08 = Duchesne	14 = Jordan	20 = Murray	26 = Piute	32 = S. Sanpete	38 = Washington
03 = Box Elder	09 = Emery	15 = Juab	21 = Nebo	27 = Provo	33 = S. Summit	39 = Wayne
04 = Cache	10 = Garfield	16 = Kane	22 = North Sanpete	28 = Rich	34 = Tintic	40 = Weber
05 = Carbon	11 = Grand	17 = Logan	23 = North Summit	29 = Salt Lake City	35 = Tooele	41 = Utah Assistive Technology
06 = Daggett	12 = Granite	18 = Millard	24 = Ogden	30 = San Juan	36 = Uintah	42 = Canyons

Cat and Dog Community Spay and Neuter Program	_____ [12]
Canine Body Armor Account	_____ [13]
Invest More for Education Account	_____ [14]
Youth Development Organization Account	_____ [15]
Youth Character Organization Account	_____ [16]

NOTES/QUESTIONS:

Vermont General Information

School district name _____ [1]
 School district code _____ [2]

Contributions and Use Tax

Use Tax

Total out-of-state purchases _____ [3]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Fund _____ [4]
 Children's Trust Fund _____ [5]
 Vermont Veterans' Fund _____ [6]

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From _____ [7]
 To _____ [8]

Other state(s) of residency _____ [9] _____ [10] _____ [11] _____ [12]

Property Tax Information

Homeowners

Anticipate selling Vermont housesite on or before April 1 _____ [13]
 SPAN number from 2013/2014 property tax bill _____ [14]
 Housesite value _____ [15]
 Housesite education tax _____ [16]
 Housesite municipal tax _____ [17]
 Ownership percentage of property _____ [18]
 Mobile home lot rent _____ [19]

Renters

Rent paid _____ [20]

NOTES/QUESTIONS:

Virginia General Information

Virginia city or county of residence on January 1, 2014; last lived in or business location _____ [1]
 Mark to indicate name has changed from last year (Resident and nonresident only) _____ [2]
 Mark to indicate filing status has changed from last year (Resident only) _____ [3]
 Mark to indicate address has changed from last year (Resident and nonresident only) _____ [4]
 Mark to indicate that a Virginia return was not filed last year (Resident only) _____ [5]

Use Tax

Consumer's Use Tax _____ [6]

Contributions

Amount of contributions you wish to make to:

Political Contributions

Virginia Democratic Party _____ [7] Virginia Republican Party _____ [8]

Charitable Contributions

If you contributed to a public school foundation, provide the supporting information to your accountant

Virginia Nongame Wildlife Fund _____ [9]	Virginia Tuition Assistance Grant Fund _____ [20]
US Olympic Committee _____ [10]	Spay and Neuter Fund _____ [21]
Virginia Housing Program _____ [11]	Cancer Centers in the Commonwealth _____ [22]
Department for Aging and Rehabilitative Services _____ [12]	Martin Luther King, Jr. Fund _____ [23]
Community Policing Fund _____ [13]	Celebrating Special Children _____ [24]
Virginia Arts Foundation _____ [14]	Chesapeake Bay Restoration Fund _____ [25]
Open Space Recreation and Conservation _____ [15]	Family and Children's Trust Fund (FACT) _____ [26]
Historic Resources Fund _____ [16]	Virginia State Forests Fund _____ [27]
Children of America Finding Hope _____ [17]	Virginia Uninsured Medical Catastrophe Fund _____ [28]
Virginia War Memorial and National D-Day Memorial _____ [18]	Home Energy Assistance _____ [29]
Virginia Federation of Humane Societies _____ [19]	Virginia Military Family Relief Fund _____ [30]

Part-year Resident Information

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

	Spouse	Taxpayer
Part-year residency dates:		
From	_____ [31]	_____ [33]
To	_____ [32]	_____ [34]

Nonresident Information

State of residence (Nonresidents only) _____ [35]

NOTES/QUESTIONS:

West Virginia General Information

County of residence _____ [1]

Use Tax

Food purchases _____ [2]

All other purchases _____ [3]

	Municipality	Purchases
Municipality purchases	_____	_____ [4]
Municipality purchases	_____	_____

Contributions

Amount of contributions you wish to make to:

West Virginia Children's Trust Fund _____ [5]

Part-year Resident and Nonresident Information

Part-year residency status _____ [6]

1 = Moved into West Virginia

2 = Moved out of West Virginia with West Virginia source income during period of nonresidency

3 = Moved out of West Virginia with no West Virginia source income during period of nonresidency

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

Part-year residency dates:

From _____ [7]

To _____ [8]

State of residence _____ [9]

If state of residence is Virginia or Pennsylvania, enter number of days in West Virginia (Nonresidents only) _____ [10]

NOTES/QUESTIONS:

Wisconsin General Information

City of residence _____ [1]
 Village of residence _____ [2]
 Town of residence _____ [3]
 County of residence _____ [4]
 School district _____ [5]
 Mark if divorce decree _____ [6]
 Enter rent paid:
 Heat included _____ [7]
 Heat not included _____ [8]

Use Tax

Mark if not subject to Use Tax _____ [9]

	County	Purchases
Sales and use tax on out-of-state purchases	_____	_____ [10]
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____

Contributions

Amount of charitable contributions you wish to make to:

Cancer research _____ [11]	Packers football stadium _____ [16]
Endangered resources _____ [12]	Red Cross WI disaster relief _____ [17]
Fire fighters memorial _____ [13]	Second Harvest / Feeding America _____ [18]
Military family relief _____ [14]	Special Olympics _____ [19]
Multiple sclerosis _____ [15]	Veterans trust fund _____ [20]

Part-year Resident and Nonresident Information

Residency code _____ [21]

Residency code

Blank = Both spouses have the same residency status (Default) 1 = Taxpayer nonresident, spouse resident 2 = Taxpayer resident, spouse nonresident 3 = Taxpayer part-year, spouse nonresident	4 = Taxpayer nonresident, spouse part-year 5 = Taxpayer resident, spouse part-year 6 = Taxpayer part-year, spouse resident
--	--

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

	Taxpayer	Spouse
Part-year residency dates:		
From _____ [22]	_____ [22]	_____ [24]
To _____ [23]	_____ [23]	_____ [25]
State of residency (Nonresidents only) _____ [26]	_____ [26]	_____ [27]
Country of residency (Nonresidents only) _____ [28]	_____ [28]	_____ [29]
Nonresident aliens:		
Taxpayer or Spouse is a U.S. citizen or a resident alien _____ [30]		
Resident of:	IL _____ [31]	IN _____ [32]
	KY _____ [33]	MI _____ [34]

NOTES/QUESTIONS: