

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

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	1. Were there any changes to your filing status or number of dependents during 2012?
<input type="checkbox"/>	<input type="checkbox"/>	2. Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur any childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have a change in residence or job location during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you move during 2012? From where? _____ Date of move _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you reside in more than one state during 2012? If yes, which states? _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.

Yes No

Income Information

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you engage in any bartering transactions during 2012?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you surrender any U.S. Savings Bonds during 2012?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	15. Did you recharacterize any IRAs this year?
<input type="checkbox"/>	<input type="checkbox"/>	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
<input type="checkbox"/>	<input type="checkbox"/>	19. Did you receive any type of prize, award, or gambling winnings during 2012?
<input type="checkbox"/>	<input type="checkbox"/>	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? _____
<input type="checkbox"/>	<input type="checkbox"/>	21. Did you receive any income not shown in this organizer? If so, please list. _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Does anyone owe you money that has become uncollectible?

Comments: _____

Miscellaneous Information

Name: _____

SSN: _____

Yes No

Business Information

		1. Did you start a new business or purchase any rental property during 2012?
		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.
		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.
		4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
		5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Yes No

Other Information

		1. Were any tuition costs paid during 2012 (even if classes were attended in another year)?
		2. Did anyone in your household attend higher education classes in 2012?
		3. Did you incur a loss due to damaged or stolen property?
		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?
		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.
		6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
		7. If yes to question 6, was the First-Time Homebuyer Credit taken?
		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?
		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:

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

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

Child and Dependent Care

Name:		SSN:	
Child Care Provider's Information		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
U.S. Only	State, ZIP		
Foreign Only	Province/State, Country, Postal Code		
		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
U.S. Only	State, ZIP		
Foreign Only	Province/State, Country, Postal Code		
		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
U.S. Only	State, ZIP		
Foreign Only	Province/State, Country, Postal Code		
		2012	2011
Social Security Number or Employer ID Number	Amount Paid		
Name			
Street Address			
City		Phone	
U.S. Only	State, ZIP		
Foreign Only	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
		State wages	2012	2011	State tax
		Locality	2012	2011	Local tax
					2011
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2012	2011	Federal tax
		State wages	2012	2011	State tax
		Locality	2012	2011	Local tax
					2011
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2012	2011	Federal tax
		State wages	2012	2011	State tax
		Locality	2012	2011	Local tax
					2011
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2012	2011	Federal tax
		State wages	2012	2011	State tax
		Locality	2012	2011	Local tax
					2011
TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2012	2011	Federal tax
		State wages	2012	2011	State tax
		Locality	2012	2011	Local tax
					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 type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input 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 type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

Interest Income

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

Name:

SSN:

Table with 8 columns: 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, and Nominee Interest. Multiple rows are provided for data entry.

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

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

Profit or Loss From Business Schedule C

Name: _____ **SSN:** _____

TS		Principal business or profession	Business code
Business name			Employer I.D. number
Business address			
City			
U.S. Only		State, ZIP	
Foreign Only		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

Income	2012	2011	2012	2011
Gross receipts or sales			Other income	
Returns and allowances				

Expenses	2012	2011	2012	2011
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	

Cost of goods sold	2012	2011	2012	2011
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 Lower of Cost or Market Other There was a change of inventory method

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

Other Information **2012** **2011**

Family Health Coverage _____

Income **2012** **2011**

Gross receipts or sales _____

Returns and allowances _____

Other income _____

Cost of Goods Sold **2012** **2011**

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

Name:		SSN:	
TS	Business name	Profession or product	
Expenses		2012	2011
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:	
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	
Settlement fees or closing costs for old home.			
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			
Other increases to basis:			
Describe:			
If home was used for business, enter any depreciation claimed			
Other decreases to basis:			
Describe:			
Information on time lived in the home sold		You	Spouse
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			
First-Time Homebuyer Credit repayment information.			
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			
Please bring the contract for the sale of the home to your appointment.			

Casualties and Thefts

Name: _____ **SSN:** _____

Description of property			
Location of property			
Was property <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Income-producing <input type="checkbox"/> 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 <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Income-producing <input type="checkbox"/> 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		
		2012	Prior Years
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		
		2012	Prior Years
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		
		2012	Prior Years
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

Income:	2012	2011
Rent Income		
Royalties from oil, gas, mineral, copyright or patent		

Expenses:	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?

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
Car and truck expenses		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
Feed purchased		
Fertilizers and lime		
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

Name: _____ **SSN:** _____

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. Only State, ZIP: _____

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

Payer's phone: _____ Account number: _____

	2012	2011		2012	2011
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: _____

U.S. Only State, ZIP: _____

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

Payer's phone: _____ Account number: _____

	2012	2011		2012	2011
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	State I.D.		
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	State I.D.		
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.

Name:		SSN:						
TS	Payer's name:						Payer's Federal ID Number:	
Address:							City:	
U.S. Only		State, Zip						
Foreign Only		Province/State, Country, Postal Code					2012	2011
	2012	2011	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:	
U.S. Only		State, Zip						
Foreign Only		Province/State, Country, Postal Code					2012	2011
	2012	2011	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: 10px; height: 15px;"></td></tr> <tr><td style="width: 10px; height: 15px;"></td></tr> <tr><td style="width: 10px; height: 15px;"></td></tr> </table>			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10px; height: 15px;"></td></tr> <tr><td style="width: 10px; height: 15px;"></td></tr> <tr><td style="width: 10px; height: 15px;"></td></tr> </table>			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10px; height: 15px;"></td></tr> <tr><td style="width: 10px; height: 15px;"></td></tr> <tr><td style="width: 10px; height: 15px;"></td></tr> </table>			

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: 10px; height: 15px;"></td></tr> <tr><td style="width: 10px; height: 15px;"></td></tr> <tr><td style="width: 10px; height: 15px;"></td></tr> </table>			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10px; height: 15px;"></td></tr> <tr><td style="width: 10px; height: 15px;"></td></tr> <tr><td style="width: 10px; height: 15px;"></td></tr> </table>			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10px; height: 15px;"></td></tr> <tr><td style="width: 10px; height: 15px;"></td></tr> <tr><td style="width: 10px; height: 15px;"></td></tr> </table>			

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

<input type="checkbox"/> Rented		Relationship:	

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

Name:		SSN:	
Foreign Earned Income		2012	2011
Total wages, salaries, bonuses, commissions, etc.			
Allowable share of income for personal services performed:			
In a business (including farming) or profession			
In a partnership (list name, address, and type of income)			
Noncash income:			
Home (lodging)			
Meals			
Car			
Other property or facility (specify)			
Allowances, reimbursements, or expenses paid on your behalf for services performed:			
Cost of living and overseas differential			
Family			
Education			
Home leave			
Quarters			
Other (specify)			
Other foreign earned income (specify):			
Meals and lodging that are excludable			
For Taxpayers Claiming the Housing Exclusion and/or Deduction			
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			
For Taxpayers claiming the foreign earned income exclusion			
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

Name:		SSN:	
TSJ		Donee I.D.	
Name of donee organization			
Address of donee organization			
City			
U.S. Only		State, ZIP	
Foreign Only		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	
Property Type (if over \$5,000)			
<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			
U.S. Only		State, ZIP	
Foreign Only		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	
Property Type (if over \$5,000)			
<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

Name:		SSN:			
MEDICAL and DENTAL	2012	2011	GIFTS TO CHARITY (attach receipts)	2012	2011
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		
TAXES YOU PAID			JOB EXPENSES (list):		
State and local income taxes			Unreimbursed employee expenses		
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
INTEREST YOU PAID					
Home mortgage interest and points on Form 1098					
Home mortgage interest not on Form 1098			Tax preparation fees		
SSN/EIN:			Other Expense (list):		
Name:					
Street:					
City:					
U.S. Only State, ZIP					
Foreign Only Province/State, Country, Postal Code			MISCELLANEOUS DEDUCTIONS		
			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

Name:

SSN:

TSJ		For		Business name	Product		
Recipient/Lender Information:						2012	2011
Federal ID #					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City					Mortgage insurance premiums		
U.S. Only State, ZIP					Real Estate taxes paid		
Foreign Only Province/State, Country, Postal Code							
Account number							
TSJ		For		Business name	Product		
Recipient/Lender Information:						2012	2011
Federal ID #					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City					Mortgage insurance premiums		
U.S. Only State, ZIP					Real Estate taxes paid		
Foreign Only Province/State, Country, Postal Code							
Account number							
TSJ		For		Business name	Product		
Recipient/Lender Information:						2012	2011
Federal ID					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City					Mortgage insurance premiums		
U.S. Only State, ZIP					Real Estate taxes paid		
Foreign Only Province/State, Country, Postal Code							
Account number							
TSJ		For		Business name	Product		
Recipient/Lender Information:						2012	2011
Federal ID #					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City					Mortgage insurance premiums		
U.S. Only State, ZIP					Real Estate taxes paid		
Foreign Only 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. **Do Not** include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were **not** 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

Qualifying performing artist Fee-based state or local government official 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? Yes No

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

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes 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

Valid Methods:

For assets purchased	A	ACRS or MACRS tangible property	
	M	MACRS tangible property	
AFTER 1980	ALT	Alternative MACRS (150 DB election)	
	ARR	Residential Rental (27.5 yrs)	
	APU	Public Utility	
	ARP	Other Real Property (15,18,19,31.5,39.5 yrs)	
	ALH	Low Income Housing Property	
	ADS	Alternative Depreciation System	
	EXP	Section 179 Expense Election	

			D	125% Declining Balance
For assets purchased	DS	125% Declining Balance with SL switch		
BEFORE 1981	DB	150% Declining Balance		
ONLY	DBS	150% Declining Balance with SL switch		
	DC	175% Declining Balance		
	DCS	175% Declining Balance with SL switch		
	DD	200% Declining Balance		
	DDS	200% Declining Balance with SL switch		

Listed Property Types:

V	Luxury Vehicle
T	Trucks and Vans
X	Computers, property generally used for entertainment, recreation, or amusement, and cellular phones.

Property Type Codes for 4797:

44	Section 1244 Stock	BC	Qual property under binding contract
45	Section 1245 Property	QH	Qualifying housing
50	Section 1250 Property	RH	Rehab Expenditures
51	Section 1251 Property	SH	Subsidized Housing
52	Section 1252 Property	ID	Intangible Drilling
54	Section 1254 Property	RR	Residential Rental Property
55	Section 1255 Property	IC	Involuntary Conversion
NL	Nonrecaptured Losses	ND	Other Section 1231 gain (4797 part 1)
18	Form 4797, line 18 entry	IN	Installment Sale (1245 Property)
FA	Farm Animal	IS	Installment Sale (1250 Property)
FL	Farm Land	LK	Like Kind Exchange
FO	Farm Other Property		

Credit for Federal Tax on Fuels

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

Detail Worksheet

Name:

SSN:

Title

Description	2012	2011

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 %		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		