

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

<p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you 3 = Other dependent 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 <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return 	<p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled
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Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Car telephone number _____ [11] _____ [19]

Fax telephone number _____ [12] _____ [20]

Mobile telephone number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

 Telephone number _____ [16] _____ [24]

 Extension _____ [17] _____ [25]

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

NOTES/QUESTIONS:

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 Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

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

Refund - U.S. Series I Savings Bond Purchases

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

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

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

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

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

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

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

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

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

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

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

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:

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+	
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Wages and Salaries #2

Please provide all copies of Form W-2.

	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [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+	
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Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income ^[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 [2]	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

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 ^[1]	Date Acquired	Date Sold	Gross Sales Price <small>(Less expenses of sale)</small>	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
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				+	+

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
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+		

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
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+		

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
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+		

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S)
State postal code

__ [1]
__ [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]	
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:		
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:

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:

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+	
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Gambling Winnings #1

Please provide all copies of Form W-2G.

	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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+		

Gambling Winnings #2

Please provide all copies of Form W-2G.

	2013 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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+		

NOTES/QUESTIONS:

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:

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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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

		2013 Information	Prior Year Information
Sales Code**	Income description		
—	_____	+ _____ [34]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**** 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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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				<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____	+ _____	+ _____ [48]		
_____	+ _____	+ _____		

	2013 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [51]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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				<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____	+ _____	+ _____ [59]		
_____	+ _____	+ _____		
Mark if electing to defer crop insurance proceeds to 2014		_____ [62]		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Crop insurance proceeds deferred from 2012		+ _____ [64]		

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]	

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]	<div style="border: 1px solid black; height: 100%;"></div>
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]	<div style="border: 1px solid black; height: 100%;"></div>
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:

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="border: 1px solid black; background-color: #e0e0e0; padding: 5px;"> _____ _____ _____ </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%; background-color: #f0f0f0;"></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:

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]
—		+	
—		+	

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]	

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 _____