

# General Information

## Taxpayer

## Spouse

First Name . . . . .

Middle Initial . . . . .

Last Name . . . . .

Suffix . . . . .

Social Security Number . . . . .

Date of Birth . . . . .

Check ("X") which phone number to list on return.

Home Phone . . . . .

Work Phone . . . . .

Cell Phone . . . . .

Fax Number . . . . .

Legally Blind . . . . .

Totally Disabled . . . . .

Claimed as a Dependent . . . . .

Presidential Election Fund (\$3) . . . . .

Occupation . . . . .

E-mail address . . . . .

State of Residence as of 12/31 . . . . .

County of Residence as of 12/31 . . . . .

School District as of 12/31 . . . . .

Sales tax rate of locality in 2012 . . . . . %

If Part Year, Period of Residency . . . . . to

## Filing Status

Status on 2011 return :

Status as of 12/31/2012 :  
Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately  
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_
- 5 Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If address is in a foreign country, enter that country . . . \_\_\_\_\_

Foreign province/county . . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_

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



**Questions (Cont.)**

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

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 35 Did you convert a traditional IRA to a Roth IRA?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 36 Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 37 Do you have any short sales, commodity sales, or straddles?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 38 Did you receive Form 2439?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 39 Did you buy or sell any bonds?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 40 Did you receive stock from a stock bonus plan with your employer?             |
| <input type="checkbox"/> | <input type="checkbox"/> | 41 Did you sell any other personal assets at a gain?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 42 Did you sell any real estate (other than your home) during the year?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 43 Did you sell any assets using the installment method?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 44 Did you receive proceeds from a prior year installment sale?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 45 Did you purchase a rental property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 46 Did you exchange any property for other property?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 47 Did you receive any income not reported in this Organizer?                    |

**Business and Rental Property Income**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 48 If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 49 Did you start or acquire a new business?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 50 Did you sell any part of an existing business, or sell business assets?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 51 Did you cease operating any business or rental property?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 52 Did you remove any of your business assets for personal use?              |

**Business and Rental Property Deductions**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 53 Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 54 Did you make any contributions to a Keogh or a self-employed SEP plan for 2012?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 55 Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 56 If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 57 Did you purchase any furniture or equipment for your business?                                      |

**Other Deductions**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 58 Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2012?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 59 Did you make any contributions to HSA (Health Savings Account) in 2012?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 60 Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 61 Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 62 Did you incur any travel and entertainment expenses for business purposes?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 63 Did you pay expenses for the care of your child or other dependent so you could work?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 64 Did you lose property or have damage to a property due to a casualty, theft, or condemnation?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 65 Did any security become worthless during 2012?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 66 Did any debts become uncollectible during 2012?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 67 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2012?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 68 Did you contribute less than an entire interest in any property to charity?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 69 Did you refinance a mortgage or take out a home equity loan during 2012?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 70 Did you incur moving expenses during the year due to a change of employment?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 71 Did you pay any educational tuition or fees for you or a dependent?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 72 Did you pay any student loan interest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 73 Did you make any federal or state estimated payments?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 74 Did you have a certain trade or business from which you figured your domestic production activities deduction? |







Name \_\_\_\_\_

SSN \_\_\_\_\_

## Wages and Retirement Income

### W-2 Information

Enter "X"  
if spouse

W-2	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				

### 1099-R Information

	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

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

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

*F/S/J	Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

**Dividend Income**

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

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

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Alimony Received

\* F/S - enter ownership (F)iler or (S)pouse.

Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/> F/S*	1 .....		
<input type="checkbox"/>	2 .....		
<input type="checkbox"/>	3 .....		
<input type="checkbox"/>	4 .....		
<input type="checkbox"/>	5 .....		
<input type="checkbox"/>	6 .....		
<input type="checkbox"/>	7 .....		
<input type="checkbox"/>	8 .....		
<input type="checkbox"/>	9 .....		

### Alimony Paid

\* F/S - enter ownership (F)iler or (S)pouse.

Recipient's Name		Recipient's SSN	Current Year Amount	Prior Year Amount
<input type="checkbox"/> F/S*	1 .....	1 .....		
<input type="checkbox"/>	2 .....	2 .....		
<input type="checkbox"/>	3 .....	3 .....		
<input type="checkbox"/>	4 .....	4 .....		
<input type="checkbox"/>	5 .....	5 .....		
<input type="checkbox"/>	6 .....	6 .....		
<input type="checkbox"/>	7 .....	7 .....		
<input type="checkbox"/>	8 .....	8 .....		
<input type="checkbox"/>	9 .....	9 .....		



Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

### Self-Employed Business Expenses Cont. (Schedule C)

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

**Interest:**

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

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

**Rent or Lease:**

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

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

**Travel, Meals, and Entertainment:**

Travel

47	.....	47	
48	.....	48	
49	.....	49	
50	.....	50	

Meals and entertainment

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

56	Utilities . . . . .	56	
57	Wages . . . . .	57	

**Other Expenses**

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

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

**Vehicle 1 -**

**Vehicle 2 -**

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

**Actual Expenses**

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

**Vehicle 3 -**

**Vehicle 4 -**

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

**Actual Expenses**

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



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

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

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
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28					
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38					
39					
40					
41					
42					
43					
44					
45					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Property Description .....  
 Address .....  
 City ..... State ..... Zip .....

		Current Year Info	Prior Year Info
1	Owner of property (Enter Filer, Spouse, or Joint) . . . . .		
2	Enter "X" if you actively participated? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3	Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3a	If entered ("X"), enter the number of days of personal use? . . . . .	<input type="text"/>	<input type="text"/>
3b	If entered ("X"), enter the number of days rented? . . . . .	<input type="text"/>	<input type="text"/>

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

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

#### Assets Placed in Service This Year

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

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

### Other Expenses (Schedule E)

#### Other Expense

19 .....

20 .....

21 .....

22 .....

23 .....

24 .....

25 .....

26 .....

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

#### Travel Expenses

27 .....

28 .....

29 .....

30 .....

31 .....

32 .....

33 .....

34 .....

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

#### Meals and Entertainment Expense

35 .....

36 .....

37 .....

38 .....

39 .....

40 .....

41 .....

42 .....

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

Name \_\_\_\_\_

SSN \_\_\_\_\_

### K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

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

*F/S/J	Entity Name
1	.....
2	.....
3	.....
4	.....
5	.....
6	.....
7	.....
8	.....
9	.....
10	.....
11	.....
12	.....
13	.....
14	.....
15	.....
16	.....
17	.....
18	.....
19	.....
20	.....
21	.....
22	.....
23	.....
24	.....
25	.....
26	.....
27	.....
28	.....
29	.....
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31	.....
32	.....
33	.....
34	.....
35	.....
36	.....
37	.....
38	.....
39	.....
40	.....
41	.....
42	.....
43	.....
44	.....
45	.....
46	.....
47	.....
48	.....
49	.....
50	.....

Enter "S" if K1 (1120S)  
Enter "P" if K1 (1065)  
Enter "E" if K1 (1041)

	Unreimbursed Partnership Exp. Current Year
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
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33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Social Security and Railroad Retirement

**Filer**

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 4
- 5 Enter the total amount of Medicare B Premiums withheld. . . . . 5
- 6 Enter the total amount of Medicare D Premiums withheld. . . . . 6

Current Year Amount	Prior Year Amount

**Spouse**

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 10
- 11 Enter the total amount of Medicare B Premiums withheld. . . . . 11
- 12 Enter the total amount of Medicare D Premiums withheld. . . . . 12


**Miscellaneous Income**

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state . . . . .			1		
2 Unemployment compensation . . . . .			2		
3 Prizes and awards . . . . .			3		
4 Scholarships and fellowships . . . . .			4		
5 Bartering income . . . . .			5		
6 Fees received for jury duty . . . . .			6		
7 Income from rental of personal property, if not in the business of renting such property . . . . .			7		
8 Precinct election board duty . . . . .			8		
9 Alaska Permanent Fund Dividends . . . . .			9		
10 Net operating loss carryover (negative no.) . . . . .			10		
11 Canceled debts . . . . .			11		
12 -----			12		
13 -----			13		
14 -----			14		
15 Other income not provided for in this Organizer			15		

**Adjustments to Income**

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

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses . . . . .	1		
<input type="checkbox"/>	2	Student loan interest . . . . .	2		
<input type="checkbox"/>	3	Health Savings account deduction . . . . .	3		
<input type="checkbox"/>	4	Moving expenses . . . . .	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans . . . . .	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings . . . . .	6		
<input type="checkbox"/>	7	Tuition and fees . . . . .	7		

**Other Adjustments to Income**

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

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses . . . . .	1		
<input type="checkbox"/>	2	Foreign housing deduction . . . . .	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer . . . . .	3		
<input type="checkbox"/>	4	Reforestation amortization . . . . .	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974 . . . . .	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18)(D) pension plans . . . . .	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions. . . . .	7		
<input type="checkbox"/>	8	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the the amount of the award includible in your gross income . . . . .	8		
<input type="checkbox"/>	9	Employee business expenses of fee-basis state or local government officials . . . . .	9		
<input type="checkbox"/>	10	Expenses from the rental of personal property but were not in the business of renting such property . . . . .	10		
<input type="checkbox"/>	11	Contributions by chaplains to section 403(b) plans . . . . .	11		
<input type="checkbox"/>	12	Archer MSA deduction . . . . .	12		
<input type="checkbox"/>	13	-----	13		
<input type="checkbox"/>	14	-----	14		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### IRA and Other Contribution Information

#### Traditional IRA Contributions

**Filer**

- 1 Enter total traditional IRA contributions made for 2012 . . . . . 1
- 2 Enter contributions, on line 1, made after 12/31/2012 and before 04/15/2013 . . . . . 2
- 3 Enter value of all traditional IRAs as of 12/31/2012 . . . . . 3

Current Year Amount	Prior Year Amount

**Spouse**

- 4 Enter total traditional IRA contributions made for 2012 . . . . . 4
- 5 Enter contributions, on line 4, made after 12/31/2012 and before 04/15/2013 . . . . . 5
- 6 Enter value of all traditional IRAs on 12/31/2012 . . . . . 6


#### Roth IRA Contributions

**Filer**

- 1 Enter 2012 Roth IRA contributions . . . . . 1
- 2 Enter value of all Roth IRAs on 12/31/2012 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2012 Roth IRA contributions . . . . . 3
- 4 Enter value of all Roth IRAs on 12/31/2012 . . . . . 4


#### SIMPLE IRA

**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2012 . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2012 . . . . . 2

--	--

#### Education (Coverdell ESA)

**Filer**

- 1 Enter 2012 Coverdell ESA contributions . . . . . 1
- 2 Enter value of the Coverdell ESA on 12/31/2012 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2012 Coverdell ESA contributions . . . . . 3
- 4 Enter value of the Coverdell ESA on 12/31/2012 . . . . . 4


Name \_\_\_\_\_

SSN \_\_\_\_\_

**Medical and Dental - Itemized Deductions**

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





Name \_\_\_\_\_

SSN \_\_\_\_\_

**Unreimbursed Employee Expenses - Itemized Deductions**

Current Year Amount	Prior Year Amount
---------------------	-------------------

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

57 Union dues . . . . .	57		
58 Professional journals and subscriptions . . . . .	58		
59 Uniform and protective clothing costs and cleaning . . . . .	59		
60 Job search costs (resumes, travel, postage, etc.) . . . . .	60		
61 -----	61		
62 -----	62		
63 -----	63		
64 -----	64		
65 -----	65		
66 -----	66		
67 -----	67		

**Certain Miscellaneous Deductions - Itemized Deductions**

If investment related enter "X"

Current Year Amount	Prior Year Amount
---------------------	-------------------

68 Tax preparation fees . . . . .		68		
69 Certain attorney and accounting fees . . . . .		69		
70 Safe deposit box rental . . . . .		70		
71 IRA Custodial fees . . . . .		71		
72 Investment counsel and advisory fees . . . . .		72		
73 Losses on deposits in insolvent or bankrupt financial institutions . . . . .		73		
74 Convenience fees paid with credit or debit card for federal taxes in 2012		74		
75 -----		75		
76 -----		76		
77 -----		77		
78 -----		78		
79 -----		79		
80 -----		80		
81 -----		81		
82 -----		82		
83 -----		83		
84 -----		84		
85 -----		85		
86 -----		86		

**Other Miscellaneous Deductions**

87 Federal estate tax on income in respect of a decedent . . . . .	87		
88 Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .	88		
89 Gambling losses (if gambling income) . . . . .	89		
90 Repayment of income . . . . .	90		
91 From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . .	91		
92 Certain unrecovered investment in a pension . . . . .	92		
93 -----	93		
94 -----	94		
95 -----	95		
96 -----	96		
97 -----	97		
98 -----	98		
99 -----	99		





Name \_\_\_\_\_

SSN \_\_\_\_\_

### Employee Business Expenses

Enter "X" in one box: Occupation in which you incurred the expenses

Filer

Spouse

#### Meals and Entertainment

- 1 Meals and entertainment expenses . . . . . 1
- 2 Enter "X" in the box if subject to DOT hours of service limits . . . . . 2

Current Year Amount	Prior Year Amount
<input type="checkbox"/>	<input type="checkbox"/>

#### Travel Expenses

- 3 Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work. . . . . 3
- 4 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment. . . . . 4


#### Other Employment Related Expenses

- 5 Business gifts . . . . . 5
- 6 Employment related education expenses . . . . . 6
- 7 Trade publications . . . . . 7
- 8 . . . . . 8
- 9 . . . . . 9
- 10 . . . . . 10
- 11 . . . . . 11
- 12 . . . . . 12


#### Employer Reimbursements

- 13 Enter employer reimbursements reported under code "L" in box 12 of Form W-2 . . . . . 13
- 14 Enter other employer reimbursements not reported to you in box 1 of Form W-2 . . . . . 14
- 15 Enter the total expense for meals and entertainment for the period covered by the reimbursements . . . . . 15


Vehicle Information	Vehicle 1 -		Vehicle 2 -	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
16 Date vehicle was placed in service . . . . . 16				
17 Cost of vehicle . . . . . 17				
18 Total miles driven for the year . . . . . 18				
19 Business miles driven during the year . . . . . 19				
20 Commuting miles (included in total miles driven for the year) . . . . . 20				
21 Average daily roundtrip commuting miles . . . . . 21				
22 Parking fees and tolls . . . . . 22				
23 Vehicle Interest . . . . . 23				
24 Vehicle Personal Property tax . . . . . 24				
<b>If claiming actual expenses continue:</b>				
25 Gasoline, oil and repairs . . . . . 25				
26 Vehicle Insurance . . . . . 26				
27 Vehicle registration fees . . . . . 27				
28 Vehicle lease or rental . . . . . 28				
29 _____ 29				
30 Value of employer-provided vehicle (if 100% is included in W-2) . . . . . 30				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2011 and paid in 2012 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

### Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2012
<b>3</b>	_____	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____	_____

### Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2012
<b>6</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>7</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>8</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>9</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>10</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Adoption Expenses

**1 Provide the Following Information on Each Eligible Child**

	First Name	Last Name	Child's Year of Birth	Enter "X" if Child Was:			Child's Identifying Number (SSN or ATIN)
				Born BEFORE 1995 and Disabled	A Child With Special Needs	A Foreign Child	
1st Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3rd Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4th Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	1st Child	2nd Child	3rd Child	4th Child
2 Expenses you paid in 2011. . . . .				
3 Expenses you paid in 2012, if the adoption was final in 2012. . . . .				
4 Expenses you paid in 2012, if the adoption was final before 2012.				

- 2 Expenses you paid in 2011. . . . .
- 3 Expenses you paid in 2012, if the adoption was final in 2012. . . . .
- 4 Expenses you paid in 2012, if the adoption was final before 2012.

Enter "X" in the appropriate box

5 Did you receive Employer-Provided-Adoption-Benefits in a prior year? . . . . .  Yes  No