

**Tax Organizer**

**Tax Year 2012**

**Tax Center Plus**

**110 Vista Way**

**Kennewick, WA 99336**

**(509) 736-2400 – FAX (509) 736-2411**

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**[www.taxcenterplus.com](http://www.taxcenterplus.com)**

## Personal Data

Filing Status:  Single  Married Filing Joint  Married Filing Separate  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

Full time student  Blind  Full time student  Blind

Do you want \$3 to go to the Presidential Election Camp Fund?  Does your spouse want \$3 to go to the Presidential Election Camp Fund?

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					

## Miscellaneous Information

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

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

### General Information

Yes No

- | Yes | No | Question   |
|-----|----|--|
|     |    | 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. |

### Income Information

Yes No

- | Yes | No | Question  |
|-----|----|---|
|     |    | 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:

### Business Information

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?

### Other Information

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

## Dependents

<b>Name:</b>					<b>SSN:</b>				
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									

### Interest Income

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

Name:

SSN:

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





## Profit or Loss From Business

### Schedule C General Information

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

TS		Principal business or profession	Business code
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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		
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**Income** 2012                      2011

Gross receipts or sales		
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Returns and allowances		
------------------------	--	--

Other income		
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**Cost of Goods Sold** 2012                      2011

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

Purchases (less cost of items withdrawn for personal use)		
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Cost of labor		
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Materials and supplies		
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Other costs (list on detail worksheet)		
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Inventory at end of year		
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## Supplemental Income and Loss

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

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

TSJ		Property description	Activity Type
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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
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Rent Income		
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Royalties from oil, gas, mineral, copyright or patent		
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Expenses:	Direct expense		Indirect expense	
	2012	2011	2012	2011

Advertising				
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Auto and travel				
-----------------	--	--	--	--

Cleaning and maintenance				
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Commissions				
-------------	--	--	--	--

Insurance <input type="checkbox"/> Includes Private Mortgage Insurance				
--	--	--	--	--

Legal and professional fees				
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Management fees				
-----------------	--	--	--	--

Interest - mortgage				
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Interest - other				
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Repairs				
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Supplies				
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Taxes				
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Utilities				
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Other: (list)				
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Ownership Percentage				
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# 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.

<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"/>	Local income tax withheld				
Your percentage of total distribution			Local distribution				

<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"/>	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	

## 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			
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	
<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			
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	
<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		
<b>TAXES YOU PAID</b>			20% limitation		
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>			Other Expense (list):		
<b>Name:</b>					
<b>Street:</b>					
<b>City:</b>					
<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					

## 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

# 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 %

## 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			