

Name

Date

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Preparer's  
Name \_\_\_\_\_

(subject to terms and conditions)

Name

Date

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Preparer's  
Name \_\_\_\_\_

(subject to terms and conditions)

Name

Date

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Preparer's  
Name \_\_\_\_\_

(subject to terms and conditions)

# Miscellaneous Information

Name:

SSN:

Yes No

## General Information

- |  |  |  |
|--|--|--|
|  |  | 1. Were there any changes to your filing status or number of dependents during 2012?           |
|  |  | 2. Can you or your spouse be claimed as a dependent by someone else?                           |
|  |  | 3. Did you incur any childcare expenses?   |
|  |  | 4. Did you have a change in residence or job location during the year?                         |
|  |  | 5. Did you move during 2012? From where? _____ Date of move _____                              |
|  |  | 6. Did you reside in more than one state during 2012? If yes, which states? _____              |
|  |  | 7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach. |

Yes No

## Income Information

- |  |  |   |
|--|--|---|
|  |  | 1. Have you received all W-2s from all employers? How many W-2s are attached? _____   |
|  |  | 2. Did you use your vehicle on the job other than for commuting to work?  |
|  |  | 3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____                                  |
|  |  | 4. Did you work out of town at any time during the year?  |
|  |  | 5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____  |
|  |  | 6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?  |
|  |  | 7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.  |
|  |  | 8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?    |
|  |  | 9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?  |
|  |  | 10. Did you have any income from, or pay taxes to, a foreign country?   |
|  |  | 11. Did you engage in any bartering transactions during 2012?   |
|  |  | 12. Did you surrender any U.S. Savings Bonds during 2012?   |
|  |  | 13. Did you receive any state or local income tax refunds from prior years?   |
|  |  | 14. Do you or your spouse have any IRA accounts?  |
|  |  | 15. Did you recharacterize any IRAs this year?  |
|  |  | 16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?  |
|  |  | 17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.   |
|  |  | 18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.   |
|  |  | 19. Did you receive any type of prize, award, or gambling winnings during 2012?   |
|  |  | 20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____ |
|  |  | 21. Did you receive any income not shown in this organizer? If so, please list. _____   |
|  |  | 22. Does anyone owe you money that has become uncollectible?  |

Comments: \_\_\_\_\_

## Miscellaneous Information

**Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

	Yes	No	Business Information
	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you start a new business or purchase any rental property during 2012?
	<input type="checkbox"/>	<input type="checkbox"/>	2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

	Yes	No	Other Information
	<input type="checkbox"/>	<input type="checkbox"/>	1. Were any tuition costs paid during 2012 (even if classes were attended in another year)?
	<input type="checkbox"/>	<input type="checkbox"/>	2. Did anyone in your household attend higher education classes in 2012?
	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur a loss due to damaged or stolen property?
	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
	<input type="checkbox"/>	<input type="checkbox"/>	6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
	<input type="checkbox"/>	<input type="checkbox"/>	7. If yes to question 6, was the First-Time Homebuyer Credit taken?
	<input type="checkbox"/>	<input type="checkbox"/>	8. Did you make any gifts to any one person in 2012 in excess of \$13,000? If so, are you splitting this gift with your spouse?
	<input type="checkbox"/>	<input type="checkbox"/>	9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

**To itemize deductions, bring receipts and documentation for these types of expenses:**

<input type="checkbox"/>	Prescriptions, first-aid
<input type="checkbox"/>	State/local income taxes
<input type="checkbox"/>	Mortgage interest
<input type="checkbox"/>	Tax preparation fees
<input type="checkbox"/>	Gambling losses (up to amount of winnings)
<input type="checkbox"/>	Cash donations to charity (provide all receipts)
<input type="checkbox"/>	Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
<input type="checkbox"/>	Real estate and personal property taxes paid in 2012
<input type="checkbox"/>	Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
<input type="checkbox"/>	Fair market value of property donated to charity
<input type="checkbox"/>	Purchase price of new goods donated or used in volunteer work

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Miscellaneous Information

Name:

SSN:

## Information to bring to your appointment:

- Driver's license and social security card (for identity verification)
- Copy of your 2011 income tax return (for comparison and review for all includible information)
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Preparer Notes

### Miscellaneous Notes

## Personal Data

Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household			
Taxpayer Name		SSN	
Spouse Name		SSN	
Address		Apt no.	
City	State	Zip	
Foreign State/Province		Foreign Postal Code	
Foreign Country			
Taxpayer Date of Birth		Spouse Date of Birth	
Occupation		Occupation	
Daytime phone:	Ext:	Daytime phone:	Ext:
Evening phone:	Ext:	Evening phone:	Ext:
Cell:		Cell:	
E-mail		E-mail	
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind		<input type="checkbox"/> Full time student <input type="checkbox"/> Blind	
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>		Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	
Date and time of this year's appointment			

### Income Taxes Paid

Federal	2012 estimate date due	2012 est amount	Amount paid	Date paid	Check no.
2011 Refund	April 17, 2012				
2011 Refund applied to 2012	June 15, 2012				
2011 Balance Due	Sept. 15, 2012				
	Jan. 15, 2013				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Resident State	2012 estimate date due	2012 est amount	Amount paid	Date paid	Check no.
2011 Refund	April 17, 2012				
2011 Refund applied to 2012	June 15, 2012				
2011 Balance Due	Sept. 17, 2012				
	Jan. 15, 2013				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

Local	2012 estimate date due	2012 est amount	Amount paid	Date paid	Check no.
2011 Refund	April 17, 2012				
2011 Refund applied to 2012	June 15, 2012				
2011 Balance Due	Sept. 17, 2012				
	Jan. 15, 2013				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made					

## Dependents

<b>Name:</b>										<b>SSN:</b>									
First name/MI					Last name					Suffix									
SSN/TIN					Relationship					Number of months lived with you									
DOB					Does this dependent have income over \$950?					<input type="checkbox"/>									
										<b>2012</b>					<b>2011</b>				
Child Care Credit - qualifying expenses incurred and paid in 2012																			
Child Care Credit - portion of qualifying expenses provided by employer																			
First name/MI					Last name					Suffix									
SSN/TIN					Relationship					Number of months lived with you									
DOB					Does this dependent have income over \$950?					<input type="checkbox"/>									
										<b>2012</b>					<b>2011</b>				
Child Care Credit - qualifying expenses incurred and paid in 2012																			
Child Care Credit - portion of qualifying expenses provided by employer																			
First name/MI					Last name					Suffix									
SSN/TIN					Relationship					Number of months lived with you									
DOB					Does this dependent have income over \$950?					<input type="checkbox"/>									
										<b>2012</b>					<b>2011</b>				
Child Care Credit - qualifying expenses incurred and paid in 2012																			
Child Care Credit - portion of qualifying expenses provided by employer																			
First name/MI					Last name					Suffix									
SSN/TIN					Relationship					Number of months lived with you									
DOB					Does this dependent have income over \$950?					<input type="checkbox"/>									
										<b>2012</b>					<b>2011</b>				
Child Care Credit - qualifying expenses incurred and paid in 2012																			
Child Care Credit - portion of qualifying expenses provided by employer																			
First name/MI					Last name					Suffix									
SSN/TIN					Relationship					Number of months lived with you									
DOB					Does this dependent have income over \$950?					<input type="checkbox"/>									
										<b>2012</b>					<b>2011</b>				
Child Care Credit - qualifying expenses incurred and paid in 2012																			
Child Care Credit - portion of qualifying expenses provided by employer																			
First name/MI					Last name					Suffix									
SSN/TIN					Relationship					Number of months lived with you									
DOB					Does this dependent have income over \$950?					<input type="checkbox"/>									
										<b>2012</b>					<b>2011</b>				
Child Care Credit - qualifying expenses incurred and paid in 2012																			
Child Care Credit - portion of qualifying expenses provided by employer																			
First name/MI					Last name					Suffix									
SSN/TIN					Relationship					Number of months lived with you									
DOB					Does this dependent have income over \$950?					<input type="checkbox"/>									
										<b>2012</b>					<b>2011</b>				
Child Care Credit - qualifying expenses incurred and paid in 2012																			
Child Care Credit - portion of qualifying expenses provided by employer																			

## Child and Dependent Care

<b>Name:</b>		<b>SSN:</b>	
Child Care Provider's Information		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
<b>U.S. Only</b>	State, ZIP		
<b>Foreign Only</b>	Province/State, Country, Postal Code		
		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
<b>U.S. Only</b>	State, ZIP		
<b>Foreign Only</b>	Province/State, Country, Postal Code		
		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
<b>U.S. Only</b>	State, ZIP		
<b>Foreign Only</b>	Province/State, Country, Postal Code		
		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
<b>U.S. Only</b>	State, ZIP		
<b>Foreign Only</b>	Province/State, Country, Postal Code		

# Wages and Salaries

Please attach all W-2(s).

**Name:**

**SSN:**

TS		Federal I.D. No.		Company Name						
		State I.D. No.								
		Federal wages	2012		2011		Federal tax	2012		2011
		State wages	2012		2011		State tax	2012		2011
		Locality	2012		2011		Local tax	2012		2011
TS		Federal I.D. No.		Company Name						
		State I.D. No.								
		Federal wages	2012		2011		Federal tax	2012		2011
		State wages	2012		2011		State tax	2012		2011
		Locality	2012		2011		Local tax	2012		2011
TS		Federal I.D. No.		Company Name						
		State I.D. No.								
		Federal wages	2012		2011		Federal tax	2012		2011
		State wages	2012		2011		State tax	2012		2011
		Locality	2012		2011		Local tax	2012		2011
TS		Federal I.D. No.		Company Name						
		State I.D. No.								
		Federal wages	2012		2011		Federal tax	2012		2011
		State wages	2012		2011		State tax	2012		2011
		Locality	2012		2011		Local tax	2012		2011
TS		Federal I.D. No.		Company Name						
		State I.D. No.								
		Federal wages	2012		2011		Federal tax	2012		2011
		State wages	2012		2011		State tax	2012		2011
		Locality	2012		2011		Local tax	2012		2011



# Wages and Salaries

Please attach all W-2(s).

**Name:**

**SSN:**

TS  Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2012	2011		2012	2011
Wages, tips, other compensation			State <input type="checkbox"/> State I.D. _____		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State <input type="checkbox"/> State I.D. _____		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

TS  Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2012	2011		2012	2011
Wages, tips, other compensation			State <input type="checkbox"/> State I.D. _____		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State <input type="checkbox"/> State I.D. _____		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

## Interest Income

Please attach all 1099(s) relating to interest income.

**SSN:**

**Name:**

TSJ	Name of payer (if seller financed mortgage enter SSN and address of payer)	Interest Income	Federal Income Tax Withheld	Foreign Tax Paid	Tax Exempt Interest	Amount of Resident State Municipal Interest	Nominee Interest

Did you have a financial interest in or signature authority over a financial account located in a foreign country?    Yes    No

Please attach additional sheets if necessary.

**Dividend Income**

Please attach all 1099(s) relating to dividend income.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

TSJ	Name of payer	Ordinary	Qualified	Capital Gains	Federal Income Tax Withheld	Foreign Tax Paid	Other	
							Description	Amount

Did you have a financial interest in or signature authority over a financial account located in a foreign country?  Yes  No

Please attach additional sheets if necessary.

## Profit or Loss From Business Schedule C

<b>Name:</b>		<b>SSN:</b>			
TS	Principal business or profession			Business code	
Business name			Employer I.D. number		
Business address					
City					
<b>U.S. Only</b>		State, ZIP			
<b>Foreign Only</b>		Province/State, Country, Postal Code			
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other					
Activity type				Some investment is NOT at risk <input type="checkbox"/>	
You started or acquired this business during 2012 <input type="checkbox"/>			You disposed of this property during 2012 <input type="checkbox"/>		
Did you make any payments in 2012 that would require you to file Form(s) 1099?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If, Yes," did you or will you file all required Forms 1099?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Income</b>		<b>2012</b>	<b>2011</b>	<b>2012</b>	<b>2011</b>
Gross receipts or sales			Other income		
Returns and allowances					
<b>Expenses</b>		<b>2012</b>	<b>2011</b>	<b>2012</b>	<b>2011</b>
Advertising			Taxes and licenses		
Car and truck expenses			Travel		
Commissions and fees			Total meals and entertainment		
Contract labor			Utilities		
Depletion			Wages		
Employee benefit programs			Other expenses (list):		
Insurance (other than health)					
Mortgage interest (paid to banks, etc.)					
Other interest					
Legal & professional services					
Office expenses					
Pension and profit sharing plans					
Rent or lease (vehicles, machinery, and equipment)					
Rent (other business property)					
Repairs and maintenance			Other (Detail)		
Supplies			Family Health Coverage		
<b>Cost of goods sold</b>		<b>2012</b>	<b>2011</b>	<b>2012</b>	<b>2011</b>
Inventory at beginning of the year			Materials and supplies		
Purchases (less cost of items withdrawn for personal use)			Other costs		
Cost of labor			Inventory at end of year		
Inventory method, if not Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other <input type="checkbox"/> There was a change of inventory method <input type="checkbox"/>					

## Profit or Loss From Business

### Schedule C General Information

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS		Principal business or profession	Business code
----	--	----------------------------------	---------------

Employer I.D. number \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

**U.S. Only** State, ZIP \_\_\_\_\_

**Foreign Only** Province/State, Country, Postal Code \_\_\_\_\_

Accounting method, if not cash  Accrual  Other

Inventory method, if not cost  Lower of Cost or Market  Other  Change of inventory method  Yes  No

Activity type \_\_\_\_\_ Some investment is NOT at risk

You started or acquired this business during 2012  You disposed of this property during 2012

Did you make any payments in 2012 that would require you to file Form(s) 1099?  Yes  No

If "Yes," did you or will you file all required Forms 1099?  Yes  No

<b>Other Information</b>	<b>2012</b>	<b>2011</b>
--------------------------	-------------	-------------

Family Health Coverage		
------------------------	--	--

<b>Income</b>	<b>2012</b>	<b>2011</b>
---------------	-------------	-------------

Gross receipts or sales		
-------------------------	--	--

Returns and allowances		
------------------------	--	--

Other income		
--------------	--	--

<b>Cost of Goods Sold</b>	<b>2012</b>	<b>2011</b>
---------------------------	-------------	-------------

Inventory at beginning of the year		
------------------------------------	--	--

Purchases (less cost of items withdrawn for personal use)		
---	--	--

Cost of labor		
---------------	--	--

Materials and supplies		
------------------------	--	--

Other costs (list on detail worksheet)		
--	--	--

Inventory at end of year		
--------------------------	--	--

**Profit or Loss From Business**  
Schedule C General Information

<b>Name:</b>		<b>SSN:</b>	
TS	Business name	Profession or product	
<b>Expenses</b>		<b>2012</b>	<b>2011</b>
Advertising			
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Employee benefit programs			
Insurance (other than health)			
Mortgage interest (paid to banks, etc.)			
Other interest			
Legal and professional services			
Office expense			
Pension and profit sharing plans			
Rent or lease (vehicles, machinery, and equipment)			
Rent (other business property)			
Repairs and maintenance			
Supplies			
Taxes and licenses (including real estate taxes)			
Travel			
Total meals and entertainment			
Utilities			
Wages			
Other expenses (list):			
Other (Detail)			



# Sale of Home

**Name:**

**SSN:**

<b>Name:</b>				<b>SSN:</b>			
Enter the date you purchased the home				Enter the date you sold the home			
Enter the purchase price of your old home				Seller-paid points for old home if bought after 1990			
Enter the selling price of the old home				Enter any expenses from the sale of the old home			
<b>Settlement fees or closing costs for old home.</b>							
Abstract and recording fees							
Legal fees							
Surveys							
Title insurance							
Transfer or stamp taxes							
Amounts the seller owed that you agreed to pay							
Other fees or closing cost							
Cost of capital improvements to old home							
Special tax assessments paid on old home for local improvements, such as streets							
<b>Other increases to basis:</b>							
Describe:							
If home was used for business, enter any depreciation claimed							
<b>Other decreases to basis:</b>							
Describe:							
<b>Information on time lived in the home sold</b>				<b>You</b>		<b>Spouse</b>	
Enter the date that you first used the property as a main home							
Enter the date that you first owned the property as a main home							
Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, answer the following: Enter date of most recent sale of another home on which you excluded the gain							
<b>First-Time Homebuyer Credit repayment information.</b>							
Year the home was purchased					Amount of First-Time Homebuyer Credit taken		
Amount of credit repaid in prior years							
Mark the box below that applies if there was a change in the use of the main home or disposition of the home other than a sale to an unrelated party.							
Date home ceased to be a main home if not sold							
<input type="checkbox"/> I sold the home to a related person							
<input type="checkbox"/> I converted the home to a rental or business OR I still own the home but it is no longer my main home							
<input type="checkbox"/> I transferred the home to spouse (or ex-spouse as part of my divorce settlement) Ex-spouse's Name _____							
<input type="checkbox"/> My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years							
<input type="checkbox"/> My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years							
<input type="checkbox"/> The taxpayer who claimed the credit died in 2012							
<b>Please bring the contract for the sale of the home to your appointment.</b>							



## Casualties and Thefts

**Name:**

**SSN:**

Description of property

Location of property

Was property  Personal  Business  Income-producing  Employee income-producing

Date acquired

Fair market value before incident

Cost or other basis

Fair market value after incident

Insurance or other reimbursement (whether or not you filed a claim)

Date of incident

Appendix A Information for Ponzi losses

**Part II Computation of Deduction**

Initial investment

Percentage of qualified investment

Subsequent investments

Actual recovery

Income reported in prior years

Potential insurance / SIPC recovery

Withdrawals

**Part III Required Statements and Declarations**

Name of person or entity that conducted fraudulent arrangements

Name

SSN/EIN

Street Address

City

State

Zip

Description of property

Location of property

Was property  Personal  Business  Income-producing  Employee income-producing

Date acquired

Fair market value before incident

Cost or other basis

Fair market value after incident

Insurance or other reimbursement (whether or not you filed a claim)

Date of incident

Appendix A Information for Ponzi losses

**Part II Computation of Deduction**

Initial investment

Percentage of qualified investment

Subsequent investments

Actual recovery

Income reported in prior years

Potential insurance / SIPC recovery

Withdrawals

**Part III Required Statements and Declarations**

Name of person or entity that conducted fraudulent arrangements

Name

SSN/EIN

Street Address

City

State

Zip

## Installment Sale Income

**Name:**

**SSN:**

TSJ		Description of property:		
Date acquired		Date sold		
		<b>2012</b>	<b>Prior Years</b>	
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions and expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

TSJ		Description of property:		
Date acquired		Date sold		
		<b>2012</b>	<b>Prior Years</b>	
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions and expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

TSJ		Description of property:		
Date acquired		Date sold		
		<b>2012</b>	<b>Prior Years</b>	
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions and expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

## Supplemental Income and Loss

### Part I - Income or Loss From Rental Real Estate and Royalties

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TSJ	Property description	Activity Type
-----	----------------------	---------------

Did you make any payments in 2012 that would require you to file Form(s) 1099?  Yes  No

If "Yes," did you or will you file all required Forms 1099?  Yes  No

Property Address \_\_\_\_\_

City \_\_\_\_\_

**U.S. Only** State, ZIP \_\_\_\_\_

**Foreign Only** Province/State, Country, Postal Code \_\_\_\_\_

Single Family Residence  Vacation / Short Term Rental  Land  Self-Rental

Multi-Family Residence  Commercial  Royalties  Other

Fair Rental Days \_\_\_\_\_ Personal use days \_\_\_\_\_ Qualified Joint Venture

If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer \_\_\_\_\_

This is your main home  Some investment is NOT at risk  Property was 100% disposed of in 2012  Property is a Single Member LLC

<b>Income:</b>	2012	2011
Rent Income		
Royalties from oil, gas, mineral, copyright or patent		

<b>Expenses:</b>	Direct expense		Indirect expense	
	2012	2011	2012	2011
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance <input type="checkbox"/> Includes Private Mortgage Insurance				
Legal and professional fees				
Management fees				
Interest - mortgage				
Interest - other				
Repairs				
Supplies				
Taxes				
Utilities				
Other: (list)				

Ownership Percentage \_\_\_\_\_

**Supplemental Income and Loss**  
**Part II - Income or Loss From Fiduciary**

Name:

SSN:

Attach all Form 1041 Schedules K-1 received for 2012

TS	Name:	Employer identification number	Any changes in this investment?	Is K-1 Attached?

### Supplemental Income and Loss Part II - Income or Loss From Partnerships

Name:

SSN:

Attach all Form 1065 Schedules K-1 received for 2012

TS	Name:	Employer identification number	Any changes in this investment?	Is K-1 Attached?

## Supplemental Income and Loss

### Part II - Income or Loss From S Corporations

Name:

SSN:

Attach **all** Form 1120S Schedules K-1 received for 2012

TS	Name:	Employer identification number	Any changes in this investment?	Is K-1 Attached?

## Farm Rental Income and Expenses

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TSJ  EIN  Activity type: \_\_\_\_\_

Farm was 100% disposed of in 2012  Farm is a single member LLC

Farm received applicable subsidy in 2012  Some of the investment is NOT at risk

Income	2012	2011
Income from production of livestock, grains, and other crops		
Total cooperative distributions received		
Taxable amount		
Agricultural program payments received		
Taxable amount		
Commodity Credit Corporation (CCC) loans:		
CCC loans reported under election		
CCC loans forfeited or repaid with certificates		
Taxable amount		
Crop insurance proceeds and certain disaster payments:		
Amount received in 2012		
Taxable amount		
Do you elect to defer to next year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount deferred from last year		
Other income		

Expenses	2012	2011	2012	2011
Car and truck expenses			Seeds and plants purchased	
Chemicals			Storage and warehousing	
Conservation expenses			Supplies purchased	
Custom hire (machine work)			Taxes	
Employee benefit programs			Utilities	
Feed purchased			Veterinary, breeding, & medicine	
Fertilizers and lime			Other expenses (list):	
Freight and trucking				
Gasoline, fuel, and oil				
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other:				
Labor hired (less jobs credit)				
Pension & profit-sharing plans				
Rent - vehicles, machinery and equipment				
Rent - other (land, animals, etc.)				
Repairs and maintenance				

## Profit or Loss From Farming

Name:

SSN:

TSJ		Principal product	Activity code
Accounting method, if not cash <input type="checkbox"/> Accrual		Employer ID number	
You did NOT materially participate in the operation of this business during 2012 <input type="checkbox"/>			
Did you make any payments in 2012 that would require you to file Form(s) 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did you or will you file all required Forms 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Some investment is NOT at risk	<input type="checkbox"/>	Farm was 100% disposed of in 2012
<input type="checkbox"/>			Farm is a Single Member LLC

Income	2012	2011	2012	2011
Sales of livestock / other items			Crop insurance received	
Cost of items bought for resale			Taxable amount	
Sale of products you raised			Do you elect to defer to 2013?	<input type="checkbox"/> Yes
Total cooperative distributions			Amount deferred last year	
Taxable amount			Custom hire income	
Total agricultural payments			Other income	
Taxable amount			Beginning inventory for accrual	
Commodity Credit Corp (CCC) loans reported			Ending inventory for accrual	
Forfeited amount			Did you use unit-livestock-price or farm-price method of valuing inventory?	<input type="checkbox"/> Yes
Taxable amount				

Expenses	2012	2011	2012	2011
Car and truck expenses			Repairs and maintenance	
Chemicals			Seeds and plants purchased	
Conservation expenses			Storage and warehousing	
Custom hire (machine work)			Supplies purchased	
Employee benefit programs			Taxes	
Feed purchased			Utilities	
Fertilizers and lime			Veterinary, breeding, & medicine	
Freight and trucking			Other expenses (list):	
Gasoline, fuel, and oil				
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other				
Labor hired (less jobs credit)				
Pension and profit-sharing plans				
Rent - vehicles, machinery, and equipment				
Rent - other (land, animals, etc.)			Family health coverage payments	



## Form 1099-G Unemployment Compensation

<b>Name:</b>						<b>SSN:</b>					
TSJ		Payer's Federal I.D. Number:									
Payer's name:											
Payer's address:											
City:											
<b>U.S. Only</b>				State, ZIP:							
<b>Foreign Only</b>				Province/State, Country, Postal Code:							
Payer's phone:						Account number:					
		<b>2012</b>		<b>2011</b>				<b>2012</b>		<b>2011</b>	
Unemployment compensation						State				State I.D.	
Unemployment compensation repaid in current year						State unemployment					
State/local tax refunds/credits						State withholding					
Tax year											
Federal tax withheld											
ATAA payments						<input type="checkbox"/> Trade/business					
Taxable grants						Market gain					
Agriculture						<input type="checkbox"/> Unemployment benefits are from railroad					

TSJ		Payer's Federal I.D. Number:									
Payer's name:											
Payer's address:											
City, State, Zip:											
<b>U.S. Only</b>				State, ZIP:							
<b>Foreign Only</b>				Province/State, Country, Postal Code:							
Payer's phone:						Account number:					
		<b>2012</b>		<b>2011</b>				<b>2012</b>		<b>2011</b>	
Unemployment compensation						State				State I.D.	
Unemployment compensation repaid in current year						State unemployment					
State/local tax refunds/credits						State withholding					
Tax year											
Federal tax withheld											
ATAA payments						<input type="checkbox"/> Trade/business					
Taxable grants						Market gain					
Agriculture						<input type="checkbox"/> Unemployment benefits are from railroad					

# Form 1099-MISC

Please attach all 1099-M(s)

**Name:**

**SSN:**

TS  For  Payer's Federal ID number:

Payer's name:

Address:

City:

**U.S. Only** State, ZIP:

**Foreign Only** Province/State, Country, Postal Code:

	2012	2011		2012	2011
Rents			State <input type="checkbox"/> State I.D. <input type="checkbox"/>		
Royalties			State tax withheld		
Other income			State income		
Description			Name of locality		
Federal tax withheld			Local tax withheld		
Fishing boat proceeds			Local income		
Medical and health care payments			State <input type="checkbox"/> State I.D. <input type="checkbox"/>		
Non-employee compensation			State tax withheld		
Substitute payments			State income		
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality		
Crop insurance proceeds			Local tax withheld		
Excess golden parachute			Local income		
Gross attorney proceeds					
Taxable Proceeds					
Section 409A deferrals					
Section 409A income					

## Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

<b>Name:</b>				<b>SSN:</b>			
TS		Payer's name:				Payer's Federal ID Number:	
Address:				City:			
<b>U.S. Only</b>		State, Zip					
<b>Foreign Only</b>		Province/State, Country, Postal Code				<b>2012</b>	<b>2011</b>
		<b>2012</b>	<b>2011</b>	State		State I.D.	
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld			
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution			
Gross distribution				Name of locality			
Taxable amount				Local income tax withheld			
Total distribution		<input type="checkbox"/>	<input type="checkbox"/>	Local distribution			
Capital gain				State		State I.D.	
Federal income tax withheld				State income tax withheld			
Employee contributions or insurance premiums				State distribution			
Distribution code(s)				Name of locality			
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld			
Your percentage of total distribution				Local distribution			

TS				Payer's name:				Payer's Federal ID Number:	
Address:				City:					
<b>U.S. Only</b>		State, Zip							
<b>Foreign Only</b>		Province/State, Country, Postal Code				<b>2012</b>	<b>2011</b>		
		<b>2012</b>	<b>2011</b>	State		State I.D.			
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld					
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution					
Gross distribution				Name of locality					
Taxable amount				Local income tax withheld					
Total distribution		<input type="checkbox"/>	<input type="checkbox"/>	Local distribution					
Capital gain				State		State I.D.			
Federal income tax withheld				State income tax withheld					
Employee contributions or insurance premiums				State distribution					
Distribution code(s)				Name of locality					
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld					
Your percentage of total distribution				Local distribution					

### Social Security Benefit Statement

		2012	2011			2012	2011		
TS	Net benefits			Medicare premiums				Income tax withheld	
TS	Net benefits			Medicare premiums				Income tax withheld	

## Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name:

SSN:

**Part I - General Information**

Taxpayer's foreign address

Foreign city

Province/State, Country, Postal code

Occupation

Employer's name

Employer's U.S. address

City ST      Zip

Employer's Foreign address

City

Province/State, Country, Postal code

Employer is: (check any that apply)       A foreign entity       A U.S. company       Self  
 A foreign affiliate of a U.S. company       Other (specify):

If you have filed Form 2555 since 1981, enter the last year you filed Form 2555.

If you claimed an exclusion in an earlier year (after 1981), have you ever revoked your choice?       Yes       No

If Yes, give the type of exclusion and tax year

Of what country are you a citizen/national?

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home?       Yes       No

If Yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country	Number of Days			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> </table>			
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List your tax home(s) during your tax year and date(s) established

Home	Date Established			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> </table>			
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## Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name:

SSN:

### Part II - Bona Fide Residence Test

Date bona fide residence began \_\_\_\_\_, ended \_\_\_\_\_

Kind of living quarters in foreign country  Purchased house  Rented house or apartment  
 Quarters furnished by employer  Rented room

Did any of your family live with you abroad during any part of the tax year?  Yes  No

If Yes, who and for what period	Relationship	For what Period

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country?  Yes  No

Are you required to pay income tax to the country where you claim bona fide residence?  Yes  No

If you were present in the United States during the tax year, enter the information below.

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business	Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business

State any contractual terms or other conditions relating to the length of your employment abroad:

State the type of visa under which you entered the foreign country:

Did your visa limit the length of your stay or employment in a foreign country? (If Yes, attach explanation)  Yes  No

Did you maintain a home in the United States while living abroad?  Yes  No

If Yes, enter address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address

Occupant Name:	Relationship:

Rented

### Part III - Physical Presence Test/Waiver

The physical presence test is based on the 12-month period from: \_\_\_\_\_ through: \_\_\_\_\_

Enter your principal country of employment during your tax year:

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." **Do not** include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)

## Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

<b>Name:</b>	<b>SSN:</b>		
<b>Foreign Earned Income</b>		<b>2012</b>	<b>2011</b>
Total wages, salaries, bonuses, commissions, etc.			
<b>Allowable share of income for personal services performed:</b>			
In a business (including farming) or profession			
In a partnership (list name, address, and type of income)			
<b>Noncash income:</b>			
Home (lodging)			
Meals			
Car			
Other property or facility (specify)			
<b>Allowances, reimbursements, or expenses paid on your behalf for services performed:</b>			
Cost of living and overseas differential			
Family			
Education			
Home leave			
Quarters			
Other (specify)			
<b>Other foreign earned income (specify):</b>			
Meals and lodging that are excludable			
<b>For Taxpayers Claiming the Housing Exclusion and/or Deduction</b>			
Qualified housing expenses for the tax year			
Location where housing expenses incurred			
Limit on housing expenses			
Enter the number of days in qualifying period that fall within your 2012 tax year			
Enter employer-provided amounts			
<b>For Taxpayers claiming the foreign earned income exclusion</b>			
Enter the number of days in qualifying period that fall within your 2012 tax year			

## Moving Expenses

Name:

SSN:

TSJ			2012	2011
		Enter the number of miles from your OLD home to your NEW workplace		
		Enter the number of miles from your OLD home to your OLD workplace		
		Enter the amount you paid for transportation and storage of household goods and personal effects		
		Enter the amount you paid for travel and lodging incurred during move (do NOT include cost of meals)		
		Enter the amount of moving expenses reimbursed to you by your employer		
Was this a military move?			<input type="checkbox"/> Yes	

## Self-Employed Health Insurance

TSJ			2012	2011
		Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents		
		Enter the qualified long term care amount		
		Enter your medicare wages from an S corporation		

## Self-Employed Pensions

TSJ			2012	2011
		Enter your plan contribution rate as a decimal		
		Enter your allowable elective deferrals made during 2012		
		Enter your catch-up contributions		
		Enter the amount of designated ROTH contributions included above		

## Nondeductible IRAs

TS			2012	2011
		Total traditional IRA contributions made for 2012		
		Total basis in traditional IRAs		
		Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers)		
		Amount of traditional IRAs converted to ROTH IRAs		
		IRA basis before conversion		
		Total ROTH IRA contributions made for 2012		

## Health Savings Account

TSJ			2012	2011
		HSA contributions made for 2012		
		Total distributions from all HSAs during 2012		
		Distributions included above that were rolled over		
		Unreimbursed qualified medical expenses		

## Noncash Charitable Contributions

<b>Name:</b>		<b>SSN:</b>	
TSJ		Donee I.D.	
Name of donee organization			
Address of donee organization			
City			
<b>U.S. Only</b>		State, ZIP	
<b>Foreign Only</b>		Province/State, Country, Postal Code	
Description of donated property		Date contributed	
Physical condition of donated property		Donor's cost or adjusted basis	
Valuation method used		Fair market value	
How was it acquired?		Bargain sale price	
Date acquired		Average security price	
<b>Property Type (if over \$5,000)</b>			
<input type="checkbox"/>	Art valued more than \$20,000	<input type="checkbox"/>	Equipment
<input type="checkbox"/>	Qualified conservation contribution	<input type="checkbox"/>	Art valued less than \$20,000
<input type="checkbox"/>	Non-qualified conservation contribution	<input type="checkbox"/>	Other real estate
<input type="checkbox"/>		<input type="checkbox"/>	Securities
<input type="checkbox"/>		<input type="checkbox"/>	Collectibles
<input type="checkbox"/>		<input type="checkbox"/>	Intellectual Property
<input type="checkbox"/>		<input type="checkbox"/>	Vehicles
<input type="checkbox"/>		<input type="checkbox"/>	Other

  

TSJ		Donee I.D.	
Name of donee organization			
Address of donee organization			
City			
<b>U.S. Only</b>		State, ZIP	
<b>Foreign Only</b>		Province/State, Country, Postal Code	
Description of donated property		Date contributed	
Physical condition of donated property		Donor's cost or adjusted basis	
Valuation method used		Fair market value	
How was it acquired?		Bargain sale price	
Date acquired		Average security price	
<b>Property Type (if over \$5,000)</b>			
<input type="checkbox"/>	Art valued more than \$20,000	<input type="checkbox"/>	Equipment
<input type="checkbox"/>	Qualified conservation contribution	<input type="checkbox"/>	Art valued less than \$20,000
<input type="checkbox"/>	Non-qualified conservation contribution	<input type="checkbox"/>	Other real estate
<input type="checkbox"/>		<input type="checkbox"/>	Securities
<input type="checkbox"/>		<input type="checkbox"/>	Collectibles
<input type="checkbox"/>		<input type="checkbox"/>	Intellectual Property
<input type="checkbox"/>		<input type="checkbox"/>	Vehicles
<input type="checkbox"/>		<input type="checkbox"/>	Other



## Other Income and Adjustments

Name:

SSN:

### Income

	Taxpayer		Spouse	
	2012	2011	2012	2011
Taxable scholarships not reported on W-2				
Other income not reported above or on Form W-2				
<input type="checkbox"/> Household income <input type="checkbox"/> Prisoner income				
Interest income (If over \$1,500 report only on Interest sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest sheet)				
Dividend income (If over \$1,500 report only on Dividend sheet)				
Taxable refunds:    State taxes				
Local taxes				
Alimony received				
IRA distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions received				
Unemployment compensation received				
Portion of unemployment repaid in 2012				
Total Social Security received				
Lump sum benefits - earlier years				
Net railroad Tier One benefits received for 2012				
Other income (please list):	Investment income			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
NOL carryforward or carryback				
Real estate tax recovery				
Personal property rental income				
Gambling winnings				
Alaska Permanent Fund				

## Other Adjustments

Name:

SSN:

### Adjustments

	Taxpayer		Spouse	
	2012	2011	2012	2011
Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employed health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2012				
Student loan interest				
Jury duty pay given to employer				
Forestation or reforestation expense				
Repaid sub-pay previously reported				
Contributions to Section 501(c)(18) pension plan				
Expenses from casual rental or personal property				
Whistleblower fees				
Contributions by certain chaplains to Section 403(b) plans				
Certain fees and costs for actions involving unlawful discrimination claims				
Other adjustments (please list):				

## Itemized Deductions

<b>Name:</b>		<b>SSN:</b>			
<b>MEDICAL and DENTAL</b>					
	<b>2012</b>	<b>2011</b>	<b>GIFTS TO CHARITY (attach receipts)</b>	<b>2012</b>	<b>2011</b>
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			30% limitation		
Number of medical miles			Charitable miles		
Other medical and dental expenses (list):			Other than by cash or check		
			Carryover from prior year subject to:		
			QCC - qualified farmer or rancher		
			QCC - non-qualified farmer or rancher		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
<b>TAXES YOU PAID</b>					
State and local income taxes			<b>JOB EXPENSES (list):</b>		
Sales tax			Unreimbursed employee expenses		
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
<b>INTEREST YOU PAID</b>					
Home mortgage interest and points on Form 1098					
Home mortgage interest not on Form 1098			Tax preparation fees		
<b>SSN/EIN:</b>			<b>Other Expense (list):</b>		
Name:					
Street:					
City:					
<b>U.S. Only</b> State, ZIP					
<b>Foreign Only</b> Province/State, Country, Postal Code			<b>MISCELLANEOUS DEDUCTIONS</b>		
			Other deductions not subject to 2% limit		
Portion of amount above that is home equity interest					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					

# Mortgage Interest

<b>Name:</b>					<b>SSN:</b>			
TSJ		For		Business name	Product			
Recipient/Lender Information:						<b>2012</b>	<b>2011</b>	
Federal ID #				Mortgage interest received				
Name				Points paid				
Address				Refund overpaid interest				
City				Mortgage insurance premiums				
<b>U.S. Only</b> State, ZIP				Real Estate taxes paid				
<b>Foreign Only</b> Province/State, Country, Postal Code								
Account number								
TSJ		For		Business name	Product			
Recipient/Lender Information:						<b>2012</b>	<b>2011</b>	
Federal ID #				Mortgage interest received				
Name				Points paid				
Address				Refund overpaid interest				
City				Mortgage insurance premiums				
<b>U.S. Only</b> State, ZIP				Real Estate taxes paid				
<b>Foreign Only</b> Province/State, Country, Postal Code								
Account number								
TSJ		For		Business name	Product			
Recipient/Lender Information:						<b>2012</b>	<b>2011</b>	
Federal ID				Mortgage interest received				
Name				Points paid				
Address				Refund overpaid interest				
City				Mortgage insurance premiums				
<b>U.S. Only</b> State, ZIP				Real Estate taxes paid				
<b>Foreign Only</b> Province/State, Country, Postal Code								
Account number								
TSJ		For		Business name	Product			
Recipient/Lender Information:						<b>2012</b>	<b>2011</b>	
Federal ID #				Mortgage interest received				
Name				Points paid				
Address				Refund overpaid interest				
City				Mortgage insurance premiums				
<b>U.S. Only</b> State, ZIP				Real Estate taxes paid				
<b>Foreign Only</b> Province/State, Country, Postal Code								
Account number								

## Expenses for Business Use of Your Home

Name:

SSN:

TSJ  For

### Business Use of Home

2012

2011

Square feet of home used exclusively for business

Total square feet of home

### Use of Home for Daycare

2012

2011

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year?  Yes  No

### Expenses

Expenses directly related to business use **only**

Total Household expenses

Did you claim office in home expenses last year?  Yes  No

2012

2011

2012

2011

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

### Cost of Home

2012

2011

Enter the **smaller** of your home's adjusted basis or its fair market value

Does this include the value of the land?  Yes  No

Value of land

Date placed in service

Date taken out of service

## Employee Business Expense

Name:

SSN:

TS  Occupation

### Part I - Employee Business Expense and Reimbursements

	2012	2011
Rural mail carrier		
Parking fees, tolls, and local transportation, including train, bus, etc.		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do Not</b> include meals and entertainment		
Other business expenses		
Meals and entertainment expenses		
DOT meals		
Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses		
Meals and entertainment expenses		
Portion of total expenses that is for impairment-related work expenses of disabled employee		
Portion of total expenses that is for Armed Forces reservist		
<input type="checkbox"/> Qualifying performing artist <input type="checkbox"/> Fee-based state or local government official <input type="checkbox"/> Pastor		

### Business Vehicle Expenses

Vehicle Description	Vehicle 1		Vehicle 2	
	2012	2011	2012	2011
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2012				
Business miles				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation method and percentage				
If an employer provided vehicle, was personal use during off duty hours permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or your spouse have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

# Asset Listing for 2012

Name:

SSN:

For	Multi	Description of Property	Date Acquired	Cost/Basis	Meth	Life	Prior Depreciation	Sec 179 Exp	Date Sold	Sales Price	Expense of Sale	Prop type

<p><b>Valid Methods:</b></p> <p>For assets purchased <b>AFTER 1980</b></p> <p><b>A</b> ACRS or MACRS tangible property  <b>M</b> MACRS tangible property  <b>ALT</b> Alternative MACRS (150 DB election)  <b>ARR</b> Residential Rental (27.5 yrs)  <b>APU</b> Public Utility  <b>ARP</b> Other Real Property (15,18,19,31,5,39,5 yrs)  <b>ALH</b> Low Income Housing Property  <b>ADS</b> Alternative Depreciation System  <b>EXP</b> Section 179 Expense Election</p> <p><b>Misc.</b> <b>NDA</b> Non-Depreciable <b>SFT</b> Software (3 yrs)  <b>SL</b> Straight Line <b>SYD</b> Sum of Years Digits  <b>AMT</b> Amortization <b>PTS</b> Amortization of Points (Sch A)</p>	<p><b>For assets purchased BEFORE ONLY</b></p> <p><b>D</b> 125% Declining Balance  <b>DS</b> 125% Declining Balance with SL switch  <b>DB</b> 150% Declining Balance  <b>DBS</b> 150% Declining Balance with SL switch  <b>DC</b> 175% Declining Balance  <b>DCS</b> 175% Declining Balance with SL switch  <b>DD</b> 200% Declining Balance  <b>DDS</b> 200% Declining Balance with SL switch</p> <p><b>Listed Property Types:</b></p> <p><b>V</b> Luxury Vehicle  <b>T</b> Trucks and Vans  <b>X</b> Computers, property generally used for entertainment, recreation, or amusement, and cellular phones.</p>	<p><b>Property Type Codes for 4797:</b></p> <p><b>44</b> Section 1244 Stock  <b>45</b> Section 1245 Property  <b>50</b> Section 1250 Property  <b>51</b> Section 1251 Property  <b>52</b> Section 1252 Property  <b>54</b> Section 1254 Property  <b>55</b> Section 1255 Property  <b>NL</b> Nonrecaptured Losses  <b>18</b> Form 4797, line 18 entry</p> <p><b>FA</b> Farm Animal  <b>FL</b> Farm Land  <b>FO</b> Farm Other Property</p>
<p><b>BC</b> Qualifying housing under binding contract  <b>QH</b> Rehab Expenditures  <b>RH</b> Subsidized Housing  <b>SH</b> Intangible Drilling  <b>ID</b> Residential Rental Property  <b>RR</b> Involuntary Conversion  <b>IC</b> Other Section 1231 gain (4797 part 1)  <b>ND</b> Installment Sale (1245 Property)  <b>IN</b> Installment Sale (1250 Property)  <b>IS</b> Like Kind Exchange  <b>LK</b></p>		

## Credit for Federal Tax on Fuels

Name:		SSN:		Gallons USED	2011
<b>1a</b>	Off-highway business use				
<b>1b</b>	Use on a farm for farming purposes				
<b>1c</b>	Other non-taxable use of gasoline	<b>Type</b>			
<b>1d</b>	Exported				
<b>2a</b>	Aviation gasoline used in commercial aviation				
<b>2b</b>	Aviation gasoline other nontaxable use	<b>Type</b>			
<b>2c</b>	Exported				
<b>2d</b>	LUST tax on aviation fuels used in foreign trade				
<b>3a</b>	Nontaxable use	<b>Type</b>		<b>Visible evidence of dye</b>	
<b>3b</b>	Use on a farm for farming purposes				
<b>3c</b>	Use in trains				
<b>3d</b>	Used in intercity/local bus				
<b>3e</b>	Exported				
<b>4a</b>	Nontaxable use	<b>Type</b>		<b>Visible evidence of dye</b>	
<b>4b</b>	Use on a farm for farming purposes				
<b>4c</b>	Intercity and local buses				
<b>4d</b>	Exported				
<b>4e</b>	Nontaxable use taxed at \$.044	<b>Type</b>			
<b>4f</b>	Nontaxable use taxed at \$.219	<b>Type</b>			
<b>5a</b>	Kerosene taxed at \$.244				
<b>5b</b>	Kerosene taxed at \$.219				
<b>5c</b>	Nontaxable use taxed at \$.244	<b>Type</b>			
<b>5d</b>	Nontaxable use taxed at \$.219	<b>Type</b>			
<b>5e</b>	LUST tax on aviation fuel used in foreign trade				
<b>6</b>	Ultimate vendor ID #				
<b>6a</b>	Use by a state or local government			<b>Visible evidence of dye</b>	
<b>6b</b>	Use in certain intercity and local buses				
<b>7</b>	Ultimate vendor ID #				
<b>7a</b>	Kerosene for state and local government			<b>Visible evidence of dye</b>	
<b>7b</b>	Sales from blocked pump				
<b>7c</b>	Certain intercity and local buses				
<b>8</b>	Ultimate vendor ID #				
<b>8a</b>	Use in commercial aviation taxed at \$.219				
<b>8b</b>	Commercial aviation taxed at \$.244				
<b>8c</b>	Nonexempt noncommercial aviation				
<b>8d</b>	Other nontaxable uses taxed at \$.244	<b>Type</b>			
<b>8e</b>	Other nontaxable uses taxed at \$.219	<b>Type</b>			
<b>8f</b>	LUST tax on aviation fuels used in foreign trade				



## Credit for Federal Tax on Fuels

Name:		SSN:		Gallons USED	2011
9	Registration number				
9a	Ethanol alcohol mixtures				
9b	Alcohol mixtures other than ethanol				
10	Registration number				
10a	Biodiesel mix				
10b	Agri-biodiesel mix				
10c	Renewable diesel mixtures				
11a	Liquefied petroleum gas	Type			
11b	"P series" fuels	Type			
11c	Compressed Natural Gas (GGE = 126.67 cu. ft.)	Type			
11d	Liquefied hydrogen	Type			
11e	Any liquid fuel from the Fischer-Tropsch process	Type			
11f	Liquid fuel derived from biomass	Type			
11g	Liquefied natural gas	Type			
11h	Liquefied gas derived from biomass	Type			
12	Ultimate Vendor ID #				
12a	Liquefied petroleum gas				
12b	"P series" fuels				
12c	Compressed natural gas				
12d	Liquefied hydrogen				
12e	Liquid fuel derived from coal				
12f	Liquid fuel from biomass				
12g	Liquefied natural gas				
12h	Liquefied gas derived from biomass				
12i	Compressed gas derived from biomass (GGE = 122 cu. ft.)				
13	Registration number				
13a	State or local government diesel				
13b	State or local government kerosene				
13c	State or local government aviation				
14a	Nontaxable use	Type			
14b	Exported				
15	Registration number				
15a	Blender credit				
16a	Exported dyed diesel				
16b	Exported dyed kerosene				

## Residential Energy Credits

**Name:**

**SSN:**

TSJ

Were improvements or costs made to your main home located in the US?

Yes  No

Address of main home

City, State, ZIP

Were improvements or costs related to the construction of this main home?

Yes  No

Enter the nonbusiness energy property credit that you took in:

2007

2008

2010

2011

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain

Exterior doors that meet or exceed Energy Star requirements

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain

Exterior windows and skylights that meet or exceed Energy Star requirements

Enter the amount of window expense you claimed in:

2007

2008

2010

2011

Residential energy property costs

Energy efficient building property costs

Qualified natural gas, propane, or oil furnace or hot water boiler

Advanced main air circulating fan used in a natural gas, propane, or oil furnace

Residential Energy Efficient Property Credit

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Was qualified fuel cell property installed on or in your main home in US?

Yes  No

Address of main home

City, State, ZIP

Qualified fuel cell property costs

Kilowatt capacity of property on line 22

Amount of unused credit from 2011 Form 5695, line 28

## Energy Credits

**Name:**

**SSN:**

### 8834 - Qualified Electric Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
	Year of vehicle		
	Make of vehicle		
	Model of vehicle		
	Vehicle Identification Number		
	Date vehicle was placed in service		
	Cost of vehicle		
	Business/investment use percentage		
	Section 179 expense deduction		
	Credits from passive activities		

### 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
	Year of vehicle		
	Make of vehicle		
	Model of vehicle		
	Vehicle Identification Number		
	Date vehicle was placed in service		
	Tentative Credit		
	Business/Investment use percentage		

### Form 8908 - Energy Efficient Home Credit

	TSJ	
	Total number of qualified energy efficient homes meeting the 50% standard that were sold during the year	
	Total number of qualified energy efficient manufactured homes meeting the 30% standard that were sold during the tax year	

### Form 8910 - Alternative Motor Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
	Year of vehicle		
	Make of vehicle		
	Model of vehicle		
	Vehicle Identification Number		
	Date vehicle was placed in service		
	Maximum credit allowable		
	Cost of converting vehicle to plug-in electric drive motor		
	Section 179 expense deduction		
	Business/investment use percentage		

## Credit for Small Employer Health Insurance Premiums

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

TSJ      

Complete the columns below for all eligible employees. Eligible employees do not include business owners, partners, shareholders who own more than 2%, family members, etc.

Complete the columns below for each employee enrolled in health insurance coverage provided under qualifying arrangement.

Employee identifier	Hours of Service		Wages Paid		Employer Premiums Paid		State Avg Premiums
	2012	2011	2012	2011	2012	2011	

Employer Identification Number used to report employment taxes for above individuals \_\_\_\_\_

Total amount of any state premium subsidies paid and any state tax credit available \_\_\_\_\_



# Auto Expense Worksheet

**Name:**

**SSN:**

For

Business name and Profession/Product

Description

Date placed in service

Do you or your spouse have another vehicle available for personal use?  Yes  No

Was your vehicle available for use during off-duty hours?  Yes  No

Do you have evidence to support your deduction?  Yes  No

If "Yes," is the evidence written?  Yes  No

Enter the number of miles your vehicle was used for:

**2012**

**2011**

**a** Business miles

**b** Commuting

**c** Other

**Expenses:**

**2012**

**2011**

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list): Apply Business %