# Questions

Please check the appropriate box and include all necessary details and documentation.

		Yes	No
Pe	rsonal Information  Did your marital status change during the year?  If yes, explain:	_	_
	Did your address change from last year? Can you be claimed as a dependent by another taxpayer?		
	Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	_	_
De	ependent Information		
	Were there any changes in dependents from the prior year?  If yes, explain:		
	Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1900?	_	_
	Do you have dependents who must file a tax return?		
	Did you provide over half the support for any other person(s) during the year?		
	Did you pay for child care while you worked or looked for work?		
	Did you pay any expenses related to the adoption of a child during the year?		
	If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	_	_
Pu	rchases, Sales and Debt Information		
	Did you start a new business or purchase rental property during the year?		
	Did you acquire a new or additional interest in a partnership or S corporation?		
	Did you sell, exchange, or purchase any real estate during the year?		
	Did you purchase or sell a principal residence during the year?		
	If yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?		
	Did you ever rent out this property?		
	Did you ever use any portion of the home for business purposes?		
	Have you or your spouse sold a principal residence within the last two years? At the time of sale, the residence was owned by the:   Taxpayer;  Spouse;  Both		
	Did you foreclose or abandon a principal residence or real property during the year?		

		Yes	No
Γ	Did you acquire or dispose of any stock during the year?		
Ι	Did you sell any securities not reported on your Form(s) 1099-B?		
Γ	Did you engage in any put or call transactions? If Yes, please provide details.		
	Did you have any Wash Sales that would need to be accounted for?		
Γ	Did you take out a home equity loan this year?		
Γ	Did you refinance a principal residence or second home this year?		
Γ	Did you sell an existing business, rental, or other property this year?		
Γ	Did you incur any non-business bad debts this year?		
Γ	Did you have any debts canceled or forgiven this year?		
	Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	_	<b>-</b>
Ι	Did you pay any student loan interest this year?		
	ome Information  Did you have any foreign income or pay any foreign taxes during the year?	<b>-</b>	_
Γ	Did you receive any income from property sold prior to this year?		
	Oid you receive any lump-sum payments from a pension, profit sharing or $101(k)$ plan?	_	_
	Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan?	_	_
Γ	Did you make any Retirement Plan Conversions into a Roth Plan?		
	If so, do you want the taxable income tax due to be deferred?		
Γ	Did you make any withdrawals from an education savings or 529 Plan account?		
	Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	_	_
	If so, were these withdrawals all for qualified Medical Expenses?  If not, give details for the withdrawals		
Ι	Did you receive any Social Security benefits during the year?		
Γ	Did you receive any unemployment benefits during the year?		
Ι	Did you receive any disability income during the year?		
Ι	Did you receive tip income not reported to your employer this year?		
Ι	Did any of your life insurance policies mature, or did you surrender any policies?		

		Yes	No
	Did you cash any Series EE or I U.S. Savings bonds issued after 1989?		
	Did you receive any taxable Income from a State other than Colorado?		
	Have you received a punitive damage aware or an award for damages other than for physical injuries or illness this year?	_	0
Ite	emized Deduction Information		
	Did you incur a casualty or theft loss during the year?		
	Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?		
	Do you have evidence to substantiate charitable contributions?		
	Did you make any noncash charitable contributions (clothes, furniture, etc.)?		
	Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.		
	Did you have an expense account or allowance during the year?		
	Did you use your car on the job, for other than commuting?		
	Did you work out of town for part of the year?		
	Did you have any expenses related to seeking a new job during the year?		
	Did you make any major purchases during the year (cars, boats, etc.)?		
	Are your total mortgages on your first and/or second residence greater than		
	\$1,000,000? If so, please provide the principal balance and interest rate at the beginning and end of the year.		
	Did you take out a home equity loan this year?		
	Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098?		_
М	iscellaneous Information		
141	Did you make gifts of more than \$13,000 to any individual?		
	Did you have any educational expenses during the year?		
	Did you make any contributions to an education savings or 529 Plan account?		
	Did you make any contributions to a Health savings account (HSA) or Archer MSA?		
	Did you pay long-term health care premiums for yourself or your family?		
	Did you pay any COBRA health care coverage continuation premiums?		

	Yes	No
Are you a business owner and have paid health insurance premiums for your employees this year?		
Did you utilize an area of your home for business purposes?		
Did you engage in any bartering transactions?		
Are you an active participant in a pension or retirement plan?		
Did you retire or change jobs this year?		
Did you receive deferred, retirement or severance compensation? If Yes, enter the date received (Mo/Da/Yr)		
Did you incur moving costs because of a job change?		
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	_	
Did you pay any individual as a household employee during the year?		
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	_	_
Did you receive correspondence from the State or the Internal Revenue Service?  If yes, explain:		
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	0	
Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.		
Did you receive a 1st Time Homebuyer Credit for a Residence purchased between <b>April 4, 2008 and December 31, 2008</b> which needs to be recaptured?		
With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2010?		

### **Client Organizer Topical Index**

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Form ID: INDX

Form ID: 1040		Persona	al Information			1
Mark if you were m	us code(1 = Single, 2 = Married filir arried but living apart all yea ident alien spouse does not	ar				[1] [2] [3]
0			Taxpayer		Spous	
Social security num First name	nber		[4]	_		[5]
Last name			[6]			[7] [9]
Occupation			[8] [10]			[9] [11]
•	the presidential election car	mpaign fund@ = Yes, 2				(1.7 [14]
•	of another taxpayer		[15]			 [16]
Taxpayer with inco	me less than 1/2 support ag	e 18 or 19 - 23 full-tir	me student(%, N)[17]			
Mark if legally blind			[20]			[21]
Date of birth		_	[22]			[24]
Date of death		_	[26]			[27]
	hone number/ext number	-	[28] [29]		[30]	[31]
Home/evening tele			[32] <b>Y</b> [34]			[33]
Do you authorize u	s to discuss your return with	TIME IRS !(Y, N)	[34]			
		Present N	Mailing Address			
Address						[38]
Apartment number						[39]
City, state postal co	ode, zip code			[40]	[41]	[42]
Foreign country na	me					[44]
In care of addresse	e					[47]
		Depende	ent Information			
			pendent Codes located a	at the hottom)		Care
[48]		T lease refer to be	periacini oduca iodateu i	at the bottom,	Months*** Dep in Code	expenses s paid for
First Name	Last Name	Date of Birth	Social Security No.	Relationship	home * **	dependen
			- · <del></del>			
		_				
			- <del></del> -			
			- <del> </del>			
		_				- ——
			- <del> </del>			
			- <del> </del>			
			- <del> </del>			
		_				
		_				
Name of shild who	lived with you but is not you	r danandant				[40]
	lived with you but is not you ber of qualifying person	i dependent				[49] [50]
Jocial Security Hull						[50]
		Depen	dent Codes			
	Child who lived with you			ent (Age 19 - 23)		
	Child who did not live wit	th you		bled dependent		
	Other dependent			endent who is both	a student and dis	sabled
	Qualifying child for Earne		_			
	Children who lived with y	-	_	redit		
	Children who lived with y	-	_			
	Children who lived with y		ity for Child Tax Credit of	or Earned Income C	redit	
	= Reported on odd year re					
	= Reported on even year i	eturn				
99	= Not reported on return					
i						

### **Client Contact Information**

#### **Preparer - Enter on Screen Contact**

Tax matters person(Indicate which spouse handles tax return related question	ons) ( Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address		<u>[</u> 9]
Spouse email address		[10]
	Taxpayer	Spouse
Car telephone number	[11]	[19]
Fax telephone number	[12]	[20]
Mobile telephone number	[13]	[21]
Pager number	[14]	[22]
Other:	[15]	[23]
Telephone number	[16]	[24]
Extension	[17]	[25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Car phone	[18]	[26]

Form ID: Bank

## **Direct Deposit/Electronic Funds Withdrawal Information**

3

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

Primary account:	. ,			
Financial institution routing transit number				[1]
Name of financial institution				; [2]
Your account number				[3]
Type of account(1 = Savings, 2 = Checking, 3 = IRA*)				[4]
Mark if married filing jointly and this is a joint account Both taxpayer and s	spouse names are on the account)			[5]
Mark if financial institution is foreign basedNot located in the territorial jurisdi	iction of the United States)			[6]
Enter the maximum dollar amount, or percentage of total refund	Dollar	[7]	or Percent (xxx.xx)	[8]
Secondary account #1:				
Financial institution routing transit number				[23]
Name of financial institution				[24]
Your account number				[25]
Type of account(1 = Savings, 2 = Checking, 3 = IRA*)				[26]
Mark if married filing jointly and this is a joint account Both taxpayer and s	spouse names are on the account)			[27]
Mark if financial institution is foreign basedNot located in the territorial jurisdi	iction of the United States)			[28]
Enter the maximum dollar amount, or percentage of total refund	Dollar	[9]	or Percent (xxx.xx)	[10]
Secondary account #2:				
Financial institution routing transit number				[29]
Name of financial institution				[30]
Your account number				[31]
Type of account(1 = Savings, 2 = Checking, 3 = IRA*)				[32]
Mark if married filing jointly and this is a joint account Both taxpayer and s				[33]
Mark if financial institution is foreign basedNot located in the territorial jurisdi				[34]
Enter the maximum dollar amount, or percentage of total refund	Dollar	[13]	or Percent (xxx.xx)	[14]
*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. M.  Refund - U.S. Series I			financial institution.	
A tax refund may be used to buy up to \$5,000 of U.S. Series I Savir to purchase U.S. Series I Savings bonds (in increments of \$50) wit Please note you may enter only one name per registration (with ex name, do not use nicknames.	ngs bonds and registered in high point and refund, if applicable	for up to three, please cor	mplete the following	information.
Indicate either a maximum dollar amount (up to \$5,000), or percentage The bonds will be registered to the name(s) on the return. For married filing joint returns this r To register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amountor percent, but not both		-		[12]
Bond information for someone other than taxpayeand spouse, if married	d filina iointly			
Maximum dollar amount (up to \$5,000), or percentage of refund used		[15]	or Percent (xxx.xx)	[16]
Owner's name (First Last)	·	[36]		 [37]
Co-owner or beneficiary (First Last)	-	[38]		[39]
Mark if the name listed above is a beneficiary				<u>[</u> 40]
Bond information for someone other than taxpayeand spouse, if married	d filing jointly			
Maximum dollar amount (up to \$5,000), or percentage of refund used	• • •	[19]	or Percent (xxx.xx)	
Owner's name (First Last)				[20]
- · · · · · · · · · · · · · · · · · · ·		[41]		[20] [42]
Co-owner or beneficiary (First Last)		[41] [43]		

Form ID: ELF	Electronic Filing	4
To comply with this requirement y	eparers who expect to prepare a certain amount of federal individual tax returns to file t our return will be electronically filed this year if it qualifies for electronic filing under IRS per return instead of filing electronically.	•
Mark if you want to file a paper return	even if you qualify for electronic filing	[1]
Do you want to receive email notification of the second of	ion when your electronic file is accepted by the taxing agency?= Return, 2 = Return & Extension) ess on Organizer Form ID: Info	[2]
Mark if you are filing a balance due re	eturn electronically and you want to pay the amount due by debiting your	
financial institution account		[9]
The IRS requires a Personal Identific	ation Number (PIN) be used in signing returns that are electronically filed.	
Each taxpayer and spouse, if applica	ble, must provide a 5 digit self-selected PIN of your choice other than all zeroes.	
Taxpayer self-selected Personal Id	entification Number (PIN)	[7]
Spouse self-selected Personal Ider	tification Number (PIN)	[8]

Form ID: ELF

Form ID: Est	Estimated Taxes	5					
If you have an overpaym	nent of 2012 taxes, do you want the excess:						
Refunded		[43]					
Applied to 2013 est	timated tax liability	[44]					
Do you expect a conside	erable change in you2013 income? (Y, N)	[45]					
If yes, please explain an	y differences:						
_		[46]					
<del>-</del>		[47]					
-		[48]					
Do you expect a conside	erable change in your deductions fo2013? (Y, N)	[49]					
If yes, please explain an	·	[50]					
ii yes, picase explain an	y differences.	[51]					
_		[51] [52]					
_		[53]					
		[54]					
Do you expect a consider	erable change in the amount of you@013 withholding? (Y, N)	[55]					
If yes, please explain an	y differences:						
_		[56]					
_		[57]					
_		[58]					
Do you expect a change	in the number of dependents claimed fo2013? (Y, N)	[59]					
If yes, please explain an		[60]					
_		[61]					
<del>-</del>		[62]					
-		[63] [64]					
<del>-</del>		[0+]					
	2012 Federal Estimated Tax Payments						
2011 overpayment applie		[1]					
Mark if you paid the calc	ulated amounts on the dates due indicated below. Skip the remaining fields.	[4]					
If your estimated navme	nts were not made on the date due or were for an amount other than the calculated amount below, please enter						
the actual date and amo	•						
and dotted date and anno							
	Date Due Date Paid if After Date Due Amount Paid Calculated Am	nount					
1st quarter payment	4/17/12[5] +[6]						
2nd quarter payment	6/15/12[7] +[8]						
3rd quarter payment	9/17/12[9] +[10]						
4th quarter payment	1/15/13[11] +[12]						
Additional payment	[13] +[14]						
NOTES/QUESTION	NOTES/QUESTIONS:						

Control Totals+ Payments Form ID: Est

Form ID: St Pmt	2012 State Estimated Tax Payments				6		
Taxpayer/Spouse/Joint State postal code	(T, S, J)						[1] [2]
Amount paid with 2011 2011 overpayment app Treat calculated amour	lied to 12 estimates						[3] [4] [8]
	Date Paid			Amoun	Г		Calculated Amount
1st quarter payment	[9]			+		_	
2nd quarter payment 3rd quarter payment	[11]			+		_	
4th quarter payment	[13] [15]			+		_	
Additional payment	[17]			+			
		2012 City Est	ima	ted Tax Paymer	nts		
	City #1				City #2		
City name	-		[28]	City name			[50]
Amount paid with 2011		+	[31]	Amount paid with 2011			[53]
2011 overpayment app			[32]	2011 overpayment app		+_	<u> </u>
Treat calculated amoun	nts as paid		[36]	Treat calculated amou	nts as paid		[58]
	Date Paid	Amount Paid			Date Paid		Amount Paid
1st quarter payment	[37]	+	[38]	1st quarter payment	[59]	+	[60]
2nd quarter payment		+	[40]	2nd quarter payment	[61]		[62]
3rd quarter payment	[41]	+	[42]	3rd quarter payment	[63]		[64]
4th quarter payment	[43]	+	[44]	4th quarter payment	[65]		[66]
	Calculated Amour	.4			Calculated Amou	ını.	
1st quarter pay		ıı		1st quarter pay	Calculated Amou	.III	
2nd quarter pay				2nd quarter pa			
3rd quarter pay				3rd quarter pay			
4th quarter pay				4th quarter pay			
	City #3				City #4		
City name			[72]	City name			[94]
Amount paid with 2011	return	+	[75]	Amount paid with 2011	return	+	[97]
2011 overpayment app	lied to 12 estimates	+	[76]	2011 overpayment app	olied to 12 estimates	+	[98]
Treat calculated amour	nts as paid		[80]	Treat calculated amou	nts as paid		[102
	Date Paid	Amount Paid			Date Paid		Amount Paid
1st quarter payment	[81]	+	[82]	1st quarter payment	[103]	+_	[104
2nd quarter payment		+	[84]	2nd quarter payment	[105]		[106
3rd quarter payment	[85]	+	[86]	3rd quarter payment	[107]	+-	[108
4th quarter payment	[87]	+	[88]	4th quarter payment	[109]	+_	[110
	Calculated Amour	nt	•		Calculated Amou	nt	
1st quarter pay	ment			1st quarter pay	ment		
2nd quarter pay				2nd quarter pa			
3rd quarter pay				3rd quarter pay			
4th quarter pay	ment			4th quarter pay	ment		

## Wages and Salaries #1

Please provide all co		Billion
	2012 Information	Prior Year Information
Taxpayer/Spouse(T, S)	[1	1]
Employer name	[3	3]
Were these wages earned for service as (1 = Minister, 2 = Military, 3 = Farming / F	Fishing, 4 = National Guard)	5]
Mark if this is your current employer	[6	6]
Federal wages and salaries(Box 1)	+[1	10]
Federal tax withheld(Box 2)	+[1	12]
Social security wages(Box 3) (If different than federal wages)	+[1	14]
Social security tax withheld(Box 4)	+[1	16]
Medicare wages (Box 5) (If different than federal wages)	+[1	18]
Medicare tax withheld(Box 6)	+[2	20]
SS tips (Box 7)	+[2	22]
Allocated tips (Box 8)	+[2	24]
Dependent care benefits(Box 10)	+[2	26]
Box 13 -		
Statutory employee	[2	28]
Retirement plan	[2	29]
Third-party sick pay	[3	30]
State postal code(Box 15)	[3	31]
State wages (Box 16) (If different than federal wages)	+[3	33]
State tax withheld(Box 17)	+[3	35]
Local wages (Box 18)	+[3	37]
Local tax withheld(Box 19)	[3	39]
Name of locality(Box 20)	[4	42]

# Wages and Salaries #2

Control Totals+

#### Trages and Calaries #2

Please provide all copies of Form W-2. 2012 Information **Prior Year Information** Taxpayer/Spouse(T, S) \_\_[1] Employer name [3] Were these wages earned for service as (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) [5] Mark if this your current employer [6] Federal wages and salaries(Box 1) [10] Federal tax withheld(Box 2) [12] Social security wages (Box 3) (If different than federal wages) [14] Social security tax withheld(Box 4) Medicare wages (Box 5) (If different than federal wages) Medicare tax withheld(Box 6) [20] SS tips (Box 7) [22] Allocated tips (Box 8) [24] Dependent care benefits(Box 10) [26] Box 13 -Statutory employee [28] Retirement plan [29] Third-party sick pay [30] State postal code(Box 15) [31] State wages (Box 16) (If different than federal wages) [33] State tax withheld(Box 17) [35] Local wages (Box 18) [37] Local tax withheld(Box 19) [39] Name of locality (Box 20) [42]

Control Totals+	

Income Form ID: W2

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

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (*	*See co	odes below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* Tax Exer \$ or % \$ or %	mpt* Foreign Taxes % Paid	S Prior Year Information
		1	Payer						
		'	Amounts	+					
		2	Payer						
			Amounts	+					
		3 –	Payer			·	<del>,</del>		
			Amounts	+					
		4	Payer			·	<del>,</del>		
		·	Amounts	+					
		5 –	Payer			<del>,</del>	<del>,</del>		
	<b>.</b>		Amounts	+					
		6	Payer			T			
	•		Amounts	+					
		7	Payer			T			
			Amounts	+					
		8 –	Payer						
	•		Amounts	+					
		9	Payer						
			Amounts	+					
500000000000000000000000000000000000000		10	Payer						
			Amounts	+					

	**Interest Codes	
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	T	
Cambral Tatala .	Indome	Carres ID. D 4
Control Totals +	Income	I Form ID: B-1

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

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J (	Type Code	e) (**S	ee codes below)	Ordinary [1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	80000000	1	Payer					T						<b> </b>
			Amounts +											
		2	Payer		· · · · · · · · · · · · · · · · · · ·		<del></del>	1						Isososososososososos
		_	Amounts +											
		3	Payer											100000000000000000000000000000000000000
		١	Amounts +											
		4	Payer		<u>,                                    </u>							1		
		7	Amounts +											
		5	Payer											
		٦	Amounts +											
		6	Payer											
		٥	Amounts +											
		7	Payer		<u>.</u>									
		′	Amounts +											
		8	Payer		<u>.</u>									
		•	Amounts +											
		ړ	Payer											
		9	Amounts +											
		40	Payer											
		10	Amounts +											

**Dividend Codes				
Blank = Other	3 = Nominee			

	Control Totals +	Income	Form ID: B-2
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Sales of Stocks, Securities, and Other Investment Property					
Did you have ar Did you have ar		provide copies of all Forms 2? (Y, N) ? (Y, N) lles (Y, N)			_[8] [9] [10] [12]
T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_		<u> </u>		+	+
<u> </u>				·	+
				+	+
_				+	+
_		<del></del>		. †	+
				+	+
<u> </u>				+	+
				· +	+
_				+	+
_				+	+
				. + <u></u>	+
				+	+
_				+	+
_		<del></del>		- +	+
				+	+
_				+	+
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				+	+
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_		<del></del>		· +	+
		<u> </u>		+	+
				+	+
_		<u> </u>		· +	+
				+	+
· · · · · · · · · · · · · · · · · · ·			1	+	+

Form ID: 1099R

# Pension, Annuity, and IRA Distributions #1

Please provid	de all Forms 1099-R.		
	2012 Information		Prior Year Information
Taxpayer/Spouse(T, S)		[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+	[7]	
Taxable amount received(Box 2a)	+	[9]	
Federal withholding(Box 4)	+	[11]	
Distribution code (Box 7)		[13]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement	plan	[14]	
State withholding(Box 12)	+	[15]	
Local withholding(Box 15)	+	[17]	
Amount of rollover	+	[19]	
Mark if distribution was due to a pre-retirement age disability		[21]	
Mark if distribution was from an inherited IRA		[22]	
	Control Totals+		
Pension Annui	ty, and IRA Distributions #	<del>!</del> 2	
rension, Annu	ty, and INA Distributions ?	<u> </u>	
Please provid	de all Forms 1099-R.		
	2012 Information		Prior Year Information
Taxpayer/Spouse(T, S)		[1]	
Name of payer		[3]	
State postal code		<u>[</u> 5]	
Gross distributions received(Box 1)	+	[7]	
Taxable amount received(Box 2a)	+	[9]	
Federal withholding(Box 4)	+	[11]	
Distribution code (Box 7)		[13]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement	plan	[14]	
State withholding(Box 12)	+	[15]	
Local withholding(Box 15)	+	[17]	
Amount of rollover	+	[19]	
Mark if distribution was due to a pre-retirement age disability		[21]	
Mark if distribution was from an inherited IRA		[22]	
	Control Totals+		
Pension Annui	ty, and IRA Distributions #	<u>‡3</u>	
	-		
Please provid	de all Forms 1099-R.		Duian Vana Information
T	2012 Information		Prior Year Information
Taxpayer/Spouse(T, s)		[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+		
Taxable amount received(Box 2a)	+		
Federal withholding(Box 4)	+	[11]	
Distribution code (Box 7)		[13]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement	plan	[14]	
State withholding (Box 12)	+	[15]	
Local withholding(Box 15)	+		
Amount of rollover	+	[19]	
Mark if distribution was due to a pre-retirement age disability		[21]	
Mark if distribution was from an inherited IRA		[22]	
	0	ı	
	Control Totals+		

Retirement

Form ID: 1099R

Form ID: SSA-1099 Social Security, Tier 1 R	ailroad E	Benefits	16
Please provide a copy of Form(s)	SSA-1099 or	RRB-1099	
Taxpayer/Spouse(T, s)		[1]	
State postal code		[2]	
Social Security	Benefits		
	201	2 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:			
Net Benefits for 2012 (Box 3 minus Box 4) (Box 5)	+	[8]	
Voluntary Federal Income Tax Withheld(Box 6) From the DESCRIPTION OF AMOUNT IN BOX 3area of Form SSA-1099:	+	[10]	
Medicare premiums	+	[12]	
Prescription drug (Part D) premiums	+	[14]	
Tier 1 Railroad I	Benefits		
	201	2 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:			
Net Social Security Equivalent Benefit:			
D (' (T' 4 D ')) 0040 (B - E)	+	[22]	
Portion of Tier 1 Paid in2012 (Box 5)	+	[25]	
Federal Income Tax Withheld(Box 10)	+	[27]	
• • •			

Additional information about the benefits received not reported above. For example did you repay any benefits 012 or receive any prior year benefits in 2012. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7	through 9.
	[38]
	[39]
	[40]
	[41]
	[42]

	2012 Inform	nation	Prior Year Information
State and local income tax refunds	+_	[1]	
	Taxpayer	Spouse	
Alimony received	+[3] +	[4]	
Unemployment compensation	+[8] + _		
Unemployment compensation federal withholding	+[8] + _	[9]	
Unemployment compensation state withholding	+[8] +		
Unemployment compensation repaid	+[11] +		
Alaska Permanent Fund dividends	+[17] +		
_ Self-			
Employment Income ?			
T/S/J (Y, N)		2012 Information	Prior Year Information
Other income, such as: Cor	nmissions, Jury pay, Director fees,	Taxable scholarships	<u></u>
	+_	[14]	
<u> </u>	+ <u>_</u>		
<u> </u>	+ <u>_</u>		
<u> </u>	+_		
	+		
	+_		
	+_		
<u> </u>	+		
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		-	
	<u> </u>		
		_	
<u> </u>			
	+_		
	+		
	+_		

Control Totals+	Income	Form ID: Income
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Preparer use only  Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:  [70]  Taxpayer/Spouse/Joint, S. J.)  State postal code [8]  Name of creditor/lender  Form 1099-C Cancellation of Debt  Date of identifiable even(Box 1)  Interest if included in box 2(Box 3)  Personally liable for repayment of the debt (if checked/Box 5)  Earl market value of property(Box 7)  Form 1099-A Acquisition or Abandonment of Secured Property  Date of indentifiable even (Edit of Secured Property)  Balance of principal outstanding(Box 2)  Fair market value of property(Box 4)  Personally liable for repayment of the debt (if checked/Box 5)  Earl market value of property(Box 4)  Personally liable for repayment of the debt (if checked/Box 5)  Control Totals +  Cancellation of Debt, Abandonment #2  Please provide all Forms 1099-C and 1099-A  First market value of property(Box 4)  Preparer use only  Form 1099-C Cancellation of Debt, Abandonment #2  Please provide all Forms 1099-C and 1099-A  [70]  Taxpayer/Spouse/Joint, S. J)  State postal code  [70]  Rappayer/Spouse/Joint, S. J)  State postal code  [70]  Taxpayer/Spouse/Joint, S. J)  Form 1099-C Cancellation of Debt  Amount of debt discharged(Box 2)  Form 1099-C Cancellation of Debt  Interest if included in box 2(Box 3)  Form 1099-C Cancellation of Debt  Personally liable for repayment of the debt (if checked/Box 5)  Form 1099-C Cancellation of Debt  Personally liable for repayment of the debt (if checked/Box 5)  Form 1099-C Cancellation of Debt  Personally liable for repayment of the debt (if checked/Box 5)  Form 1099-C Cancellation of Debt  Personally liable for repayment of the debt (if checked/Box 5)  Form 1099-C Cancellation of Debt  Personally liable for repayment of the debt (if checked/Box 5)  Form 1099-C Cancellation of Debt  Personally liable for repayment of the debt (if checked/Box 5)  Form 1099-C Cancellation of Debt  Personally liable for repayment of the debt (if checked/Box 5)  Form 1099-C Post reliab
Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:  [70]  Taxpayer/Spouse/Jointr, s.u)  State postal code  Name of creditor/lender  Date of identifiable event(Box 1)  Amount of debt discharged(Box 2)  Interest if included in box 2(Box 3)  Personally liable for repayment of the debt (if checked/(Box 5)  Interest if included in box 2(Box 3)  Form 1099-A Caucellation of Debt relating period, 1 = Other)  Personally liable for repayment of the debt (if checked/(Box 5)  Date of lender's acquisition or knowledge of abandonmen(Box 1)  Enter a brief description of the debt (if checked/(Box 5)  Control Totals+    Cancellation of Debt, Abandonment #2    Personally liable for repayment of the debt (if checked/(Box 5)    Personally liable for repayment of the debt (if checked/(Box 5)    Control Totals+    Cancellation of Debt, Abandonment #2    Personally liable for repayment of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:    Form 1099-C Cancellation of Debt   Cancellation of Debt (Box 7)   Personally liable for repayment of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:    Form 1099-C Cancellation of Debt
Taxpayer/Spouse/JointT, s. J) State postal code Name of creditor/lender Form 1099-C Cancellation of Debt Date of identifiable even(Box 1) Amount of debt discharged(Box 2) Interest if included in box 2(Box 3) Personally liable for repayment of the debt (if checked(Box 5) Ferm 1099-A Acquisition or Abandonment of Secured Property  Date of lender's acquisition or knowledge of abandonmen(Box 1) Fair market value of property(Box 7) Form 1099-A Acquisition or Abandonment of Secured Property Date of lender's acquisition or knowledge of abandonmen(Box 1) Balance of principal outstanding(Box 2) Fair market value of property(Box 4) Personally liable for repayment of the debt (if checked(Box 5)  Control Totals+  Cancellation of Debt, Abandonment #2  Please provide all Forms 1099-C and 1099-A  Preparer use only  Taxpayer/Spouse/JointT, s. J) State postal code Name of creditor Form 1099-C Cancellation of Debt Amount of debt discharged(Box 3) Form 1099-C Cancellation of Debt Amount of debt discharged(Box 3) Form 1099-C Cancellation of Debt Amount of debt discharged(Box 3) Form 1099-C Cancellation of Debt Amount of debt discharged(Box 3) Form 1099-C Cancellation of Debt Amount of debt discharged(Box 3) Form 1099-C Cancellation of Debt Amount of debt discharged(Box 3) Form 1099-C Cancellation of Debt Form 1099-C Cancellation of Debt Amount of debt discharged(Box 3) Form 1099-C Cancellation of Debt Amount of debt discharged(Box 3) Form 1099-C Cancellation of Debt Form 1099-C Ca
State postal code
State postal code   Name of creditor/lender   Form 1099-C Cancellation of Debt
State postal code   Name of creditor/lender   Porm 1099-C Cancellation of Debt
Form 1099-C Cancellation of Debt  Date of identifiable even(Box 1)   [10] Amount of debt discharged(Box 2)
10
Amount of debt discharged(Box 2)
Interest if included in box 2(Box 3) + [12] Personally liable for repayment of the debt (if checked)(Box 5)
Personally liable for repayment of the debt (if checked/Box 5) [13] Identifiable event code(Box 6) (A = Bankrupter, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) [14] Fair market value of property(Box 7)
Identifiable event code(Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period., I = Other) Form 1099-A Acquisition or Abandonment of Secured Property  Date of lender's acquisition or knowledge of abandonmen(Box 1) Balance of principal outstanding(Box 2) Fair market value of property(Box 4) Personally liable for repayment of the debt (if checked(Box 5)  Cancellation of Debt, Abandonment #2  Please provide all Forms 1099-C and 1099-A  Preparer use only  Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:  [70]  Taxpayer/Spouse/Joint, S. J) State postal code [8] Name of creditor  Date of identifiable event(Box 1) Amount of debt discharged(Box 2) Interest if included in box 2(Box 3) + [11] Personally liable for repayment of the debt (if checked(Box 5))  [13]
Fe By agreement, G - Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) Fair market value of property(Box 7) Form 1099-A Acquisition or Abandonment of Secured Property  Date of lender's acquisition or knowledge of abandonmen(Box 1) Balance of principal outstanding(Box 2) Fair market value of property(Box 4) Personally liable for repayment of the debt (if checked(Box 5)  Control Totals+  Control Totals+  Please provide all Forms 1099-C and 1099-A  Preparer use only  Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:  [70]  Taxpayer/Spouse/Joint, S, J) State postal code Name of creditor Date of identifiable even(Box 1) Amount of debt discharged(Box 2) Interest if included in box 2(Box 3) Personally liable for repayment of the debt (if checked(Box 5))  [13]
Fair market value of property(Box 7) Form 1099-A Acquisition or Abandonment of Secured Property  Date of lender's acquisition or knowledge of abandonmen(Box 1) Balance of principal outstanding(Box 2) Fair market value of property(Box 4) Personally liable for repayment of the debt (if checked(Box 5)  Control Totals+  Cancellation of Debt, Abandonment #2  Please provide all Forms 1099-C and 1099-A  Preparer use only  Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:  [70]  Taxpayer/Spouse/Joint(T, S, J) State postal code [8] Name of creditor Form 1099-C Cancellation of Debt Amount of debt discharged(Box 2) Interest if included in box 2(Box 3) Personally liable for repayment of the debt (if checked(Box 5)  [13]
Form 1099-A Acquisition or Abandonment of Secured Property  Date of lender's acquisition or knowledge of abandonmen(Box 1) [16] Balance of principal outstanding(Box 2) + [17] Fair market value of property(Box 4) + [18] Personally liable for repayment of the debt (if checked(Box 5) [19]  Control Totals+    Cancellation of Debt, Abandonment #2   Please provide all Forms 1099-C and 1099-A   Preparer use only   Preparer use only   [70]  Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:    [70]   Taxpayer/Spouse/Joint, S, J) [5]   State postal code [6]   Name of creditor [7]   Date of identifiable even(Box 1) [10]   Amount of debt discharged(Box 2) + [10]   Interest if included in box 2(Box 3) + [12]   Personally liable for repayment of the debt (if checked(Box 5) [13]
Date of lender's acquisition or knowledge of abandonmen(Box 1)
Fair market value of property(Box 4) + [18] Personally liable for repayment of the debt (if checked(Box 5)
Cancellation of Debt, Abandonment #2  Please provide all Forms 1099-C and 1099-A  Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:  [70]  Taxpayer/Spouse/JointT, s, J)  State postal code Name of creditor  Date of identifiable event(Box 1)  Amount of debt discharged(Box 2)  Amount of debt discharged(Box 2)  Personally liable for repayment of the debt (if checked(Box 5)
Cancellation of Debt, Abandonment #2  Please provide all Forms 1099-C and 1099-A  Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:  [70]  Taxpayer/Spouse/Joint, s, J)  State postal code Name of creditor  Form 1099-C Cancellation of Debt  Date of identifiable event(Box 1)  Amount of debt discharged(Box 2)  Interest if included in box 2(Box 3)  Personally liable for repayment of the debt (if checked(Box 5)
Cancellation of Debt, Abandonment #2  Please provide all Forms 1099-C and 1099-A  Preparer use only  Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:  [70]  Taxpayer/Spouse/Joint(T, S, J)  State postal code Name of creditor  Form 1099-C Cancellation of Debt  Date of identifiable event(Box 1)  Amount of debt discharged(Box 2)  Interest if included in box 2(Box 3)  Personally liable for repayment of the debt (if checked(Box 5)
Cancellation of Debt, Abandonment #2  Please provide all Forms 1099-C and 1099-A  Preparer use only  Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:  [70]  Taxpayer/Spouse/Joint(T, S, J)  State postal code Name of creditor  Form 1099-C Cancellation of Debt  Date of identifiable event(Box 1)  Amount of debt discharged(Box 2)  Interest if included in box 2(Box 3)  Personally liable for repayment of the debt (if checked(Box 5)
Preparer use only  Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:  [70]  Taxpayer/Spouse/Joint(T, S, J)  State postal code Name of creditor  Form 1099-C Cancellation of Debt  Date of identifiable event(Box 1)  Amount of debt discharged(Box 2)  Interest if included in box 2(Box 3)  Personally liable for repayment of the debt (if checked(Box 5)
Preparer use only  Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:  [70]  Taxpayer/Spouse/Joint(T, S, J)  State postal code Name of creditor  Form 1099-C Cancellation of Debt  Date of identifiable event(Box 1)  Amount of debt discharged(Box 2)  Interest if included in box 2(Box 3)  Personally liable for repayment of the debt (if checked(Box 5)
Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:  [70]  Taxpayer/Spouse/Joint(T, s, J)  State postal code Name of creditor  Form 1099-C Cancellation of Debt  Date of identifiable event(Box 1)  Amount of debt discharged(Box 2)  Interest if included in box 2(Box 3)  Personally liable for repayment of the debt (if checked(Box 5)  [70]  [7
Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:  [70]  Taxpayer/Spouse/Joint(T, S, J)  State postal code Name of creditor  Form 1099-C Cancellation of Debt  Date of identifiable event(Box 1)  Amount of debt discharged(Box 2)  Interest if included in box 2(Box 3)  Personally liable for repayment of the debt (if checked(Box 5)  [70]  [70]  [70]  [70]  [70]  [70]  [70]  [70]  [70]  [70]  [70]  [70]  [70]  [70]  [70]  [70]  [70]
Taxpayer/Spouse/Joint(T, s, J)       [5]         State postal code       [6]         Name of creditor       [3]         Form 1099-C Cancellation of Debt         Date of identifiable event(Box 1)       [10]         Amount of debt discharged(Box 2)       +       [11]         Interest if included in box 2(Box 3)       +       [12]         Personally liable for repayment of the debt (if checked(Box 5)       [13]
Taxpayer/Spouse/Joint(T, s, J)       [5]         State postal code       [6]         Name of creditor       [3]         Form 1099-C Cancellation of Debt         Date of identifiable event(Box 1)       [10]         Amount of debt discharged(Box 2)       +       [11]         Interest if included in box 2(Box 3)       +       [12]         Personally liable for repayment of the debt (if checked(Box 5)       [13]
State postal code       [6]         Name of creditor       Form 1099-C Cancellation of Debt         Date of identifiable event(Box 1)       [10]         Amount of debt discharged(Box 2)       +       [11]         Interest if included in box 2(Box 3)       +       [12]         Personally liable for repayment of the debt (if checked(Box 5))       [13]
State postal code       [6]         Name of creditor       Form 1099-C Cancellation of Debt         Date of identifiable event(Box 1)       [10]         Amount of debt discharged(Box 2)       +       [11]         Interest if included in box 2(Box 3)       +       [12]         Personally liable for repayment of the debt (if checked(Box 5))       [13]
Name of creditor  Form 1099-C Cancellation of Debt  Date of identifiable event(Box 1)  Amount of debt discharged(Box 2)  Interest if included in box 2(Box 3)  Personally liable for repayment of the debt (if checked (Box 5)  [3]  [10]
Form 1099-C Cancellation of Debt  Date of identifiable event(Box 1)  Amount of debt discharged(Box 2)  Interest if included in box 2(Box 3)  Personally liable for repayment of the debt (if checked (Box 5)  Form 1099-C Cancellation of Debt  [10]  [11]
Date of identifiable event(Box 1)  Amount of debt discharged(Box 2)  Interest if included in box 2(Box 3)  Personally liable for repayment of the debt (if checked(Box 5)  [10]  + [11]  [12]
Amount of debt discharged(Box 2) + [11] Interest if included in box 2(Box 3) + [12] Personally liable for repayment of the debt (if checked(Box 5)[13]
Interest if included in box 2(Box 3) + [12] Personally liable for repayment of the debt (if checked(Box 5)[13]
Personally liable for repayment of the debt (if checked (Box 5)
TOE IT IT ABOVE EVENT COURS TO A BANKIOPICY, B = Other judicial debt relief, C = Statue of limitations, D = Poleciosule, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other) [14]
F = By agreement, G = Decision to discontinue collection, H = Expiration of nonpayment testing period, I = Other)  Fair market value of property(Box 7)  + [15]
Form 1099-A Acquisition or Abandonment of Secured Property
Date of lender's acquisition or knowledge of abandonmer( <b>Box 1</b> )
Balance of principal outstanding(Box 2) +[17]
Fair market value of property( <b>Box 4</b> ) +[18]
Personally liable for repayment of the debt (if checked (Box 5)
Control Totals+

Please provide all copies of Form W-2G.		
	2012 Information	Prior Year Information
Taxpayer/Spouse(T, S)	[1]	
Payer name	[3]	
State postal code	[4]	
Mark if professional gambler	[9]	
Gross winnings (Box 1)	+[11	] <u></u>
Federal withholding(Box 2)	+[13	ı
Type of wager (Box 3)	[15	]
Date won (Box 4)	[17	ı <u></u>
Transaction (Box 5)	[19	]
Race (Box 6)	[21	)   <u> </u>
Identical wager winnings(Box 7)	+[23	]
Cashier (Box 8)	[25	l
Taxpayer identification number(Box 9)	[27	1
Window (Box 10)	[28	]
First ID (Box 11)	[30	1
Second ID (Box 12)	[31	1
Payer's state ID no. (Box 13)	[32	1
State withholding(Box 14)	+[33	] <u> </u>
Name of locality	[36	1
Local withholding	[37	
	Control Totals+	

# **Gambling Winnings #2**

Please	e provide all copies of Form W-2G.	
	2012 Information	Prior Year Information
Taxpayer/Spouse(T, S)	<u>_</u> [1]	
Payer name	[3]	
State postal code	[4]	
Mark if professional gambler	[9]	
Gross winnings (Box 1)	+[11]	
Federal withholding(Box 2)	+[13]	
Type of wager (Box 3)	[15]	
Date won (Box 4)	[17]	
Transaction (Box 5)	[19]	
Race (Box 6)	[21]	
Identical wager winnings(Box 7)	+[23]	
Cashier (Box 8)	[25]	
Taxpayer identification number(Box 9)	[27]	
Window (Box 10)	[28]	
First ID (Box 11)	[30]	
Second ID (Box 12)	[31]	
Payer's state ID no. (Box 13)	[32]	
State withholding(Box 14)	+[33]	
Name of locality	[36]	
Local withholding	[37]	

### **NOTES/QUESTIONS:**

Income	Form ID: W2G

Control Totals+

Form ID: C-1

# **Schedule C - General Information**

Preparer use only			
		2012 Information	Prior Year Information
Taxpayer/Spouse/Joint(T, S, J)		[2]	
Employer identification number Business name		[3]	
Principal business/profession		[5] [6]	
Business code	-		
Business address, if different from home	e address on Organizer Form ID: 10		
Address		[14]	
City/State/Zip		[15][16][17]	
Accounting method(1 = Cash, 2 = Accrual, 3 = If other:	Other)	[18] [20]	_
Inventory method(1 = Cost, 2 = LCM, 3 = Other)	1	[21]	
If other enter explanation:			
		[23]	
Enter an explanation if there was a char	age in determining your inventory:		
	go in actorniming your involvery.	[24]	
Did you "materially participate" in this bu	siness?v N	[32]	
If not, number of hours you did signi		[25] [27]	
Mark if you began or acquired this busin			
Did you make any payments in2012 that	require you to file Form(s) 1099?(Y,	<del></del>	_
If "Yes", did you or will you file all red		[32]	_
Mark if this business is considered relate	-		
Did you receive wages as a statutory en Medical insurance premiums paid by thi		<del>-</del>	
Long-term care premiums paid by this a	-	+[39] + [41]	- I
Amount of wages received as a statutor	-	+ [44]	
	• • •		
	Business I	ncome	
	Business I		Drier Veer Information
Gross receipts and sales	Business I	ncome 2012 Information	Prior Year Information
Gross receipts and sales	Business I	2012 Information	Prior Year Information
Gross receipts and sales	Business I	<b>2012 Information</b> +[49]	Prior Year Information
Gross receipts and sales	Business I	2012 Information	Prior Year Information
	Business I	2012 Information +[49] +	Prior Year Information
Returns and allowances	Business I	2012 Information +[49] +	Prior Year Information
	Business I	2012 Information +[49] + + +[52]	Prior Year Information
Returns and allowances	Business I	2012 Information +[49] + +[52] +[54]	Prior Year Information
Returns and allowances	Business I	2012 Information +[49] + + +[52]	Prior Year Information
Returns and allowances	Business I	2012 Information  +[49] + +[52] +[54]	Prior Year Information
Returns and allowances	Cost of Goo	2012 Information  +[49] + +[52]  +[54] + +[54]	Prior Year Information
Returns and allowances		2012 Information  +[49] + +[52]  +[54] + +[54]	Prior Year Information  Prior Year Information
Returns and allowances Other income:  Beginning inventory		2012 Information  +[49] + +[52]  +[54] +[54]  ods Sold	
Returns and allowances Other income:		2012 Information  +[49] + +[52] +[54] +  ods Sold  2012 Information	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases		2012 Information  +[49] +[52] +[54] +[54] +[54]  2012 Information +[56]	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases		2012 Information  +[49] +[52] +[54] +[54] +[58]  2012 Information +[56] +[60] +[60]	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:		2012 Information  +[49] +[52] +[54] +[54] +[54]  cds Sold  2012 Information +[56] +[58]	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2012 Information  +[49] +[52] +[54] +[54] +[58]  2012 Information +[56] +[60] +[60]	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2012 Information  +[49] +	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2012 Information  +[49] +	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2012 Information  +[49] +	Prior Year Information

Form	ID.	C-

# **Schedule C - Expenses**

Form ID: C-2

Preparer use only		
Principal business or profession	2042 Information	Dries Vees Information
Advertising	2012 Information	Prior Year Information
Car and truck expenses	+[6] +[8]	
Commissions and fees	+[10]	
Contract labor	+[12]	
Depletion	+[14]	
Depreciation	+[16]	
Employee benefit programs (Include Small Employer Health Insurance		
	[18]	
Insurance (Other than health):	+	
	+[20]	
	+	
Interest:		
Mortgage (Paid to banks, etc.)		
	+[22]	
	+	
0.11	+	
Other:	1041	
	+[24] +	
Legal and professional services	+[26]	
Office expense	+ [29]	
Pension and profit sharing:		
	+[31]	
	+	
Rent or lease:		
Vehicles, machinery, and equipment	+[33]	
Other business property Repairs and maintenance	+[35] +[37]	
Supplies	+ [39]	-
Taxes and licenses:		
	+[41]	
	+	
	. +	
	+	
Travel, meals, and entertainment:	. +	
Travel	+[43]	
Meals and entertainment	+[45]	
Meals (Enter 100% subject to DOT 80% limit)	+[47]	
Utilities	+[51]	
Wages (Less employment credit):		
	+[53]	
Other expenses:	+	
Other expenses.	+[55]	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Control Totals+

Form	ID:	$\sim$

# Schedule C - Carryovers

2	7

Preparer	use	only

Principal business or profession

Preparer use only				
Carryovers		Regular		AMT
Operating	+	[11]	+	[12]
Short-term capital	+	[13]	+	[14]
Long-term capital	+	[15]	+	[16]
28% rate capital	+	[17]	+	[18]
Section 1231 loss	+	[19]	+	[20]
Ordinary business gain/loss	+	[21]	+	[22]
Section 179	+	[23]	+	[24]

Form ID: Rent Rent and Roya	alty Property - Gene	ral Informatio	n <sup>28</sup>
Preparer use only			
	2	012 Information	Prior Year Information
Taxpayer/Spouse/Joint(T, S, J)		[3]	
State postal code Description		[4] [2]	
City, state, zip code	[6][7]		
Foreign province/county		[10	
Foreign province/county Foreign postal code		[11 [12	
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial	cial, 5 = Land, 6 = Royalties, 7 = Self-renta		
Description of other type(Type code #8)	Form(a) 100020(A))	[14	
Did you make any payments in 2012 that require you to file If "Yes", did you or will you file all required Forms 1099?		[15 [17	
Fair rental days(If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Ren		[19	
Percentage of ownership if not 100%		[21	
Business use percentage, if not 100%(Not vacation home p	ercentage)	[23	]
Rei	nt and Royalty Incon	ne	
	2012 Information		Prior Year Information
Rents and royalties	+	<u>[</u> 32]	
Rent	and Royalty Expen	ses	
	2012 Information	Percent if not 10	0% Prior Year Information
Advertising	+	[34][35	i]
Auto Travel	+		***************************************
Cleaning and maintenance	+ +	[40][41 [43] [44	333
Commissions:			
	+	[46][48	ij <u> </u>
Insurance:	+		
	+	[49][51	]
Land and antening the	+		
Legal and professional fees  Management fees:	+	[53][54	J
	+	[56][58	3]
	+		
Mortgage interest paid to banks, etc (Form 1098) Other mortgage interest	+ <u></u>	[59][61 [62][64	
Qualified mortgage insurance premiums	+	[65][66	
Other interest:			
	+	[68][70	)]
Repairs	+		2]
Supplies	+	[74][75	5]
Taxes:	<b>1</b>	[77] [76	n
	·	[77][79	9
Utilities	+	[80] [81	]
Depreciation	+	[83][84	
Depletion Other expenses:	+	[86][87	
	+	[89]	
	+		
	+		

Control Totals+

Rent & Royalty

Form ID: Rent

Form ID: Rent-2 Rent and Royalty Pro	operties - Points, Va	acation Home, Passiv	ve Information 29
Preparer use only Description			
	Refinancing Po	oints	
	Preparer - Enter on Scree	n Rent	
		2012 Information	Prior Year Information
Refinancing points paid - Recipient's/Lender's name Date of refinance Total # Payments Reported on 1098 in2012 Total points paid Points deemed as paid in current year(Preparer of Refinancing points paid - Recipient's/Lender's name Date of refinance Total # Payments Reported on 1098 in2012 Total points paid Points deemed as paid in current year(Preparer of Refinancing points paid - Recipient's/Lender's name Date of refinance Total # Payments Reported on 1098 in2012 Total points paid - Recipient's/Lender's name Date of refinance Total # Payments Reported on 1098 in2012 Total points paid Points deemed as paid in current year(Preparer of Refinancing points paid)	use only)		Prior Teal Illiorination
	Vacation Home Inf	ormation	
	Vacation frome in		
Number of days home was used personally Number of days home was rented Number of day home owned, if not366 Carryover of disallowed operating expenses int@01 Carryover of disallowed depreciation expenses int@		2012 Information[6][8][10] +[20] +[21]	Prior Year Information
	Passive and Other	Information	
Preparer use only	Decodes		
Carryovers	Regular	TMA (201	
Operating Short-term capital	+ [28] + [30]	+ [29] + [31]	
Long-term capital	+ [30]	+ [31]	
28% rate capital	+ [34]	+ [35]	
Section 1231 loss	+ [36]	+ [37]	
Ordinary business gain/loss		+ [39]	
Comm revitalization	+ [40]	+ [41]	
Section 179	+ [42]	+ [43]	

Control Totals+	Form ID: Rent-2

## Farm Income - General Information

		Please pro	ovide all Forms 1099-l	<		
Pı	eparer use only			2012 Information		Prior Year Information
Taxpayer/Spc	ouse/Joint(T, S, J)				[2]	
	ntification number			<u>-</u>	[3]	
Description					[4]	
Principal Prod	luct		-		[5]	
State postal c	ode				[6]	
Accounting m	ethod(1 = Cash, 2 = Accrual)			-	[7]	
Agricultural ad	-				[9]	
-	erially participate" in this bus				[12]	<u> </u>
•	any payments in2012 that				[14]	-
	you or will you file all requi				[16]	<u></u>
	ule F net income or loss sh		m seit employment inco	ome	_[18]	<del></del>
	ance premiums paid by this			<u>+</u>	[21]	
Long-term car	re premiums paid by this ac			+	[23]	
		S	chedule F Inco	me		
Sales Code**				2012 Information		Prior Year Information
	Inco	me description			[00]	
_				+		
_				+		
_				+		
_				+	_	
_			** 0-1 0-1			
	1 - Cash sak	es of items bought	** Sales Codes	I = Custom hire (machine	wor	k)
		es of items raised		i = Custom fille (machine i = Other income	WOI	<b>^</b> )
	3 = Accrual s		•	) = Other income		
	0 - 71001 dai 1					
				2012 Information		Prior Year Information
Cost or other	basis of livestock and other	items you bought fo	r resalecash method)	+	[35]	
Beginning inv	entory of livestock and othe	r item\$Accrual method)		+	[37]	
Accrual cost of	of livestock, produce, grains	, and other products	purchased	+	[39]	
<b>Ending Invent</b>	ory of livestock and other it	ems(Accrual method)		+	[41]	
Total coopera	tive distributions you receiv	ed		+	[43]	
Taxable coop	erative distributions you red	eived		+	[45]	
			2012 Total	2012 Taxable		Prior Year Information
Agricultural pi	ogram payments					
g	-9	-		_ +	[47]	
		-		+		
				+		
				2012 Information		Prior Year Information
CDD november	to received while enrelled to	, receive essial essu	rite or dischilite box ofita			
	ts received while enrolled to edit loans reported under e		nty or disability benefits	s +	[50]	
Commodity C	edit loans reported under e	iection.		i	[50]	
					[52]	
Total commod	dity credit loans forfeited	_		<u> </u>	 [54]	
	nodity credit loans forfeited			<u> </u>	_[54] [56]	
Taxable colli	nounty credit loans forfeited		2012 Total	2012 Taxable	_[30]	Prior Year Information
			2012 1014	ZOIZ IUXUDIO		
Total crop ins	urance proceeds you receiv	red in 2012				
		+	•	_ +	[58]	
		+	•	_ +	_	
		4	•	_ +	_	
	g to defer crop insurance p			-	[61]	
crop insuranc	ce proceeds deferred from2	Control Totals+		Farm	[63]	Form ID: F-1
		LODITOL LOTAIS+		1 641111		I = 0 rm II ): F=1

Preparer use only		
Description		
	2012 Information	Prior Year Information
Car and truck expenses +	[5]	<u> </u>
Chemicals +	[7]	
	[9]	
	[11]	
	[13]	
Employee benefit programs (Include Small Employer Health Insurance Premiums cre <del>d</del> it	<u>[15]</u>	
	[17]	
Fertilizers and lime +	[19]	
	[21]	
Gasoline, fuel, and oil +	[23]	
Insurance (Other than health)		
+	[26]	
Mortgage interest(Paid to banks, etc.)		
+	[28]	
	[30]	
	[32]	
	[34]	
	[36]	
		-
	[42]	
	[44]	
Taxes:	[46]	
	[48]	
Utilities +	[50]	
	[52]	
Other expenses:		
	[54]	
+		
+		
+		
+		
+		
+		
+		
+		
	_	
	[56]	

Form ID: F-3	Farm Passive and Other Carryover Information
	i ailli i assive alla Other Carryover illiorillation

Farm Passive and Other Carryover Information	32
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Preparer use only

Description

Preparer use only				
Carryovers		Regular		AMT
Operating	+	[12]	+	[13]
Short-term capital	+	[14]	+	[15]
Long-term capital	+	[16]	+	[17]
28% rate capital	+	[18]	+	[19]
Section 1231 loss	+	[20]	+	[21]
Ordinary business gain/loss	+	[22]	+	[23]
Section 179	+	[24]	+	[25]
Excess farm loss	+	[28]	+	[29]

# **Partnerships and S Corporations**

Taxpayer/Spouse/Joint(T, S, J)	[2]
Employer identification number	[3]
Name of entity	[4]
State postal code	
Type of entity(1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)	[12
Preparer use only	

	_ Preparer use only		
	Carryovers	Regular	AMT
Enter	Operating	[49]	[50]
on K1-4	Short-term capital	[51]	[52]
	Long-term capital	[53]	[54]
	28% rate capital	[55]	[56]
	Section 1231 loss	[57]	[58]
	Ordinary business gain/loss	[59]	[60]
	Other losses - 1040 pg.1	[61]	[62]
	Comm revitalization	[63]	[64]
	Section 179	[65]	[66]
	Excess farm loss	[69]	[70]
	-	·	·

Taxpayer/Spouse/Joint(T, S, J)	[2]
Employer identification number	[3]
Name of entity	[4]
State postal code	[5]
Type of entity(1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)	[12

	Preparer use only		
	Carryovers	Regular	AMT
Enter	Operating	[49]	[50]
on K1-4	Short-term capital	[51]	[52]
	Long-term capital	[53]	[54]
	28% rate capital	[55]	[56]
	Section 1231 loss	[57]	[58]
	Ordinary business gain/loss	[59]	[60]
	Other losses - 1040 pg.1	[61]	[62]
	Comm revitalization	[63]	[64]
	Section 179	[65]	[66]
	Excess farm loss	[69]	[70]

Taxpayer/Spouse/Joint(T, S, J)	[2
Employer identification number	[3
Name of entity	[4
State postal code	[5
Type of entity(1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)	

	Carryovers	Regular	AMT
Enter	Operating	[49]	[50]
on K1-4	Short-term capital	[51]	[52]
	Long-term capital	[53]	[54]
	28% rate capital	[55]	[56]
	Section 1231 loss	[57]	[58]
	Ordinary business gain/loss	[59]	[60]
	Other losses - 1040 pg.1	[61]	[62]
	Comm revitalization	[63]	[64]
	Section 179	[65]	[66]
	Excess farm loss	[69]	[70]

K1 1065, 1120S

Form ID: Home Sale of Principal Residence			37
Description			[1]
Taxpayer/Spouse/Joint(T, S, J)			[1] [5]
State postal code			[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported	on Schedule	e D)	<u></u> - [7]
Date former residence was acquired			<u>—</u> [9]
Date former residence was sold			[10]
Selling price of former residence		+	[11]
Expenses related to the sale of your old home		+	[12]
Original cost of home sold including capital improvements		+	[13]
Exclusion Information			
Mark if most use and supporable test without executions (2 years use within 5 year period preceding color	dota)		root
Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale			[20]
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		Taxpayer	Spouse
Number of days each person used property as main home		[21]	[22]
Number of days each person owned property used as main home		[23]	[24]
Number of days between date of sale of the other home and date of sale of this home		[25]	[26]
Form 6252 - Current Year Installment Sale	<b>;</b>		
Mortgage and other debts the buyer assumed			1001
Total current year payments received		+	[28]
Total current year payments received		T	[29]
Form 6252 - Related Party Installment Sale Information	on		
Related party name			[30]
Address			[31]
City, State and Zip	[32] [33	3]	[34]
Identifying number of related party			[35]
Was the property sold as a marketable security?(Y, N)			[36]
Enter date of second sale if more than 2 years after the first sale			[37]
Indicate special conditions if applicable = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)			[38]
Selling price of property sold by a related party		+	[40]

Form ID: IRA	Traditional IRA			17
		Taxpayer	Spouse	
Are you or your spouse (if MFJ or MFS) covered by an	employer's retirement		-	
plan? (Y, N)		[1]		[2]
Do you want to contribute the maximum allowable tradi	tional IRA contribution amount? If			
yes, enter the applicable code(1 = Deductible only, 2 = Both	deductible and nondeductible)	[3]		[4]
Enter the total traditional IRA contributions made for us	e in 2012 +	[5]	+	[6]
		Taxpayer	Spouse	
Enter the nondeductible contribution amount made for	use in 2012 +	[11]	+	[12]
Enter the nondeductible contribution amount made in 20		[13]	+	
Traditional IRA basis	+	[15]	+	[16]
Value of all your traditional IRA's on December 312012	:			<u>_</u>
	+	[17]	+	[18]
	+		+	
	+		+	
	+		+	
	+		+	
	Roth IRA			
Please provide copie	s of any 1998 through2011 Form 860			
AA 1 17		Taxpayer	Spouse	
Mark if you want to contribute the maximum Roth IRA		[27]		[28]
Enter the total Roth IRA contributions made for use in 20		[29]	+	[30]
Enter the total amount of Roth IRA conversion recharacters the total contribution Roth IRA basis on Recomb	040044	[37]	<u>+</u>	[38]
Enter the total contribution Roth IRA basis on December Enter the total Roth IRA contribution recharacterization	· —	[41]	<u>+</u>	[42]
Enter the Roth conversion IRA basis on December 312		[43] [45]	+	[44] [46]
Value of all your Roth IRA's on December 312012:	±	[45]	т	[46]
	<u>+</u>	[47]	+	[48]
	1		+	
	+ <u></u>		+	
	+		+	
	+		+	
	+		++	

Control Totals+	Retirement	Form ID: IRA

Form ID: 5498SA

# **Medical and Health Savings Account Contributions**

43

Please provide all Forms 5498-SA.

	2012 Information	Prior Year Information
Taxpayer/Spouse(T, s)	[1]	
Name of Trustee	 [4]	
State postal code	[2]	
Archer MSA contributions made in2012 and 2013 for 2012 (Box 1) +_	[6]	
Total contributions made in2012 (Box 2) +_	[8]	
	[10]	
	[13]	
	[15]	
Box 6 -		
HSA	[17]	
Archer MSA	[18]	
MA (Medicare Advantage) MSA	[19]	
Additional Informatio	n	
Additional informatio	<u> </u>	
	2012 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plam = Self-Only, 2 = Family)	[20]	
Number of months in qualified high deductible health plan ig012	<u>—</u> . [21]	
Mark if you want to contribute the maximum allowable health or medical savings account		
•		
Excess contributions for 2011 taken as constructive contributions for 2012 +	[25]	
_		
Complete this section if your account is an A	Archer MSA or MA MSA	
Amount of annual deductible	+ [32]	
	[35]	
If self-employed, enter earned income from business under which plan was established		
_		
Complete this section if your account	nt is an HSA	
Was the high deductible health plan in effect for Decembe 2012? (Y, N)	[41]	
Enter any qualified HSA distribution from health flexible spending arrangement (FSA) +		
Enter any qualified HSA distribution from health reimbursement arrangement (HSA) +		
	الحتا	

Form	ID:	1099SA	١

## **Health, Medical Savings Account Distributions**

A	A
4	.4

Please provide all For		
	2012 Information	Prior Year Information
Taxpayer/Spouse(T, S)	[1]	
Name of Trustee	[4]	
State postal code	[2]	
Gross distributions received(Box 1)	+[7]	
Earnings on excess contributions(Box 2)	+[9]	
Distribution code (Box 3)	[11]	
Fair Market Value on date of death(Box 4)	+[12]	
Box 5 -		
HSA	[13]	
Archer MSA	[14]	
MA MSA	 [15]	
All distributions were used to pay unreimbursed qualified medical expenses	[17]	
If some distributions were used to pay for other than qualified medical expen	ses, enter	
the unreimbursed qualified medical expenses fo2012	+[19]	
Withdrawal of excess contributions by the due date of the return	+[21]	
Amount of distribution rolled over for 2012	+[23]	
If the distribution is due to the death of the account holder,		
enter the qualified decedent medical expenses paid by the taxpayer	+[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/1	+[27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2011 and		
in effect for the month of December2011? (Y, N)	[33]	
Was the high deductible health plan coverage ended before 12/312? (Y, N)	[34]	

# Long Term Care (LTC) Service and Contracts

Plea	ase provide all Forms 1099-LTC.		
	2012 li	nformation	Prior Year Information
Name of the insured chronically ill individual		[44]	
Social security number of insured		[45]	
Gross long-term care (LTC) benefits paid(Box 1)	+	[47]	
Accelerated death benefits paid(Box 2)	+	[49]	
Check one (Box 3)			
Per diem		[51]	
Reimbursed amount		[52]	
Qualified contract(Box 4)		[53]	
Check, if applicable (Box 5)			
Chronically ill		[54]	
Terminally ill		[55]	
Are there other individuals who received LTC payments duri	n <b>g</b> :012? (Y, N)	[57]	
If the insured is terminally ill, were payments received on account	count of terminal illness(?, N)	[58]	
Number of days during the long-term care period		<u>[</u> 59]	
Cost incurred for qualified long-term care services during the	e long-term care period +	[60]	

Form ID: Keogh Keogh, SEP, SIMPLE Contribution	S	19
Preparer use only		
Business activity or profession name		rej
Taxpayer/Spouse(T, S)		[3]
State postal code		[4]
Contribute the maximum allowable contribution amount@ = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = S	IMDLE IDA 6 CADCED)	[5]
Plan contribution rate. Enter in xx.xx format (Limitation percentage)	IMPLE IRA, 6 = SARSEP)	_[6]
Enter the total amount of contributions made to a Keogh plan i@012	i	[7]
Enter the total amount of contributions made to a Solo 401(k) plan ia012	T	[8]
	<u> </u>	[9]
Enter the total amount of contributions made to a SEP plan in 2012	<u> </u>	[10]
Enter the total amount of contributions made to a SARSEP plan it2012	<u> </u>	[11] [12]
Enter the total amount of contributions made to a defined benefit plan i2012 +		
Enter the total amount of contributions made to a profit-sharing plan i@012	+	[13]
Enter the total amount of contributions made to a money purchase plan i8012	+	[14]
Enter the total amount of contributions made to a SIMPLE 401(k) plan ia2012	+	[15]
Enter the total amount of contributions to a SIMPLE IRA plan ig2012	+	[16]
Catch-up Contributions		
Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP ig012	_	[4.7]
Enter the amount of catch-up contributions made to a SIMPLE Plan in 2012	+	[17] [18]
· · · · · · · · · · · · · · · · · · ·		
Elective Deferrals		
Enter the state contributions to a Cale 404/J) as CARCER made through all of the defendance 2040		
Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals 2012  Enter the amount of elective deferrals designated as Roth contributions ia012	+ +	[19] [20]
•		

Alimony Paid: T/S/J	Recipient name	Recipient SSN	2012 Information	Prior Year Information
1/3/3	Recipient name	Recipient 33N		
Address			+[1	1 -
Addicas			+	
Address			т	
Addicas			+	-1
Address			т	-
Audicas				
		2012 Info	ormation	Prior Year Information
		Taxpayer	Spouse	The Tour mornation
Educator expense	es:	· unpuy or	opouoo	
Educator experies	+	[3]	+ [4	1
		[O]	+	
Self-employed he	ealth insurance premiums(Not entered else		·	
con omployed no			+	1
	·	[0]	+	
Self-employed loa	ng-term care premiums (Not entered elsew		`	
	+		+ [1	oı l
		[0]	+	5
Other adjustment			`	
Othor adjustment	+	[14]	+ [1	51
			+	S)
			+	
	_		+	
	·		+	
	·		+	
	·		+	
	·		+	
	·		+	
	·		+	
	·		+	
	·		+	
	·		+	
			+	
	·		+	
	·		+	
	·		+	
	·		+	
			+	
			+	
			+	
			+	
			+	
			+	
	+		+	

Form	ID:	A-1

# **Schedule A - Medical and Dental Expenses**

51

Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and		ion	Prior Year Information
and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses	s, and Insurance reimbursements re	eceived	
_[1]	+ <u></u>	[2]	
	+		
	+		
-	+		
-	+		
		re1	
_[4]	+ <u></u>		
	+		
_	+		
<u>-</u>	+		
Long-term care premiums you paid*** (Do not include pre-tax amounts paid by	y an employer-sponsored plan)		
	+	[8]	
	+		
Prescription medicines and drugs:			
[10]	+ <u></u>	[11]	
			-
. Miles debug for an elical barra	+		
_113] Miles driven for medical items ***Not entered elsewhere, such as amounts paid for your self-employed business (Sc	h C Sah E Sah K 1 ata )	[14]	
State/local income taxes paid:	2012 Informati	ion	Prior Year Information
·		[40]	
	<u> </u>		
<u> </u>	<u> </u>		
-			
<u> </u>			
2011 state and local income taxes paid in 2012:	+		
·			
· · · · · · · · · · · · · · · · · · ·		<u> </u>	
	+	[22]	
· · · · · · · · · · · · · · · · · · ·	+	[22]	
· · · · · · · · · · · · · · · · · · ·	+	[22]	
Real estate taxes paid:	+ + + + +	[22]	
Real estate taxes paid:  [24]	+ + + + + + + + + + + + + + + + + + +	[22]	
[21]  Real estate taxes paid:	+ + + + + + + + + + + + + + + + + + +	[22]	
Real estate taxes paid:	+ + + + + + + + + + + + + + + + + + +	[22]	
Real estate taxes paid:  [24]  Personal property taxes:	+ + + + + + + + + + + + + + + + + + +	[22]	
Real estate taxes paid:  [24]  Personal property taxes:	+ + + + + + + + + + + + + + + + + + +	[22]	
Real estate taxes paid:  [24]  Personal property taxes:  [27]	+ + + + + + + + + + + + + + + + + + +	[22]	
Real estate taxes paid:  [24]  Personal property taxes:	+ + + + + + + + + + + + + + + + + + +	[22]	
Real estate taxes paid:  [24]  Personal property taxes:  [27]  Other taxes, such as: foreign taxes and State disability taxes	+ + + + + + +	[22]	
Real estate taxes paid:  [24]  Personal property taxes:  [27]  Other taxes, such as: foreign taxes and State disability taxes	+ + + + + + + + + + + + + + + + + + +	[22]	
Real estate taxes paid:  [24]  Personal property taxes:  [27]  Other taxes, such as: foreign taxes and State disability taxes	+ + + + + + + + + + + + + + + + + +	[22]	
Real estate taxes paid:  [24]  Personal property taxes:  [27]  Other taxes, such as: foreign taxes and State disability taxes  [30]	+ + + + + + + + + + + + + + + + + + +	[22]	
Real estate taxes paid:  [24]  Personal property taxes:  [27]  Other taxes, such as: foreign taxes and State disability taxes  [30]  Sales tax paid on major purchases:	+ + + + + + + + + + + + + + + + + + +	[22] [25] [25] [28]	
Real estate taxes paid:  [24]  Personal property taxes:  [27]  Other taxes, such as: foreign taxes and State disability taxes  [30]  Sales tax paid on major purchases:	+ + + + + + + + + + + + + + + + + + +	[22] [25] [25] [28]	
Real estate taxes paid:  [24]  Personal property taxes:  [27]  Other taxes, such as: foreign taxes and State disability taxes  [30]  Sales tax paid on major purchases:	+ + + + + + + + + + + + + + + + + + +	[22] [25] [25] [28]	
Real estate taxes paid:  [24]  Personal property taxes:  [27]  Other taxes, such as: foreign taxes and State disability taxes  [30]  Sales tax paid on major purchases:  [36]  Sales tax paid on actual expenses:	+ +	[22] [25] [28] [31]	
Real estate taxes paid:  [24]  Personal property taxes:  [27]  Other taxes, such as: foreign taxes and State disability taxes  [30]  Sales tax paid on major purchases:  [36]  Sales tax paid on actual expenses:	+ + + + + + + + + + + + + + + + + + + +	[22] [25] [28] [31]	
Real estate taxes paid:  [24]  Personal property taxes: [27]  Other taxes, such as: foreign taxes and State disability taxes [30]  Sales tax paid on major purchases: [36]  Sales tax paid on actual expenses:	+ +	[22] [25] [28] [31] [37]	

/J Home mortgage interest: From Form 1098	2012_	2012	2012		
	Interest Paid <sub>2</sub>	Points Paid	Type* Mortgage Premium	e Ins. s Paid	Prior Year Informat
[1]	_+	+	+		
	+	+	+		
		+	+	_	
		+	+		
	_+	+	+		
	_ ` `	+	+		
		·			
	_+	·	+		
	_+	+	+		
Blank = Used to buy, build or improve main/qualified	*Mortgage Type	es			
S/J Payee's Name Other, such as: Home mortgage interest paid to in	SSN or E	IN 2012	2 Information	Pri	ior Year Information
[4]		+	[5]		
Address		1			
City, state and zip code					
		+		· · · · · · · · · · · · · · · · · · ·	
Address City, state and zip code		1			
Street Address City/State/Zip code  Refinancing Points paid in2012 - Taxpayer/Spouse/Joint(T, S, J) Recipient/Lender name Total points paid at time of refinance Percentage of principal exceeding original mortga Points deemed as paid in2012 (Preparer use onl Date of refinance Term of new loan (in months) Reported on Form 1098 in2012 Taxpayer/Spouse/Joint(T, S, J) Recipient/Lender name Total points paid at time of refinance	nge (For AMT adjustmen y <b>)</b>	t) +			
Percentage of principal exceeding original mortgate Points deemed as paid in 2012 (Preparer use onle Date of refinance  Term of new loan (in months)  Reported on Form 1098 in 2012		t) <u> </u>			
		004	2 Information		

/S/J	Reported on Form 1098 In2012	— 2012 Information	
	Investment interest expense, other than on Schedule(s) K-1:		16]
		+	
_		+	
_		+	
_		+	
	Louisitado	Thomas and Dodes	

# **Charitable Contributions**

	2012 Information	Prior Year Informat
Contributions made by cash or check (including out-of-pocket expenses)		
	[3]	
+ <u></u>		
	_	
	_	
Volunteer miles driven	[6]	
Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods	S	
+	[9]	
	_	
+ <u></u>		
	2012 Information	Prior Year Informa
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication	ns, Job seeking expens	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication		es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  +	ns, Job seeking expens	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  +	ns, Job seeking expens	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  + + + + + + + + + + + + + + + + + + +	ns, Job seeking expens [12]	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  + + + + + + + + + + + + + + + + + + +	ns, Job seeking expens [12]	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  + + + + + + + + + + + + + + + + + + +	ns, Job seeking expens [12]	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  + + + + + + + + + + + + + + + + + + +	ns, Job seeking expens	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  +	ns, Job seeking expens [12]	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  + + + + + + + + + + + + + + + + + + +	ns, Job seeking expens [12]	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  + + + + + + + + + + + + + + + + + + +	ns, Job seeking expens [12] [15] [18]	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  + + + + + + + + + + + + + + + + + + +	ns, Job seeking expens [12] [15] [18]	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  +	ns, Job seeking expens [12] [15] [18]	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  +	ns, Job seeking expens [12] [15] [18] dial fees [21]	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  +	ns, Job seeking expens  [12]  [15]  [18]  dial fees  [21]	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  +	ns, Job seeking expens [12] [15] [18] dial fees [21]	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  + + + + + + + + + + + + + + + + + + +	ns, Job seeking expens [12] [15] [18] dial fees [21]	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  + + + + + + + + + + + + + + + + + + +	ns, Job seeking expens [12] [15] [18] dial fees [21]	es, Educational expens
Union dues:  + Union dues:  14] + Head the second of the s	ns, Job seeking expens [12] [15] [18] dial fees [21]	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  +	ns, Job seeking expens [12] [15] [18] dial fees [21]	es, Educational expens
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publication  +	ns, Job seeking expens  [12]  [15]  [18]  dial fees  [24]	es, Educational expens

Gambling losses: (Enter only if you have gambling income)

Form ID: MortgInt

### **Home Mortgage Interest Subject To Limitations**

54

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home. Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home

	2012 Information	Prior Year Information
Description of loan/property	[2]	
Taxpayer/Spouse/Joint(T, S, J)	[3]	
Loan origination date	[4]	
Fair market value of home	+[5]	
Number of months loan was outstanding in 2012, if not 12	[7]	<u></u>
Number of months home was a qualifying home of months loan was a	outstanding)[9]	
Principal paid in2012	+[10]	
Interest paid during 2012	+[12]	
Points reported on Form 1098 for2012	+[14]	<u></u>
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name	[17]	
Recipient SSN or EIN	[18]	
Recipient address	[19]	
	[21][22]	
Grandfather debt as of 12/31/11 (or first day mortgage was outstanding)	+[23]	
Grandfather debt as of 12/31/12 (or last day mortgage was outstanding)	+[25]	
Home acquisition/improvement debt as of 12/31/11 (or first day mortgage was outstanding)	+[27]	<u> </u>
Home acquisition/improvement debt as of 12/31/12 (or last day mortgage was outstanding)	+[29]	
Home equity debt as of 12/31/11 (or first day mortgage was outstanding)	+[31]	<u></u>
Home equity debt as of 12/31/12 (or last day mortgage was outstanding)	+[33]	
Average balance in 2012 of grandfather debt	+[36]	
Average balance in 2012 of home acquisition/improvement debt	+[38]	
Average balance for 2012 all types of debt	+[40]	

Form ID: 8283 Noncash Cont	ributions Exceeding \$500	57
Town quark Conquest Leinter and		
Taxpayer/Spouse/Joint(T, S, J)  Donated property description		[1]
Name of dance organization		[4] [5]
Address of donee organization		[6]
City		 
State postal code		[8]
Zip code		<u>[</u> 9]
Vehicle identification number (VIN) Complete ONLY if Form 1098-C was not	ot issued to you for a donated vehicle)	[10]
Date contributed		[11]
Date acquired by donor		[12]
How was donated property acquired(P = Purchase, I = Inheritance, G = G Donor's cost or basis	bitt, E = Exchange)	[13] +[14]
Fair market value		+ [15]
Method used to determine fair market value(A = Appraisal, C = Catalog,	T = Thrift shop value, S = Sales/comparative, O = Other)	[16]
If other:		
		_
	Control Totals+	
Noncash Cont	ributions Exceeding \$500	
Taxpayer/Spouse/Joint(⊤, s, J)		[1]
Donated property description		<sup></sup> , [4]
Name of donee organization		[5]
Address of donee organization		[6]
City		[7]
State postal code		[8]
Zip code		<u> </u>
Vehicle identification number (VIN) Complete ONLY if Form 1098-C was not	ot issued to you for a donated vehicle)	<u>[</u> 10]
Date contributed		[11]
Date acquired by donor		[12]
How was donated property acquired (P = Purchase, I = Inheritance, G = G	ift, E = Exchange)	[13]
Donor's cost or basis		+[14]
Fair market value		+[15]
Method used to determine fair market valueA = Appraisal, C = Catalog, If other:	T = Thrift shop value, S = Sales/comparative, O = Other)	[16] [17]
ii duloi.		
	Control Totals+	
Noncash Cont	ributions Exceeding \$500	
Taxpayer/Spouse/Joint(τ, s, J)		[4]
Daniela di manusale i de a scietta a		[1] [4]
Nome of done a proprietion		
Address of donee organization		[6]
City		
State postal code		[8]
Zip code		<u></u> [9]
Vehicle identification number (VIN)Complete ONLY if Form 1098-C was no	ot issued to you for a donated vehicle)	[10]
Date contributed		[11]
Date acquired by donor		[12]
How was donated property acquired(P = Purchase, I = Inheritance, G = G	Sift, E = Exchange)	[13]
Donor's cost or basis		+[14]
Fair market value		+[15]
Method used to determine fair market valu@A = Appraisal, C = Catalog,	T = Thrift shop value, S = Sales/comparative, O = Other)	[16]
If other:		[17]
	Control Totals	
	Control Totals+	

Itemized Deductions Form ID: 8283